

**Statutory Policy**

Initial Policy: May 2019
Policy updated:
Next Review: May 2020
Key Person: TLH

Safeguarding Policy

Wildern Academy Trust fully recognises its responsibility to safeguard and promote the welfare of children at our schools. The purpose of this policy is to provide staff, volunteers, Trustees and Local Governors with the guidance they need in order to keep children safe and secure in our schools and to inform parents and guardians how we will safeguard their children whilst they are in our care.

We recognise that children have a right to feel secure and cannot learn effectively unless they do so. Parents, guardians and other people can harm children either by direct acts or failure to provide proper care or both. Children may suffer neglect, emotional, physical or sexual abuse or a combination of such types of abuse. All children have a right to be protected from abuse. Whilst the school will work openly with parents as far as possible, the school reserves the right to contact Children's Social Care or the Police, without notifying parents if this is in the child's best interests.

Contents

Areas of Safeguarding	5
Definitions.....	5
Whole Staff Responsibilities.....	5
Part 1 – High risk and emerging safeguarding issues	8
Preventing Radicalisation and Extremism.....	8
Gender based violence / Violence against women and girls.....	8
Female Genital Mutilation (FGM).....	8
Forced Marriage.....	9
Honour Based Violence.....	9
Sexual violence and sexual harassment between children in schools and colleges.....	10
The Toxic Trio.....	10
Domestic Abuse.....	10
Parental mental health.....	11
Parental Substance misuse.....	12
Missing, Exploited and Trafficked Children (MET).....	12
Children Missing from Education.....	12
Children Missing from Home or Care.....	13
Child Sexual Exploitation (CSE).....	14
Trafficked Children.....	15
Technologies.....	16
Online Safety.....	16
Social media.....	16
Cyberbullying.....	17
Sexting.....	17
Gaming.....	18
Online reputation.....	18
Grooming.....	18
Part 2 – Safeguarding issues relating to individual pupil needs	19
Pupils with medical conditions (in school).....	19
Pupils with medical conditions (out of school).....	19
Intimate and personal care.....	19
Fabricated or induced illness.....	20
Mental Health.....	21
Part 3 – Other safeguarding issues impacting pupils	24
Bullying.....	24
Prejudice based abuse.....	24
Drugs and substance misuse.....	24
Faith Abuse.....	25
Gangs and Youth Violence.....	25
Private fostering.....	25
Parenting.....	26
Part 4 –Safeguarding processes	27
Safer Recruitment.....	27
Staff Induction.....	27
Health and Safety.....	27
Site Security.....	27
Off site visits.....	27
First Aid.....	28
Physical Intervention (use of reasonable force).....	28
Taking and the use and storage of images.....	28
Transporting pupils.....	28
Disqualification under the childcare act.....	28
Annex 1	30
Community Partnership Information	30
Annex 2	30
Prevention and Postvention Protocols in the case of a death by (suspected) suicide	31

Principles

- Safeguarding is everyone's responsibility. As such it does not rest with the Designated Safeguarding Lead (DSL) and their deputies to take a lead responsibility in all of the areas covered within this policy.
- Some areas, such as Health and Safety, are a specialist area of safeguarding and a separate lead for this area is in place in the school.
- Safeguarding processes are intended to put in place measures that minimise harm to children. There will be situations where gaps or deficiencies in the policies and processes we have in place will be highlighted. In these situations, a review will be carried out in order to identify learning and inform the policy, practice and culture of the school.
- All pupils in our school are able to talk to any member of staff to share concerns or talk about situations which are giving them worries. The staff will listen to the pupil, take their worries seriously and share the information with the safeguarding lead.
- In addition, we provide pupils with information of who they can talk to outside of school both within the community and with local or national organisations who can provide support or help.
- As a school, we review this policy at least annually in line with Department for Education (DfE), Hampshire Safeguarding Children Board (HSCB), Hampshire County Council (HCC) and any other relevant guidance.

Practice

Boorley Park Primary school Key personnel

The Executive Headteacher is Miss M L Litton.

The DSL (Designated Safeguarding Lead) designated senior person for child protection is Mrs T Hindley.

The deputy Designated Safeguarding Lead (DSL) designated person(s) is Miss M L Litton.

The nominated child protection/safeguarding Trustee is Mr T Jardine.

In the event the nominated Trustee is unable to perform the required duties the Chair of Trust Board will undertake the responsibility; Mrs G Lane.

Areas of Safeguarding

Within Keeping Children Safe in Education (2018) and the Ofsted inspection guidance (2018), there are a number of safeguarding areas directly highlighted or implied within the text.

These areas of safeguarding have been separated into issues that are emerging or high risk issues (part 1); those related to the pupils as an individual (part 2); other safeguarding issues affecting pupils (part 3); and those related to the running of the school (part 4).

Definitions

Within this document:

'Safeguarding' is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

The term Staff applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents, Trustees and Local Governors.

Child refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to pupils of our school; however the policy will extend to visiting children and pupils from other establishments

Parent refers to birth parents and other adults in a parenting role for example adoptive parents, guardians, step parents and foster carers.

Whole Staff Responsibilities

Boorley Park Primary school recognises that, because of their day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:-

- Ensure staff have access to information to support them to be able to recognise and report the signs, indicators or risks of radicalisation, child sexual exploitation or female genital mutilation.
- Establish and maintain an environment where children feel secure, are encouraged to talk and are heard.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
- Include opportunities in the curriculum for children to develop the skills they need to recognise and stay safe from abuse.

- Follow the procedures set out by the Local Safeguarding Children Board (LSCB) and HCC and take account of guidance issued by the DfE.
- Treat all disclosures with the strictest confidence.
- Ensure that parents have an understanding of the responsibility placed on the school and its staff for child protection by setting out its obligations in the school prospectus and offering parents a copy of the policy on request.
- Notify parents of our concerns and provide them with opportunities to change the situation where this does not place the child at greater risk.
- Notify the allocated social worker if there is an unexplained absence of more than two days of a pupil with a child protection plan.
- Develop effective links with Children's Social Care and co-operate as required with their enquiries regarding child protection matters including attendance at Child Protection Case Conferences.
- Liaise with other agencies that support pupils such as Child and Adolescent Mental Health Service (CAMHS), Locality Team and the Educational Psychology Service (EPS) through normal referral routes and the Common Assessment Framework (CAF) process.
- Ensure that there is a senior designated person/Designated Safeguarding Lead (DSL).

