

**Statutory Policy**

Initial Policy: Jan 2021
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Key Person: MLL

Child Protection Policy

Deer Park School fully recognises its moral and statutory responsibility to safeguard and promote the welfare of children at our school. 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 school and to inform parents and guardians how we will safeguard their children whilst they are in our care.

Schools and colleges and their staff are an important part of the wider safeguarding system for children. This system is described in statutory guidance Working together to safeguard children.

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.

No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of "it could happen here" where safeguarding is concerned.

The purpose of this policy is to provide staff, volunteers, Members, Trustees and Local Governors with the framework they need in order to keep children safe and secure in our school, and to inform parents and guardians how we will safeguard their children whilst they are in our care.

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Appendix 1

COVID-19 school closure arrangements for Safeguarding and Child Protection at Deer Park School

Definitions

Within this document:

Child protection is an aspect of safeguarding but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

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, Members, Trustees and Local Governors.

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

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

Abuse could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the procedure document.

Principles

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- 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.

Leadership and Management

We have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this school any individual can contact the Designated Safeguarding Lead (DSL) or the Deputy (DDSL) if they have concerns about a young person.

DSL is Mr Jones and the Deputy DSLs are Miss Litton, Mr Hastings, Mrs Macdonald and Mrs Dixon. There is a nominated safeguarding Trustee, Mr T Jardine, who will take leadership responsibility for safeguarding. The Chair of Trust Board, Mrs G Lane, will receive reports of allegations against the Headteacher and act on the behalf of the governing body.

As an employer we follow safer recruitment guidance as set out in KCSIE 2021.

Training

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Training is provided every year with separate training to all new staff on appointment. The DSL will attend bi-annual training to enable them to fulfil their role. All deputy DSLs will have the same level of training as the DSL.

Any update in national or local guidance will be shared with all staff in briefings, online or through staff meetings and then captured in the next whole school training. There is a cycle of half termly updates to ensure any new staff are receiving training. This policy will be updated during the year to reflect any changes brought about by new guidance.

Referral

Following any concerns raised by staff, the DSLs will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSLs will contact children's social care. If the DSL/Deputy DSLs are not available or there are immediate concerns, the staff member will refer directly to children's social care. The details for this can be found in this policy, on the reverse of identification badges and in the staff members' area.

Generally the DSLs will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate, particularly where informing parents may put the child at further risk.

All safeguarding concerns will be recorded on CPOMs. Previous to this they will be recorded on the Safeguarding Spreadsheet and SiMs.

N.B. The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police. The DSL will also be made aware. This will still be recorded on CPOMs

Confidentiality

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Information sharing advice for Practitioners (DFE 2018) guidance.
- There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.
- Information will be shared with individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

As a school we will educate students to recognise when they are at risk and how to get help when they need it through:

- The content of the curriculum
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.
- Through the school MSS curriculum
- Through the school Tutor Time programmes
- Signage around the school buildings both on walls and digitally
- Through the assembly programme
- Through the use of school drop in sessions (Counsellor and Mentors)
- Through the planner given to students

Dealing with allegations of abuse against teachers, headteachers, volunteers and staff

If a concern is raised about the practice or behaviour of a member of staff or volunteers this information will be recorded and passed to the Headteacher, Miss Litton. The local authority designated officer (LADO) will be contacted and the relevant guidance will be followed

If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or nominated Trustee directly.

Dealing with allegations against students

If a concern is raised that there is an allegation of a student abusing another student within the school, the 'dealing with allegations against students' guidance will be followed (Annex 6).

Practice

Key personnel

The Executive Headteacher is Miss M L Litton.

The Headteacher is Miss M L Litton.

The DSL designated senior person for child protection is Mr M Jones.

The deputy DSL designated person(s) are Mrs M L Litton, Mr T Hastings, Mrs L Dixon.

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.

Whole Staff Responsibilities

We are all responsible for Safeguarding.

