



Cliddesden Primary School

Safeguarding Policy

July 2018

This policy is non-statutory. It is used to support the statutory Child Protection Policy and other safeguarding related policies and as a guidance for staff and governors.

As a school, we review this policy in line with DfE, Hampshire Safeguarding Children's Board (HSCB) and HCC guidance.

This policy is a summary of safeguarding procedures in school. For further information refer to the specific policies listed on page 3 of this document.

At Cliddesden the health and safety of all children is of paramount importance. Parents send their children to school each day with the expectation that school provides a secure environment in which their children can flourish.

The aims and objectives of this policy are to:

- keep our children safe
- ensure that all our staff promote an environment where children can learn in a safe, caring, stimulating and positive school
- ensure that all pupils know they are valued and their concerns will be taken seriously and addressed by the adults who care for them; we want all children to feel safe and know what to do if they ever have concerns about any aspect of their physical or emotional safety
- make clear the importance of children becoming confident and resilient, and being able to make decisions for themselves
- value the promotion of the emotional intelligence of our pupils so that they are self-aware and can empathise with others
- ensure that this school works effectively with a wide range of agencies involved in the promotion of the health, well-being and safety of children

This policy sets out the roles and responsibilities of all adults who work or support our school and in so doing provides guidance on how we will make sure our school is a safe and caring place for all our pupils. It outlines the procedures to be taken if an incident of concern is identified with any child in our school. It will also set out how adults record and communicate concerns and how we will monitor incidents if and when they occur.

Policies

The following policies are all in place and designed to achieve a fair, safe and harmonious environment in which children are safe from harm, know that staff have their welfare at heart, and know that staff will always listen when they want to discuss a problem:-

- Child Protection Policy
- Positive behaviour
- Anti-Bullying
- Statement of Behaviour principles
- Admissions
- Safer Recruitment Procedures
- E-safety Policy
- Educational Visits Policy
- Whistle Blowing Policy
- Capability Policy
- Health and Safety Policy
- Site Security Policy
- SEN Policy
- First Aid
- Administration of medicines
- Equalities Scheme
- Accessibility plan
- Staff handbook
- Allegations of abuse against teachers and other staff
- Allegations of abuse against pupils
- SRE policy
- Preventing Radicalisation Policy
- Looked After Children Policy

1. Health and Safety

The Headteacher along with the Health and Safety coordinator/Site Supervisor and the Governors have responsibility for Health and Safety. Any concerns from staff are reported to the Health and Safety coordinator who carries out an initial examination, assessing what remedial action needs to take place and informing leadership.

Each half term there is a fire drill that practices efficient evacuation from the buildings. The school conducts an annual Fire Risk Assessment.

There is also a critical incidents plan that details what staff and parents should do in the case of emergencies.

The fire procedures and assembly point are displayed in every room and in key areas around the school.

2. First Aid

The school administration officer oversees first aid. In addition there are members of staff who have paediatric and first aid training. There are first aid kits in the school office and Willow Class. Lunchtime supervisors have a first aid kit with them.

Prescribed medicines are to be administered to children only upon written application to the school. Parents will be asked to come into school immediately in cases that are deemed serious so that they are part of the decision making process. All parents are informed of any head injuries.

In serious cases, the school office, under instruction from a first aider or senior teacher, will contact the emergency services and the Headteacher. This will then be followed by a phone call to the parent.

Children with ongoing medical needs have a care plan written by the SENCo.

3. Site security

Cliddesden Primary School provides a secure site, which is controlled by precise management directives:

- The Headteacher or senior staff are highly visible at the beginning and at the end of each school day.
- Staff wear high viz vests when on outdoor duty and for outdoor PE.
- Visitors, volunteers and students must only enter through the main entrance and after signing in at the office window.
- Parents are requested to leave the premises by 3.45 pm
- Children will only be allowed home with adults with parental responsibility or confirmed permission.
- Children should never be allowed to leave school alone during school hours, and if collected by an adult, signed out.
- Doors are kept closed to prevent intrusion
- Visitors and volunteers enter at the reception and must sign in.
- Visitors and volunteers are identified by lanyards

Should a child leave the school premises without permission then staff have been informed never to chase after a child, but rather to report immediately to the office. Then Headteacher, parents and police will be informed of the circumstances.

Refer to Site Security and Health and Safety policies.

4. Attendance

Excellent attendance is expected of all children, but when children are unwell parents are expected to confirm absence by telephone immediately. If there is no notification school has a policy of phoning home to ascertain each child's whereabouts.