Senior leadership team and designated Safe Guarding Leads responsibilities

- Contribute to inter-agency working in line with guidance (Working together to safeguard children, March 2018).
- Provide a co-ordinated offer of early help when additional needs of children are identified.
- Working with children's social care, support their assessment and planning processes including the school's attendance at conference and core group meetings.
- Carry out tasks delegated by the Trust Board such as training of staff; safer recruitment; maintaining a single central register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.
- Treat any information shared by staff or pupils with respect and follow procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from the Department for Education DfE, Hampshire Safeguarding Children Board (HSCB) and Hampshire County Council (HCC).
- Ensure all staff should receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

In addition to the role of staff and senior management team the DSL will:

- Assist the Trust Board in fulfilling their responsibilities under section 157 or 175 of the Education Act 2002.
- Attend initial training for the role and refresh this bi-annually. By attending the initial refresher training and then demonstrating evidence of continuing professional development thereafter.
- Ensure every member of staff knows who the DSLs, is aware of the DSLs role and has their contact details.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL.
- Ensure that whole school training occurs annually so that staff and volunteers can fulfil their responsibilities.
- Ensure any members of staff joining the school outside of this training schedule receive induction prior to commencement of their duties.
- Keep written records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk.
- Ensure that copies of safeguarding records are transferred accordingly (separate from pupil files) when a child transfers school.
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the child's social worker is informed. In addition to the child protection file, the designated safeguarding lead should also

consider if it would be appropriate to share any information with the new school or college in advance of a child leaving.

- Link with the HSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately.

Responsibilities of adults within the school community:

- All adults are required to be aware of and alert to the signs of abuse.
- If an adult identifies that a child may be in an abusive situation they should record their concerns and report them to the DSL as soon as practical.
- If a child discloses allegations of abuse to an adult they will follow the procedures in the Child Protection policy.
- If the disclosure is an allegation against a member of staff they will follow the allegations procedures in the Child Protection policy.

As a school, we will educate and encourage pupils to Keep Safe through:

- The content of the curriculum. This may include covering relevant issues through Relationships Education and Relationships and Sex Education.
- A school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The creation of a culture which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

Part 1 – High risk and emerging safeguarding issues

Preventing Radicalisation and Extremism

www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty
<https://www.gov.uk/government/publications/prevent-duty-guidance>
<http://4lscb.proceduresonline.com/>

The prevent duty requires that all staff are aware of the signs that a child maybe vulnerable to radicalisation. The risks will need to be considered for political; environmental; animal rights; or faith based extremism that may lead to a child becoming radicalised. All staff have received prevent WRAP training/undertaken e-learning/received awareness training in order that they can identify the signs of children being radicalised.

As part of the preventative process resilience to radicalisation will be built through the promotion of fundamental British values through the curriculum.

Any child who is considered vulnerable to radicalisation will be referred by the DSL to Hampshire children's social care, where the concerns will be considered in the Multi Agency Safeguarding Hub (MASH) process. If the police prevent officer considers the information to be indicating a level of risk a "channel panel" will be convened and the school will attend and support this process.

Gender based violence / Violence against women and girls

<https://www.gov.uk/government/policies/violence-against-women-and-girls>

The government have a strategy looking at specific issues that women and girls face. Within the context of this safeguarding policy the following sections are how we respond to violence against girls. Female genital mutilation, forced marriage, honour based violence and teenage relationship abuse all fall under this strategy.

Female Genital Mutilation (FGM)

www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information
<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

FGM is illegal in the UK.

On the 31 October 2015, it became mandatory for teachers to report known cases of FGM to the police. In these situations, the DSL and/or head will be informed and that the member of teaching staff has called the police to report suspicion that FGM has happened.

At no time will staff examine pupils to confirm this.

For cases where it is believed that a girl may be vulnerable to FGM or there is a concern that she may be about to be genitally mutilated the staff will inform the DSL who will report it as with any other child protection concern.

Forced Marriage

www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

<http://4lscb.proceduresonline.com/hampshire/contents.html>

In the case of children: *'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.'* In developing countries 11% of girls are married before the age of 15. One in 3 victims of forced marriage in the U.K. are under 18.

It is important that all members of staff recognise the presenting symptoms, how to respond if there are concerns and where to turn for advice.

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police safeguarding team or children's social care.

Policies and practices in this school reflect the fact that while all members of staff, including teachers, have important responsibilities with regard to pupils who may be at risk of forced marriage, teachers and school leaders should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

Characteristics that may indicate forced marriage

While individual cases of forced marriage, and attempted forced marriage, are often very particular, they are likely to share a number of common and important characteristics, including:

- An extended absence from school/college, including truancy;
- A drop in performance or sudden signs of low motivation;
- Excessive parental restriction and control of movements;
- A history of siblings leaving education to marry early;
- Poor performance, parental control of income and pupils being allowed only limited career choices;
- Evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- Evidence of family disputes/conflict, domestic violence/abuse or running away from home.

On their own, these characteristics may not indicate forced marriage. However, it is important to be satisfied that where these behaviours occur, they are not linked to forced marriage. It is also important to avoid making assumptions about an individual pupil's circumstances or act on the basis of stereotyping. For example, an extended holiday may be taken for entirely legitimate reasons and may not necessarily represent a pretext for forced marriage.

Honour Based Violence

<http://4lscb.proceduresonline.com/hampshire/contents.html>

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

It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct. For example, honour based violence might be committed against people who:

- Become involved with a boyfriend or girlfriend from a different culture or religion;
- Want to get out of an arranged marriage;
- Want to get out of a forced marriage;

- Wear clothes or take part in activities that might not be considered traditional within a particular culture;
- Convert to a different faith from the family.

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- Domestic abuse;
- Threats of violence;
- Sexual or psychological abuse;
- Forced marriage;
- Being held against your will or taken somewhere you don't want to go;
- Assault.

If staff believe that a pupil is at risk from honour based violence the DSL will follow the usual safeguarding referral process, however, if it is clear that a crime has been committed or the pupil is at immediate risk the police will be contacted in the first place. It is important that if honour based violence is known or suspected that communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

Sexual violence and sexual harassment between children in schools and colleges

The DfE produced the following guidance https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/667862/Sexual_Harassment_and_Sexual_Violence_-_Advice.pdf, May 2018, with a focus on sexual violence and sexual harassment between children at school.

For the purposes of this advice, a child is anyone under the age of 18. It provides advice on what sexual violence and sexual harassment is, how staff can minimise the risk of it occurring and what to do when incidents do occur, or are alleged to have occurred. The advice highlights best practice and cross-references other advice, statutory guidance and the legal framework.

The Toxic Trio

The term 'Toxic Trio' has been used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred.

They are viewed as indicators of increased risk of harm to children and young people. In a review of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present.

Domestic Abuse

<https://www.hampshiresafeguardingchildrenboard.org.uk/parents-and-carers/domestic-abuse/>
<http://4lscb.proceduresonline.com/hampshire/contents.html>
<https://www.gov.uk/guidance/domestic-violence-and-abuse#domestic-abuse-and-young-people>

Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Research indicates that living within a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of what a normal relationship is.

Children witnessing domestic abuse is recognised as 'significant harm' in law. These children may become aggressive; display anti-social behaviours; suffer from depression or anxiety; or fail to reach their educational potential.

Indicators that a child is living within a relationship with domestic abuse include:

- Withdrawn
- Suddenly behaves differently
- Anxious
- Clingy
- Depressed
- Aggressive
- Problems sleeping
- Eating disorders
- Wets the bed
- Soils clothes
- Takes risks
- Misses school
- Changes in eating habits
- Obsessive behaviour
- Nightmares
- Drugs
- Alcohol
- Self-harm
- Thoughts about suicide

These behaviours themselves do not indicate that a child is living with domestic abuse, but should be considered as indicators that this may be the case.

If staff believe that a child is living with domestic abuse, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

Parental mental health

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
<http://4lscb.proceduresonline.com/hampshire/contents.html>

The term "mental ill health" is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs;
- Child's physical and emotional needs neglected;
- A child acting as a young carer for a parent or a sibling;

- Child having restricted social and recreational activities;
- Child finds it difficult to concentrate- impacting on educational achievement;
- A child missing school regularly as (s)he is being kept home as a companion for a parent / carer;
- Adopt paranoid or suspicious behaviour as they believe their parent's delusions;
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child);
- Obsessional compulsive behaviours involving the child.

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

Parental Substance misuse

<http://4lscb.proceduresonline.com/hampshire/contents.html>

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.

For children the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency);
- Lack of engagement or interest from parents in their development, education or wellbeing;
- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour;
- Bullying (including due to poor physical appearance);
- Isolation – finding it hard to socialise, make friends or invite them home;
- Tiredness or lack of concentration;
- Child talking of or bringing into school drugs or related paraphernalia;
- Injuries /accidents (due to inadequate adult supervision);
- Taking on a caring role;
- Continued poor academic performance including difficulties completing homework on time;
- Poor attendance or late arrival.

These behaviours themselves do not indicate that a child's parent is misusing substances, but should be considered as indicators that this may be the case.

If staff believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to be considered for children's social care.

Missing, Exploited and Trafficked Children (MET)

<http://4lscb.proceduresonline.com/hampshire/contents.html>

Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or being sexually exploited; or who are at risk of or are being trafficked. Given the close links between all of these issues, there has been a considered response to join all three issues so that crossover of risk is not missed.

Children Missing from Education

<http://4lscb.proceduresonline.com/hampshire/contents.html>

<https://www.gov.uk/government/publications/school-attendance>

Patterns of children missing education can be an indicator of either abuse or safeguarding risks. A relatively short length of time a child is missing does not reduce risk of harm to that child, and all absence or non-attendance should be considered with other known factors or concerns.

DSLs and staff should consider:

Missing lessons:

- Are there patterns in the lessons that are being missed?
- Is this more than avoidance of a subject or a teacher?
- Does the child remain on the school site or are they absent from the site?
- Is the child being sexually exploited during this time?
- Are they late because of a caring responsibility?
- Have they been directly or indirectly affected by substance misuse?
- Are other pupils routinely missing the same lessons, and does this raise other risks or concerns?
- Is the lesson being missed one that would cause bruising or injuries to become visible?

Single missing days:

- Is there a pattern in the day missed?
- Is it before or after the weekend suggesting the child is away from the area?
- Are there specific lessons or members of staff on these days?
- Is the parent informing the school of the absence on the day?
- Are missing days reported back to parents to confirm their awareness?
- Is the child being sexually exploited during this day?
- Do the parents appear to be aware?
- Are the pupil's peers making comments or suggestions as to where the pupil is at?

Continuous missing days:

- Has the school been able to make contact with the parent?
- Is medical evidence being provided?
- Are siblings attending school (either our or local schools)?
- Did we have any concerns about radicalisation, FGM, forced marriage, honour based violence, sexual exploitation?
- Have we had any concerns about physical or sexual abuse?

The school will view absence as both a safeguarding issue and an educational outcomes issue. The school may take steps that could result in legal action for attendance, or a referral to children's social care, or both.

Children Missing from Home or Care

<https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>
<http://www.childrenssociety.org.uk/what-we-do/policy-and-lobbying/children-risk/runaways>

Children who run away from home or from care, provide a clear behavioural indication that they are either unhappy or do not feel safe in the place that they are living. Research shows that children run away from conflict or problems at home or school, neglect or abuse, or because children are being groomed by predatory individuals who seek to exploit them. Many run away on numerous occasions.

The association of chief police officers has provided the following definitions and guidance;

“Missing person is: ‘Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.’

An absent person is: ‘A person not at a place where they are expected or required to be.’

All cases classified as 'missing' by the police will receive an active police response – such as deployment of police officers to locate a child. Cases where the child was classified as 'absent' will be recorded by the police and risk assessed regularly but no active response will be deployed. The absent case will be resolved when a young person returns or new information comes to light suggesting that he/she is at risk. In the latter instance, the case is upgraded to 'missing'.

Within any case of children who are missing both push and pull factors will need to be considered.

Push factors include:

- Conflict with parents/carers;
- Feeling powerless;
- Being bullied/abused;
- Being unhappy/not being listened to;
- The Toxic Trio.

Pull factors include:

- Wanting to be with family/friends;
- Drugs, money and any exchangeable item;
- Peer pressure;
- For those who have been trafficked into the United Kingdom as unaccompanied asylum seeking children there will be pressure to make contact with their trafficker.

As a school we will inform all parents of children who are absent (unless the parent has informed us).

If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to/directly contact the police to inform them.

Child Sexual Exploitation (CSE)

<http://paceuk.info/>

<http://4lscb.proceduresonline.com/hampshire/contents.html>

Sexual exploitation of children is not limited by the age of consent and can occur up until the age of 18. CSE involves children being in situations, contexts or relationships where they (or a third person) receive 'something' as a result of them performing sexual activities. The something can include food, accommodation, drugs, alcohol, cigarettes, affection, gifts, or money.

Child sexual exploitation can happen via technology without the child's being aware; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Indicators a child may be at risk of CSE include:

- Going missing for periods of time or regularly coming home late;
- Regularly missing school or education or not taking part in education;
- Appearing with unexplained gifts or new possessions;
- Associating with other young people involved in exploitation;
- Having older boyfriends or girlfriends;
- Suffering from sexually transmitted infections;
- Mood swings or changes in emotional wellbeing;
- Drug and alcohol misuse; and
- Displaying inappropriate sexualised behaviour.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim.

As a school we educate all staff in the signs and indicators of sexual exploitation. We use the sexual exploitation risk assessment form ([SERAF](#)) and associated guidance to identify pupils who are at risk and the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form.

Trafficked Children

<http://4lscb.proceduresonline.com/hampshire/contents.html>

Human trafficking is defined by the UNHCR, the UN Refugee Agency, in respect of children as a process that is a combination of:

- Movement (including within the UK);
- For the purpose of exploitation.

Any child transported for exploitative reasons is considered to be a trafficking victim.