The Headteacher and administration officer monitor attendance monthly and the outcomes are reported to all staff.

A process is in place where parents are notified by letter when their child's attendance drops below the school's target level and meetings with senior members of staff are arranged where poor attendance is consistent. Attendance rates are reported regularly to parents in the school

newsletter, each term to and governors, annually to the government. Positive measures are in place to encourage children to attend regularly and punctually.

5. Vetting checks

At Cliddesden School we aim to ensure that all children are safe. In order to do this we hold a Single Central Record (SCR) which contains details of all adults who come into contact with children. This is reviewed annually and updated when any new adult is working with children. This statement details what checks will be required from those adults working at our school.

Teaching & Non-teaching Staff -For any advertisement a Safeguarding statement is included. When short-listing key details are checked to ensure the candidate is suitable for the post. During an interview there will be a Safeguarding question which will be asked by a member of the panel who has undertaken Safer Recruitment training. The Headteacher and the safeguarding link governor are safer recruitment trained.

On appointing a member of staff their photo ID, qualifications (including QTS for Teachers) will be checked by the school and county. In addition a children's List/list 99 and Disclosure and Barring Service (DBS) check will be undertaken. All of these details are then recorded onto the SCR.

Agency & Local Authority Staff-It is the responsibility of the agency/county department to undertake the necessary checks. The agency must prove to the school that they operate a safer recruitment policy and send the school the necessary vetting forms. However, as a school we check these essential details. As a result, any member of staff from an agency/LA department will be required to provide the following information on their first visit to the school:

- Date of Children's List/List 99 Check
- DBS check number and date issued
- Photo ID
- These details are then kept on the SCR as evidence.

Students, Volunteers and work experience- Any adult who works in the school on a regular basis has the same checks. The school has procedures to ensure this. The school will only allow volunteers or work experience placements if we believe this will benefit the children and the school whilst continuing to support our community to gain the necessary experience they require. All volunteers/students will be required to wear a badge at all times so that we know who they are. It is important that in school we know who has or hasn't yet had their check completed. For those with a green lanyard and badge they are DBS checked and can be left alone with children. However, those with a red lanyard have their DBS pending and are *not allowed* to be left alone with children.

6. Staff Safer recruitment and induction

The Headteacher sits on all teacher appointment panels where the candidates are external applicants. The Headteacher, has undertaken the training on Safer Recruitment as have the Inclusion Manager and Finance Officer. Three members of the governing body have also completed training. During shortlisting, the Headteacher and either a member of staff or a member of the governing body will scrutinise applications for safeguarding concerns. We ensure that at least one member of every staff recruitment panel, whether members of staff or the governing body, has received recent safer recruitment training.

New staff are inducted into safeguarding practices through the staff induction policy. Newly appointed staff are assigned a mentor for the induction period. It is the responsibility of the

mentors to familiarise new staff with procedures and policy, which affect the health and safety of all at school but especially the safeguarding of children.

7. Visitors Protocol

Visitors with a professional role should already have relevant clearance but the office will check this and ID before admittance. The appropriate lanyard will then be given to the visitor to wear.

Occasional or rare visitors to the school that may not have the necessary checks should be accompanied at all times. They may include: visitors who come on site to carry out emergency repairs or service equipment, who would not be left unsupervised on the school premises.

In the event of any visitor failing to comply they should be asked to leave the site immediately and the Headteacher informed. Any visitor who becomes aggressive or abusive will be asked to leave and warned that police assistance will be called for should they fail to leave the school grounds.

Governors do not have unsupervised access to pupils and should be accompanied by a member of staff at all times unless they have been vetted under DBS or Children's list/list 99.

Members of the emergency service will not be asked to wear a lanyard but will be asked for their name and ID number.

8. Child Protection, Safeguarding Policy

The school's Designated Safeguarding Lead is (DSL), Kenneth Davies, Headteacher, and the deputy DSLs are Tara Copping, Inclusion Manager, and Jane Smith, Beech Class, Senior Manager. Any urgent concerns should be reported to the DSL or a deputy in his absence immediately. Each class has a pupil well-being book that is kept in a secure and confidential place. Teachers and Learning support assistants (LSAs) record any concerns regarding physical, emotional and social well-being as well as any incidents of ongoing unacceptable conduct, attendance and behavioural issues (including parents). The DSLs monitor these books half termly and then address any concerns.