There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy;
- Has a history with missing links and unexplained moves;
- Is required to earn a minimum amount of money every day;
- Works in various locations;
- Has limited freedom of movement;
- Appears to be missing for periods;
- Is known to beg for money;
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good;
- Is one among a number of unrelated children found at one address;
- Has not been registered with or attended a GP practice;
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault);
- Prevalence of a sexually transmitted infection or unwanted pregnancy;
- Reports from reliable sources suggesting the likelihood of involvement in
- Sexual exploitation / the child has been seen in places known to be used for sexual exploitation;
- Evidence of drug, alcohol or substance misuse;
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner;
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding;
- Persistently missing, staying out overnight or returning late with no plausible explanation;
- Returning after having been missing, looking well cared for despite having not been at home;
- Having keys to premises other than those known about;
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity;
- Truancy / disengagement with education;
- Entering or leaving vehicles driven by unknown adults;
- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked, but should be considered as indicators that this may be the case.

If staff believe that a child is being trafficked, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

Technologies

<http://4lscb.proceduresonline.com/hampshire/contents.html>

Technological hardware and software is developing continuously with an increase in functionality of devices that people use. The majority of children use online tools to communicate with others locally, nationally and internationally. Access to the Internet and other tools that technology provides is an invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children vulnerable and to abuse them.

Online Safety

<https://www.thinkuknow.co.uk/Teachers/>
<http://www.saferinternet.org.uk/>

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

- Unwanted contact
- Grooming
- Online bullying including sexting
- Digital footprint

The school will therefore seek to provide information and awareness to both pupils and their parents through:

- Acceptable use agreements for children, teachers, parents/carers, Trustees and Local Governors;
- Curriculum activities involving raising awareness around staying safe online;
- Information included in letters, newsletters, web site, WIN;
- Parents evenings / sessions;
- High profile events / campaigns e.g. Safer Internet Day;
- Building awareness around information that is held on relevant web sites and or publications.

Social media

<https://www.saferinternet.org.uk/>

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

- Unwanted contact
- Grooming
- Online bullying including sexting
- Digital footprint

The school will therefore seek to provide information and awareness to both pupils and their parents through:

- Acceptable use agreements for children, teachers, parents/carers, Trustees and Local Governors;
- Curriculum activities involving raising awareness around staying safe online;

- Information included in letters, newsletters, web site, WIN;
- Parents evenings / sessions;
- High profile events / campaigns e.g. Safer Internet Day;
- Building awareness around information that is held on relevant web sites and or publications;
- Social media policy.

Cyberbullying

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374850/Cyberbullying_Advice_for_Headteachers_and_School_Staff_121114.pdf

<https://www.hampshiresafeguardingchildrenboard.org.uk/parents-and-carers/be-safe-online/>

Central to the School's anti-bullying policy should be the principle that '*bullying is always unacceptable*' and that '*all pupils have a right not to be bullied*'.

The school should also recognise that it must take note of bullying perpetrated outside school which spills over into the school and so we will respond to any cyber-bullying we become aware of carried out by pupils when they are away from the site.

Cyber-bullying is defined as "an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself/herself."

By cyber-bullying, we mean bullying by electronic media:

- Bullying by texts or messages or calls on mobile phones;
- The use of mobile phone cameras to cause distress, fear or humiliation;
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites;
- Using e-mail to message others;
- Hijacking/cloning e-mail accounts;
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums.

Cyber-bullying may be at a level where it is criminal in character.

It is unlawful to disseminate defamatory information in any media including internet sites.

Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character.

The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

If we become aware of any incidents of cyberbullying, we will need to consider each case individually as to any criminal act that may have been committed. The school will pass on information to the police if it feels that it is appropriate or are required to do so.

Sexting

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and the internet. It also includes underwear shots, sexual poses and explicit text messaging.

While sexting often takes place in a consensual relationship between two young people, the use of Sexted images in revenge following a relationship breakdown is becoming more commonplace. Sexting can also be used as a form of sexual exploitation and take place between strangers.

As the average age of first smartphone or camera enabled tablet is 6 years old, sexting is an issue that requires awareness raising across all ages.

The school will use age appropriate educational material to raise awareness, to promote safety and deal with pressure. Parents should be aware that they can come to the school for advice.

Gaming

<http://www.childnet.com/search-results/?keywords=gaming>

Online gaming is an activity that the majority of children and many adults get involved in. The school will raise awareness:

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate.
- By support parents in identifying the most effective way of safeguarding their children by using parental controls and child safety mode.
- By talking to parents about setting boundaries and time limits when games are played.
- By highlighting relevant resources.

Online reputation

<http://www.childnet.com/resources/online-reputation-checklist>

<https://www.saferinternet.org.uk/>

<http://www.kidsmart.org.uk/digitalfootprints/>

Online reputation is the opinion others get of a person when they encounter them online. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that children and staff are aware that anything that is posted could influence their future professional reputation. The majority of organizations and work establishments now check digital footprint before considering applications for positions or places on courses.

Grooming

<https://www.saferinternet.org.uk/>

<http://www.childnet.com/search-results/?keywords=grooming>

<http://www.internetmatters.org/issues/online-grooming/>

Online grooming is the process by which one person with an inappropriate sexual interest in children will approach a child online, with the intention of developing a relationship with that child, to be able to meet them in person and intentionally cause harm.

The school will build awareness amongst children and parents about ensuring that the child:

- Only has friends online that they know in real life;
- Is aware that if they communicate with somebody that they have met online, that relationship should stay online.

That parents should:

- Recognise the signs of grooming;
- Have regular conversations with their children about online activity and how to stay safe online.

The school will raise awareness by:

- Running sessions for parents;
- Include awareness around grooming as part of their curriculum
- Identifying with both parents and children how they can be safeguarded against grooming.

Part 2 – Safeguarding issues relating to individual pupil needs

Pupils with medical conditions (in school)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

There is a separate policy outlining the school's position on this.

As a school we will make sure that sufficient staff are trained to support any pupil with a medical condition.

All relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child.

An individual healthcare plan may be put in place to support the child and their medical needs.

Pupils with medical conditions (out of school)

www3.hants.gov.uk/education/parents-info/inclusion-service.htm

There will be occasions when children are temporarily unable to attend our school on a full time basis because of their medical needs. These children and young people are likely to be:

- Children and young people suffering from long-term illnesses;
- Children and young people with long-term post-operative or post-injury recovery periods;
- Children and young people with long-term mental health problems (emotionally vulnerable).

Where it is clear that an absence will be for more than 15 continuous school days the Education and Inclusion Service will be contacted to support with the pupil's education.

Intimate and personal care

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body.

The Intimate Care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

'Personal Care' involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care.

Those Personal Care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Where Intimate Care is required we will follow the following principles:

1. **Involve the child in the intimate care**
Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
2. **Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**
Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.
3. **Be aware of your own limitations**
Only carry out activities you understand and with which you feel competent. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
4. **Promote positive self-esteem and body image**
Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
5. **If you have any concerns you must report them.**
If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection. If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's child protection record.
6. **Helping through communication**
There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
7. **Support to achieve the highest level of autonomy**
As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Fabricated or induced illness

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf

There are three main ways that a carer could fabricate or induce 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.

If we are concerned that a child may be suffering from fabricated or induced illness we will follow the established procedures of the Hampshire Safeguarding Children Board.