There is a detailed Child Protection Policy. The Headteacher, DSL and deputy DSLs attend Safeguarding (Child Protection) training refreshers every 2 years. In addition to their formal training, their knowledge and skills should be updated, (for example via e-bulletins, meeting other designated safeguarding leads, or taking time to read and digest safeguarding developments), at regular intervals, but at least annually, to keep up with any developments relevant to their role. The Safeguarding Governor has had external safeguarding training, which is updated at least every three years and all staff have internal training annually and on induction. Individual pupil case study files are kept in a locked cupboard in the HT's office for key vulnerable pupils.

There may be times when adults, in the course of their school duties, have to intervene physically in order to restrain children and prevent them or others from coming to harm. Such intervention will always be the minimum necessary to resolve the situation. We follow the guidance given in *The Use of Force to Control or Restrain Pupils - Guidance (DCSF 2010)*. The Headteacher will require the adult(s) involved in any such incident to report the matter to him immediately, and to record it in the incident log.

9. The Curriculum

We will teach in such a way as to encourage pupils to be able to voice their opinions and develop their own self confidence. We aim to build strong and caring relationships with all

our pupils. In so doing we hope to provide our pupils with the skills necessary to be able to bring to the attention of any adult working in the school any matters of concern they may have. We will always take seriously any safeguarding issues drawn to our attention by any pupil.

The curriculum deals with safeguarding in two ways.

- Firstly, the curriculum, in subjects such as Personal, Social and Health Education discusses relevant issues with the children. Areas include such themes as e-safety, Drugs, Sex and Relationships and Stranger Danger. Children are encouraged to explore and discuss these issues. The school's assembly rota ensures coverage of key issues.
- Secondly, the curriculum is designed so that safety issues within the subject are discussed and safe practices taught, such as using equipment properly in PE and Design and Technology. At all times there has to be appropriate staffing levels and when the curriculum is taken out of the school, appropriate and school agreed pupil/adult ratios are maintained. Visiting speakers, with correct clearance are always welcome into school so that they can give specialist knowledge to the children.

10. Educational visits and risk assessments

The Educational Visits Coordinator, Hazel Barker, has attended county training. Risk assessment records are kept of all educational visits. Risk Assessments are carried out for school events that are attended by the community such as Parents' Evenings and Parent Assemblies. Refer to Health and Safety Risk assessment file. The lead adult always assesses visits as to the level of risk and all educational visits are finally authorised by the educational visits coordinator. Refer to Educational Visits Policy.

11. E safety

Children should be encouraged to use the internet but at all times in a safe and responsible way. Parents are asked to sign an acceptable use policy each year if they agree to their child using the internet. Pupils must never be left unattended whilst online and teachers/parents should ensure that this does not happen. If teachers know of misuse, either by a teacher or child, the issue should be reported to the Headteacher.

The Headteacher will ensure the following is in place:

- Staff attend annual e-safety training.
- The Headteacher's newsletter will annually include an e-safety as part of its safeguarding section.
- The website is updated with tips for safe surfing.
- Annual Parent guidance.

12. Photographing and videoing

At Cliddesden School we have taken a sensible, balanced approach to photographs and videoing in schools and activities outside the school.

The school will seek individual permission from parents/guardian to photograph/video the individual child; this is done upon entry to the school. For group activities permission will be sought from all

parents/guardians. If an individual parent does not agree to the photographing or videoing of their child in the group activity this may prohibit photographing or videoing the group activity or it will be done sensitively without including the specific child in the photographs or video.

The school will operate within the above guidelines, which allows parents to photograph or video for personal use. Parents are regularly reminded not to upload images onto social networking sites.

The use of mobile phones is prohibited on the school premises unless authorised by the Headteacher or admin staff.

13. Whistle blowing

If members of staff ever have any concerns about people working, paid or unpaid, they have a professional duty to inform the management accordingly. This can be done in writing or verbally but staff should be prepared to discuss issues in the confidence that any such matter will be dealt with sensitively and with the necessary degree of confidentiality. The school follows the Hampshire County Council's policy on Whistle blowing.

14. Managing allegations against staff

If an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher.

The Headteacher on all such occasions will discuss the content of the allegation with the county's Local Authority Lead Officer for Child Protection. If the allegation made to a member of staff concerns the Headteacher, the designated person will immediately inform the Chair of Governors who will consult with Hampshire County Council's Children and Young People's Services LADO for Child Protection. The school will follow the county's procedures for managing allegations against staff.

15. Making Referrals

Where necessary, the school may decide to make a referral to outside agencies e.g. Social Services, CAHMS and the police. Such referrals will be tracked and kept confidential to support the families involved. Any disclosures, reports or suspicions of children missing in education or female genital mutilation will be immediately referred to the relevant agencies.

17. Harassment and bullying

The school is committed to taking any concerns or incidents reported around harassment or bullying seriously

What is meant by harassment and bullying?

The standard definition of harassment is "Unwanted conduct on the grounds of race, gender, sexual orientation etc. which has the purpose or effect of either violating a person's dignity, or creating an intimidating or hostile, degrading, humiliating or offensive environment for them "

It may be in the form of offensive, intimidating, malicious or insulting behaviour. It can also include an abuse of power through means intended to humiliate, degrade or injure the person.

Examples of this could be:

- Abuse of power or authority
- Excluding the person
- Ignoring the person
- Public humiliation
- Persistent unjustified criticism
- Removing choice and decisions without good reason
- Verbal threats
- Written threats
- Intimidation
- Sexual harassment
- Suggestive comments/remarks
- Offensive jokes
- Cyber bullying

For in dealing with harassment and bullying or reporting any incidents please refer to the school's Anti-Bullying and Whistleblowing policies

18. Transporting pupils

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.

19. Dismalification under the childcare act

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.

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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.

20. Monitoring and review

The governing body will ensure that the school has a senior member of staff designated to take lead responsibility for dealing with safeguarding issues. Governors will regularly monitor and review any incidents recorded, or reported through the Headteacher's reports. A named governor, Jean Holdcroft, participates in the school's training with regard to child protection procedures. This policy is reviewed annually by the governing body.

Contacts:

Mr Kenneth Davies-Headteacher and Designated Safeguarding Lead (DSL)

Mrs Laura Robinson - Deputy Designated Safeguarding Lead (DSL)

Mrs Jane Smith - Deputy Designated Safeguarding Lead (DSL)

Stephen Mourant -Chair of Governors

Jean Holdcroft - Safeguarding Governor

Mr Andrew Sumner - School caretaker and health and safety coordinator

Appendix 1 – High risk and emerging safeguarding issues

Preventing Radicalisation and Extremism

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 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)

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. 'Known' cases are those where either a girl informs the person that an act of FGM - however described - has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act. 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

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 students 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

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.

telling them what to wear, who they can/can't see or speak to and that this abuse was prevalent within teen relationships. Further research showed that teenagers didn't understand what consent meant within their relationships. They often held the common misconception that rape could only be committed by a stranger down a dark alley and didn't understand that it could happen within their own relationships.

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

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
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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

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

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)

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 cross over of risk is not missed.

Children Missing from Education

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

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)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b)

for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (*Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation*, February 2017):

- Exploitation can be isolated (one-on-one) or organised group/criminal activity
- There can be a big age gap between victim and perpetrator, but it can also be peer-on-peer
- Boys can be targeted just as easily as girls - this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders

Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted

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 [Annex 3]

Trafficked Children

Human trafficking is defined by the UNHCR 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

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

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 and governors
- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletters, web site,
- 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 mediaWith 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:

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- High profile events / campaigns e.g. Safer Internet Day
- Building awareness around information that is held on relevant web sites and or publications

Cyberbullying

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 also recognises 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

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

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

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

Appendix 2 – Safeguarding issues relating to individual pupil needs

Pupils with medical conditions (in school).

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).

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.

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.

Intimate care

Guidelines for good practice adapted from the Chailey Heritage centre

1. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. The 4LSCBs believe this practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. The 4LSCBs recognise that there are partner agencies that recommend two carers in specific circumstances. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Agencies should consider the implications of

using a single named member of staff for intimate care or a rota system in terms of risks of abuse.

2. Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.
3. Be responsive to a child's reactions. It is appropriate to "check" your practice by asking the child - particularly a child you have not previously cared for - "Is it OK to do it this way?"; "Can you wash there?"; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.
4. Make sure practice in intimate care is as consistent as possible. Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?
5. Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.
6. If you are concerned that during the intimate care of a child:
 - You accidentally hurt the child;
 - The child seems sore or unusually tender in the genital area;
 - The child appears to be sexually aroused by your actions;
 - The child misunderstands or misinterprets something;
 - The child has a very emotional reaction without apparent cause (sudden crying or shouting).

Report any such incident as soon as possible to another person working with you and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

7. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.
8. Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. The 4LSCBs recognise that children who experience intimate care may be more vulnerable to abuse:-

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless
- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately
- Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer
-

Fabricated or induced illness

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

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).