Mental Health

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

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

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

Class teachers see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of pupils.

The balance between the risk and protective factors are most likely to be disrupted when difficult events happen in pupils' lives. These include:

- **Loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;
- **Life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- **Traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, school staff will provide opportunities for the child to talk or receive support within the school environment. Parents will be informed of the concerns and a shared way to support the child will be discussed.

Where the needs require additional professional support referrals will be made to the appropriate team or service with the parent's agreement (or child's if they are competent as per Fraser guidelines).

Special educational needs and disabilities

Children who have special educational needs and/or disabilities can have additional vulnerabilities when recognising abuse and neglect.

These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs;
- Communication barriers and difficulties in overcoming these barriers.
- Have fewer outside contacts than other children;
- Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
- Have an impaired capacity to resist or avoid abuse;
- Have communication difficulties that may make it difficult to tell others what is happening;
- Be inhibited about complaining for fear of losing services;
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers.

As a school we will respond to this by:

- Make it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment;
- Ensure that disabled children receive appropriate personal, health and social education (including sex education);

- Make sure that all disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication;
- Recognise and utilise key sources of support including staff in schools, friends and family members where appropriate;
- Develop the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services;
- Ensure that guidance on good practice is in place and being followed in relation to: intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among young people; monitoring and challenging placement arrangements for young people living away from home.

Homelessness.

As a school we recognise that being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The impact of losing a place of safety and security can affect a child's behaviour and attachments.

In line with the Homelessness Reduction Act 2017 this school will promote links into the Local Housing Authority for the parent or care giver in order to raise/progress concerns at the earliest opportunity. We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

Children & the Court System

As a school we recognise that children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. We know that this can be a stressful experience and therefore the school will aim to support children through this process.

Along with pastoral support, the school will use age-appropriate materials published by HM Courts and Tribunals Services (2017) that explain to children what it means to be a witness, how to give evidence and the help they can access.

We recognise that making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. This school will support children going through this process. Alongside pastoral support this school will use online materials published by The Ministry of Justice (2018) which offers children information & advice on the dispute resolution service. These materials will also be offered to parents and carers if appropriate.

Children with family members in prison

Children who have a family member in prison are at greater risk of poor outcomes including poverty, stigma, isolation and poor mental health.

This school aims to:-

- Understand and Respect the Child's Wishes

We will respect the child's wishes about sharing information. If other children become aware the school will be vigilant to potential bullying or harassment

- Keep as Much Contact as Possible with the Parent and Caregiver

We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions we will develop appropriate systems for keeping the imprisoned caregiver updates about their child's education.

- Be Sensitive in Lessons

This school will consider the needs of any child with an imprisoned parent during lesson planning.

- Provide Extra Support

We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and particularly serious. We will provide support and mentoring to help a child work through their feelings on the issue. Alongside pastoral care the school will use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances.

Part 3 – Other safeguarding issues impacting pupils

Bullying

<http://4lscb.proceduresonline.com/>

<https://www.gov.uk/government/publications/preventing-and-tackling-bullying>

<http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/bullying.htm>

The school works to a separate bullying policy.

Prejudice based abuse

Prejudice based abuse or hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a person's real or perceived:

- Disability
- Race
- Religion
- Gender identity
- Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender doesn't have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

- Threatened or actual physical assault;
- Derogatory name calling, insults, for example racist jokes or homophobic language;
- Hate graffiti (e.g. on school furniture, walls or books);
- Provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations;
- Distributing literature that may be offensive in relation to a protected characteristic;
- Verbal abuse;
- Inciting hatred or bullying against pupils who share a protected characteristic;
- Prejudiced or hostile comments in the course of discussions within lessons;
- Teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background;
- Refusal to co-operate with others because of their protected characteristic, whether real or perceived;
- Expressions of prejudice calculated to offend or influence the behaviour of others;
- Attempts to recruit other pupils to organisations and groups that sanction violence, terrorism or hatred.

As a school we will respond by:

- Clearly identifying prejudice based incidents and hate crimes and monitor the frequency and nature of them within the school;
- Taking preventative action to reduce the likelihood of such incidents occurring;
- Recognising the wider implications of such incidents for the school and local community;
- Providing regular reports of these incidents to the Trust Board;
- Ensuring that staff are familiar with formal procedures for recording and dealing with prejudice based incidents and hate crimes;
- Dealing with perpetrators of prejudice based abuse effectively;
- Supporting victims of prejudice based incidents and hate crimes;
- Ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again.

Drugs and substance misuse

<https://www.gov.uk/government/publications/drugs-advice-for-schools>

<http://www3.hants.gov.uk/education/hias/drug-and-alcohol/resources-for-schools.htm>

Faith Abuse

<https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>

The number of known cases of child abuse linked to accusations of “possession” or “witchcraft” is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem.

Such abuse generally occurs when a carer views a child as being “different”, attributes this difference to the child being “possessed” or involved in “witchcraft” and attempts to exorcise him or her.

A child could be viewed as “different” for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of “possession” or “witchcraft”. These include family stress and/or a change in the family structure.

The attempt to “exorcise” may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the school become aware of a child who is being abused in this context, the DSL will follow the normal referral route in to children’s social care.

Gangs and Youth Violence

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/Preventing_youth_violence_and_gang_involvement_v3_March2015.pdf
<http://4lscb.proceduresonline.com/>

The vast majority of young people will not be affected by serious violence or gangs. However, where these problems do occur, even at low levels there will almost certainly be a significant impact.

As a school we have a duty and a responsibility to protect our pupils. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While pupils generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education.

Crucial preventive work can be done within school to prevent negative behaviour from escalating and becoming entrenched.

As a school we will:

- Develop skills and knowledge to resolve conflict as part of the curriculum;
- Challenge aggressive behaviour in ways that prevent the recurrence of such behaviour;
- Understand risks for specific groups, including those that are gender-based, and target interventions;
- Safeguard, and specifically organise child protection, when needed;
- Make referrals to appropriate external agencies;
- Carefully manage individual transitions between educational establishments, especially into Pupil Referral Units (PRUs) or alternative provision; and
- Work with local partners to prevent anti-social behaviour or crime.

Private fostering

<https://www.gov.uk/government/publications/children-act-1989-private-fostering>
<http://www3.hants.gov.uk/private-fostering>

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility for 28 days or more.

It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the children's services department of any private fostering arrangement.

If the school becomes aware that a pupil is being privately fostered we will inform the children's services department and inform both the parents and carers that we have done so.

Parenting

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it makes them human and provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren).

Some children have medical conditions and/or needs e.g. Tourette's, some autistic linked conditions, ADHD; that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the child(ren) in situations of risk or harm.

In situations where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the child(ren) without the requirement for a social work assessment or plan being in place.

As a school we will support parents in understanding the parenting role and provide them with strategies to make a difference by:

- Providing details of community based parenting courses <http://www3.hants.gov.uk/childrens-services/familyinformationdirectory.htm> ;
- Linking to web based parenting resources (for example <http://www.familylives.org.uk>);
- Referring to the school parenting worker/home school link worker (where available);
- Discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence based parenting programmes);
- Considering appropriate early help services <http://www3.hants.gov.uk/childrens-services/childrens-trust/earlyhelp.htm> .

Part 4 –Safeguarding processes

Safer Recruitment

www.gov.uk/government/publications/keeping-children-safe-in-education--2

The school operates a separate safer recruitment process as part of the Trust's Recruitment Policy. On all recruitment panels there is at least one member who has undertaken safer recruitment training.

The process checks the identity, criminal record (enhanced DBS), Section 128 check, mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

Staff Induction

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff behaviour policy/code of conduct, and part one of Keeping Children Safe in Education.

This induction may be covered within the annual training if this falls at the same time; otherwise it will be carried out separately during the initial starting period.

Health and Safety

www.gov.uk/government/publications/health-and-safety-advice-for-schools
<http://www.hse.gov.uk/services/education/>

The site, the equipment and the activities carried out as part of the curriculum are all required to comply with the Health and Safety at Work act 1974 and regulations made under the act.

All risks are required to be assessed and recorded plans of how to manage the risk are in place. The plans should always take a common sense and proportionate approach to allow activities to be safe rather than preventing them from taking place. The school has a Health and Safety policy which details the actions that we take in more detail.

Site Security

www.gov.uk/government/publications/school-security

We aim to provide a secure site, but recognise that the site is only as secure as the people who use it. Therefore all people on the site have to adhere to the rules which govern it. These are:

- Doors are kept closed to prevent intrusion wherever possible;
- Visitors and volunteers enter at the reception and must sign in;
- Visitors and volunteers attending a meeting at the school will be asked for a photo ID (e.g driving licence).
- Visitors and volunteers are identified by visitor badges;
- Children are only allowed home during the school day with adults/carers with parental responsibility or permission being given;
- All children leaving or returning during the school day have to sign out and in;
- Empty classrooms have windows closed.

Off site visits

<http://www3.hants.gov.uk/education/outdoor-education/oe-homepage.htm>
<http://oeapng.info/evc/>

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the school and residential visits, can involve higher levels of risk. If these are annual or infrequent activities, a review of an existing assessment may be

all that is needed. If it is a new activity, a visit involving adventure activities, residential, overseas or an 'Open Country' visit, a specific assessment of significant risks must be carried out. The school has an educational visits coordinator (EVC) who liaises with the local authority's outdoor education adviser and helps colleagues in schools to manage risks and support with off site visits and provides training in the management of groups during off site visits, as well as First Aid in an outdoor context.

First Aid

www.gov.uk/government/publications/first-aid-in-schools

There is a separate Supporting Pupils with Medical Conditions including First Aid Policy.

Physical Intervention (use of reasonable force)

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>

As a school we have a separate policy outlining how we will use physical intervention.

Taking and the use and storage of images

<https://ico.org.uk/for-the-public/schools/photos>

As a school we will seek consent from the parent of a pupil and from teachers and other adults before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in school publications, printed media or on electronic publications.

We will not seek consent for photos where you would not be able to identify the individual.

We will seek consent for the period the pupil remains registered with us and, unless we have specific written permission we will remove photographs after a child (or teacher) appearing in them leaves the school or if consent is withdrawn.

Photographs will only be taken on school owned equipment and stored on the school network. No images of pupils will be taken or stored on privately owned equipment by staff members.

Transporting pupils

<http://documents.hants.gov.uk/education/LADOsafeguardingchildrenineducation2014templateletterforparent.doc>

On occasions parents and volunteers support with the task of transporting children to visits and off-site activities arranged by the school. (This is in addition to any informal arrangements made directly between parents for after school clubs etc.)

In managing these arrangements the school will put in place measures to ensure the safety and welfare of young people carried in parents' and volunteers' cars. This is based on guidance from the local authority and follows similar procedures for school staff using their cars on school business.

Where parents'/volunteers' cars are used on school activities the school will notify parents/volunteers of their responsibilities for the safety of pupils, to maintain suitable insurance cover and to ensure their vehicle is roadworthy.

Disqualification under the childcare act

<https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006>

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare.

Staff (meaning individuals employed by the school or local authority, those undertaking training in schools (both salaried and unsalaried), casual workers and volunteers) are covered by this legislation in the following circumstances:

- They are employed and/or provide early years' childcare (this covers the age range from birth until 1 September following a child's fifth birthday, i.e. up to and including reception age). This includes education in nursery and reception classes (e.g. teachers and support staff in a reception class) and/or any supervised activity (such as breakfast clubs, lunchtime supervision and after school care provided by the school) both during and outside of school hours for children in the early years age range; and
- they work in childcare provided by the school outside of school hours for children who are above reception age but who have not attained the age of 8. This includes before school settings, such as breakfast clubs, after school provision and holiday clubs. It does NOT include education or supervised activity for children above reception age during school hours including extended school hours for co-curricular learning activities, such as the school's choir or sports teams.

The legislation also applies to any staff directly concerned in the management of such early or later years' provision.

In 2009 additional regulations were made to include those living in the same household as another person who is (or would be) disqualified under the Act.

As a school we require all staff who may be impacted by this piece of legislation to complete a self declaration form and to inform the Headteacher immediately if they become aware of any changes to their circumstances that would require us to be aware.

If a member of staff is impacted by the disqualification by association provisions we will ask them to apply for a waiver from Ofsted and put in place appropriate risk management plans while the waiver is being processed.

If a waiver is not granted we will seek advice from our HR provider and/or the LADO as to how risk is most effectively managed.

Linked Policies: Anti-Bullying Policy
Child Protection Policy
Code of Conduct for Staff Policy
Confidentiality Policy
E-safety Policy
Information Communication Technology (ICT) Policy
Lockdown Policy
Off-site Activities Policy
Preventing Extremism and Radicalisation Policy
Protected Disclosures (Whistleblowing) Policy
School Photograph Policy
Supporting Pupils at school with Medical Conditions including First Aid Policy



Annex 1

Community Partnership Information

--

--

--

--

Annex 2

Prevention and Postvention Protocols in the case of a death by (suspected) suicide

Introduction

Suicides are tragic and deeply distressing. When there is a death by (suspected) suicide, there is likely to be a ripple effect; it is estimated that at least 6 people closest to the person who died, are seriously adversely affected. People bereaved by suicide can be up to 65% more likely to attempt suicide themselves and are particularly vulnerable. It is therefore important to prevent suicides and the impact of a suicide.

The Plan

Step One - Co-ordination (Immediate response when a (suspected) suicide occurs)

- The Executive Headteacher/Headteacher should convene a postvention team meeting which will include the Senior Leadership Team.
- The Samaritans may also have Postvention Advisors available to guide and support the next steps (Contact: 0808 168 2528 or email stepbystep@samaritans.org). Hampshire Isle of Wight Educational Psychology (HIEP) team is also able to provide support to the postvention team.

The postvention team's key task at this time is to decide who will do what.

- Ensuring the team is aware of the support that is available to staff, pupils and family, is crucial. The Help is at Hand document may provide some useful information to help with this.
- <http://supportaftersuicide.org.uk/support-guides/help-is-at-hand/>

Step Two - Establish the facts and make contact with the family (Immediate/Within 24 hours)

- A member of the postvention team should firstly check with the authorities to be sure of the facts surrounding the death. (Contact may already have been made by a colleague leading the Rapid Response process which is triggered in all cases of an unexpected child death.) The Rapid Response process outlined by Hampshire Children's Safeguarding Board is here.

<http://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2017/06/Rapid-Response-process-Information-for-Schools.pdf>

- The nominated lead (Headteacher/school counsellor/nurse, for example) should make contact with the family as soon as possible. This will help to support the family and manage communications. Rumours can be inaccurate and deeply hurtful and unfair to the missing/deceased person and their family and friends.
- Advice from those who have been in this position suggest that, if possible, it is useful if the key link to the family remains the same for the duration of the postvention period.
- Information about the death should not be disclosed to pupils until the family has been consulted. If the family think the death is a suspected suicide but do not wish for this to be disclosed, explain that pupils are already talking about the death amongst themselves and state that having adults in the school who are able to talk to pupils about suicide and sudden deaths can help to keep people safe.
- Ensure that the ongoing support of the school is offered to the family. Ensure too that the family does not receive any general administrative letters/texts (eg school trip information, parent consultation events).
- Ensure that any schools or colleges where siblings attend are contacted at an early point so they can also use the protocol as appropriate.

Step Three – Media Contact (as soon as possible, due to social media “chatter”. Media are likely to pick up on things very quickly now)

- A suicide of someone connected to a school can attract much media and social media attention. It is therefore important to designate a media spokesperson and prepare a media statement; this should be the Headteacher.
- Ensure that all staff are made aware that only the media spokesperson is authorised to speak to the media. Advise those that answer external telephone calls to the school that they should not engage in answering any questions but should:
 - Make a note of the reporter's contact details (inc. mobile and email address)
 - Make a note of the questions asked
 - Pass the information given, to the Executive Headteacher/Headteacher as a matter of urgency

The communication log at the end of this document may be useful.

- Samaritans' advice is not to give out any details of the suicide method or any suicide note, or to provide any "explanation" of the suspected suicide such as "was stressed about exam results" etc.
- Samaritans' media team can help support school (and the family) in dealing with the media during a crisis (Contact: 07943 809162 or samaritans.org/media-centre).
- Hampshire County Council can provide media support to schools in the event of an incident. Email corporate.communications@hants.gov.uk or call the Corporate Communications Team on 01962 847368 / 847781
- On the school's Facebook page or Twitter account we should take advice on what or whether to post, either by contacting Samaritans media team or HCC media support on the numbers above.

Step Four - Contact other agencies who may have been in contact with the individual

- Follow the Rapid Response process which will help to ascertain facts about the death and
 - to establish, where possible, a cause or causes of death (in conjunction with the Coroner)
 - to identify any potential contributory factors
 - to provide ongoing support to the family
 - to learn lessons in order to reduce the risks of future child deaths
- Meet with other agencies/organisations who may have a part to play in the Rapid Response process – health professionals, e.g. school nurses, Child and Adolescent Mental Health Service (CAMHS), social workers, police, school counsellor, etc. This helps with any learning from this event in the time immediately after the event – What were the issues relating to this individual? Could anything have been done to have prevented this incident? Are there key risks to other individuals? What could help mitigate against these risks? The purpose of this discussion is not to pass on blame, or to pass judgement on service provision, but rather to learn and help prevent any future suicide events.
- Part of the Rapid Response process is to make notes of these discussions to record any facts and remember any learning. It is always more difficult to recall exact timings/issues several months later. It is important that the schools act on any immediate/pressing issues.

Step Five – Communicate with and take care of staff (Within one day)

- As soon as possible, organise a meeting for all staff to attend. At this meeting, ensure that the facts about the death and next steps are clearly communicated.
- Ensure members of staff are made aware of how to identify and support both pupils and staff experiencing mental distress. Ensure that all staff are informed about where to find this information.

Step Six – Communicate with and take care of the pupils (Within one day)

- As soon as possible after the staff communication event, break the news to the pupils. Samaritans' advice is that this is best done in small groups, or classes. It is better to be factual but to avoid detail about the act itself.

- Do not disclose details about the method used, whether there was a suicide note, or its contents. A briefing note for staff to use with the small groups/class can be useful to ensure consistency of message.
- Consider providing immediate counselling or emotional support to pupils (and staff) in a separate room. Samaritans' postvention team may be able to assist with this support.
- Contact CAMHS who may be able to provide support to pupils who are in the care of their service and who may be struggling.
- Advise pupils to avoid contact with the media and ensure that you have given careful thought to rules and guidelines to assist pupils if/when communicating about the incident on social media sites.
- It may be appropriate to send out a letter to parents/carers of all pupils, to inform them of the incident and to make them aware of possible risks, together with information about support available. The Samaritans' Step by Step service can advise and assist with this. The communication should contain:
 - What has happened
 - What support the school is putting in place
 - What actions the school will take with regards to funerals and memorials
 - Where to find further information about suicide and grief
 - Where to access support for themselves
 - What to do if they are worried about someone else

Step Seven – Funeral

- Depending on the wishes of the family, the school may wish to send representative/s to attend the funeral service.
- Samaritans' recommendation is that parents or guardians accompany pupils who wish to attend and that those who don't attend have normal classes to go to. There should be no reason why there would be a greater attendance at a funeral service under these circumstances than for any other tragic death at the school.

Step Eight – Memorials

- The school will want to think carefully about memorials for the individual who has died; to strike an appropriate balance between supporting distressed individuals and fulfilling the central purpose of providing education and learning.
- Some establishments have used a miniature artificial tree (and labels with string) to be left in a suitable place, offering a chance for individuals to leave a thought/memory/prayer for that individual on the branches of the tree. It is important to set an appropriate time limit to the memorial with the suggestion of up to two weeks) and to strive to treat all deaths in the same way.
- In the longer term, memorials can be organised (tree/plant/plaque etc).
- Sending a card to the parents/family one year after the incident can be a supportive gesture and one that may be well appreciated.

Step Nine – Evaluation and Follow-up

- Consider gathering the thoughts of the postvention team, to evaluate the response, record key learning and adapt procedures accordingly.

Prevention of Suicide

Sadly suicide is the leading cause of death in young people and yet suicides can be prevented. Although suicide prevention training is available, no formal training is strictly necessary to provide crucial early support for someone. Staff may feel worried about over-responding, but in truth, it is much better to over-respond than under-respond in the case of a potential suicide.

Generally speaking, someone in distress may elicit direct and/or indirect warning signs of suicidal thoughts/ideation. It's important for staff to learn how to identify these warning signs as they may indicate intention for suicidal behaviour. It's also important to understand that those with a mental illness or who have had a prior suicide attempt, or been bereaved by suicide themselves are at greater risk of suicide.

The "how to best respond" guide listed in the section below is provided as a helpful general guide by Papyrus (www.papyrus-uk.org). If your school or college is interested in accessing suicide prevention training, this may be available by contacting:

public.health@hants.gov.uk

Direct/Indirect Warning Signs

Direct Signs

The clearest and most direct signs are those which indicate a person is contemplating taking their life, is that they are preoccupied with, or obsessed with death. The following are indications of this preoccupation or obsession (taken from European Regions Enforcing Actions Against Suicide (Euregenas) Toolkit for Schools regarding prevention of suicides). (However, everyone is different, so the direct signs may be different from these listed below);

- Talking (or writing) about wanting to die or hurt or kill oneself (or threatening to hurt or kill oneself)
- Talking (or writing) about feeling hopeless or having no reason to live
- Talking (or writing) about feeling trapped or in unbearable pain
- Talking (or writing) about being a burden to others

Looking for ways to kill oneself, such as searching online for suicide methods or seeking access to firearms, pills, or other means of suicide.

Indirect Signs

Other warning signs are more indirect changes in behaviour which may indicate that someone is experiencing a mental health problem which may include suicidal thoughts or plans. The risk of suicide is higher if the behaviour is new or exacerbated, or increased in frequency. It would also help to know if the person has experienced any loss, change, or bereavement as this could indicate that the person is at higher risk.

Indirect warning signs include the following;

- Withdrawal from family, friends and society or feeling isolated
- Deterioration in work or social functioning
- Increased alcohol or drug use Changes in personality, mood or behaviour, eg extreme mood swings, acting anxious or agitated, or behaving recklessly. These can also include changes in eating or sleeping patterns
- Showing rage, uncontrolled anger, or talking about seeking revenge

How to best respond to the warning signs (using the Papyrus acronym A.L.E.R.T.)

- **Ask** them how they were feeling before it happened and how they are feeling now. Talking about suicide does not make it more likely to happen. Try to be patient if they are angry or refuse to talk. If they won't talk to you, maybe they would talk to a friend or sibling. It may be that writing things down is an easier way for them to communicate with you.
- **Listen**. This is the most important thing you can do. Treat them with respect, and try not to be judgmental or critical. Is it important to try to raise their self-esteem.
- **Empathise** by showing that you really do care about them, no matter what, and are trying to understand things from their point of view. Words don't always matter. The touch of a hand or a hug can go a long way to show that you care.

- **Reassure** them that desperate feelings are very common and can be overcome. Things can and do change, help can be found and there is hope for the future. People do get better!
- **Try** to give practical support, and help them to cope with any extra pressures. It may not be possible to deal with all the things that are troubling them, but between you agree on what you will do if a suicidal crisis happens again.

Don't

- **Put them down** or do things that might make them feel worse. A suicide attempt suggests that self-esteem is already very low.
- **Abandon** or reject them in any way. Your help, support and attention are vital if they are to begin to feel that life is worth living again. Don't relax your attentions just because they seem to be better. It doesn't mean that life is back to normal for them yet. They may be at risk for quite a while.
- **Nag**: although it may be well meant. Nobody wants to be pestered all the time.
- **Intrude**: try to balance being watchful with a respect for privacy. Don't ignore what has happened.
- **Criticise their actions**: however, you may be feeling about their suicide attempt, try to remember the pain and turmoil that they were, and may still be, going through. Don't take their behaviour personally - it was not necessarily directed at you.

Useful Contacts

1. Help is at Hand

Help is at Hand provides people affected by suicide with both emotional and practical support. The guide is designed to be given out by bereavement support organisations and by those who are likely to be first on the scene after a suspected suicide, including police and ambulance staff. It will also be widely promoted online through partnerships with coroners, funeral directors, police, doctors and bereavement counselling and support organisations.

<http://supportaftersuicide.org.uk/support-guides/help-is-at-hand/>

2. Hampshire & Isle of Wight Educational Psychology Service (HIEP)

Link to the Hampshire Isle of Wight Educational Psychology website;

<http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/educational-psychology/contact-hep.htm>

3. Child and Adolescent Mental Health Service (CAMHS)

Children and adolescent mental health services (CAMHS) are made up of specialist teams offering assessment and treatment to children and young people up to age 18 who have emotional, behavioural or mental health problems.

Contact numbers for the CAMHS teams are as follows;

Hampshire Single Point of Access Team: 0300 304 0050

4. POPYRUS www.papyrus-uk.org

National charity for the prevention of young suicides

Call: 0800 068 41 41

Email: pat@papyrus-uk.org

SMS: 07786 209697

HOPELineUK is a specialist telephone service staffed by trained professionals who give non-judgemental support, practical advice and information to;

- Children, teenagers and young people up to the age of 35 who are worried about how they are feeling
- Anyone who is concerned about a young person

5. Samaritans www.samaritans.org.uk

Confidential listening ear available via phone, text, email or face to face, for all ages. You don't have to be suicidal to make contact.

6. Cruse Bereavement Care

- www.crusebereavementcare.org.uk (national details)

Phone: 0844 477 9400 (Mon-Fri, 9am-5pm)

- Cruse Bereavement Care - South Hampshire Area, 135 St. Mary Street, Southampton, Hampshire, SO14 1NX Website: <http://www.cruse.org.uk/> Telephone: 0844 8793448

One to One Support, Pre-bereavement Support, Telephone Support and Home Visits, Bereaved by Suicide Group, Family Support Group

- Cruse Bereavement Care - North Hampshire Area, Andover, SP10 Website: <http://www.cruse.org.uk/> Telephone: 0844 3303701 One to One Support, Pre-bereavement Support, Telephone Support and Home Visits, Bereaved by Suicide Group, Family Support Group

7. Survivors of Bereavement by Suicide (SoBS)

- Portsmouth, Website: <http://uk-sobs.org.uk/> Telephone: Susan on 07748 986 631
- Winchester - Contact: Winchester.sobs@gmail.com

8. Simon Says

Suite 3, Chatmohr Estate Office Village, Crawley Hill, West Wellow, Hampshire, SO51 6AP

Website: <http://www.simonsays.org.uk> Telephone: 01794 323934

Email: info@simonsays.org.uk

Office hours: Monday-Wednesday 9am-4pm. Office closed on Thursdays and Fridays.

Simon Says aims to;

- Support Hampshire children and young people up to the age of 18 years who has a significant person in their life who has died or is dying
- Offer information and advice to move forward in their lives, but never forget their significant person
- Run a telephone support line
- Host monthly age appropriate support groups
- Offer the opportunity to meet other families who have also been bereaved
- Support and give advice and training to teachers, and other professionals working with bereaved children and young people

Communications Log

Lead	Name of Organisation	Type (presentation, letter, email)	Date shared	Purpose	Outcome