This 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 all staff are aware of systems within the school which support safeguarding and these should be explained to them as part of staff induction. This should include:
 - the child protection policy
 - the behaviour policy
 - the staff code of conduct
 - the safeguarding response to children who go missing from education
 - the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and deputies).
- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school who they can approach if they are worried or have concerns.
- Plan opportunities within the curriculum for children to develop the skills they need to recognise, assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of “it could happen here” with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the DSL as soon as practical that day. If the DSL is not contactable immediately a Deputy DSL should be informed
- Be prepared to refer directly to social care, and the police if appropriate, if there is a risk of significant harm and the DSL or Deputy DSL is not available.
- Follow the allegations procedures (Annex 5) if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the HSCP (Hampshire Safeguarding Children’s Partnership) and take account of guidance issued by the DfE.
- Support students in line with their child protection plan.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify the DSL or Deputy DSL of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of Early Help and be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support students and provide early help.
- Ensure they know who the DSL and Deputy DSL are and know how to contact them.
- Have an awareness of the Child Protection Policy, the Behaviour Policies, the Code of Conduct for Staff, peer on peer abuse procedures, procedures relating to the safeguarding response for children who go missing from education and the role of the DSL.
- Ensure all staff should be aware of the process for making referrals to children’s social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.

Senior leadership team and designated Safe Guarding Leads responsibilities

- Contribute to inter-agency working in line with guidance (Working together to safeguard children, 2018).
- Provide a co-ordinated offer of early help when additional needs of children are identified.

- Ensure staff are alert to the various factors that can increase the need for early help (para 18 KCSIE 2021).
- 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 governing body 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 students with respect and follow policies and procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from the Department for Education (DfE), Hampshire Safeguarding Children Partnership (HSCP) 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:

- Refer cases to social care, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.
- Assist the Trust Board in fulfilling their safeguarding responsibilities set out in legislation and statutory guidance.
- Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.
- Ensure every member of staff knows who the DSL and the Deputy are, have an awareness of the DSL role and know how to contact them.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the Headteacher.
- Ensure that those staff that need to know, are aware of those children who have experienced, or are experiencing abuse in order to promote their educational outcomes and provide the appropriate support.
- Ensure whole school training occurs regularly with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably.
- Ensure any members of staff joining the school outside of the agreed training schedule receive induction prior to commencement of their duties.
- Keep records of child protection concerns securely and separately from the main student file and use these records to support in assessing the likelihood of risk.
- Ensure that safeguarding records are transferred accordingly (separate from student files) and in a timely fashion when a child transfers school, including in-year transfers.
- Ensure that where a student transfers school and is on a child protection plan or is a child looked after, their information is passed to the new school immediately and that the child's social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or on-going.
- Be aware of the training opportunities and briefings provided by HSCP to ensure staff are aware of the latest local guidance on safeguarding.
- Develop, implement and review procedures in the school that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Meet any other expectations set out for DSLs in KCSIE 2021.

Trust Board responsibilities

- The school has effective safeguarding policies & procedures including a Child Protection Policy, a Staff Behaviour Policy or Code of Conduct, a Behaviour Policy and a response to Children who go missing from education.
- They check the SCR at least termly.
- HSCP is informed annually about the discharge of duties via the safeguarding audit.
- Recruitment, selection and induction follows safer recruitment practice.
- Allegations against staff are dealt with by the Headteacher. Allegations against the Headteacher are dealt with by the Chair of Trust Board.
- A member of the senior leadership team is designated as DSL and have this recorded in their job description.
- Staff have been trained appropriately and this is updated in line with guidance.
- Any safeguarding deficiencies or weaknesses are remedied without delay.
- They have identified a nominated Trustee for allegations against the Executive Headteacher and Headteacher/s.
- Trust Boards and proprietors should ensure there are procedures in place to handle allegations against teachers, Headteachers, volunteers and other staff. Such allegations should be referred to the designated officer(s) at the local authority by the appropriate person as set out in Part four of Keeping Children Safe in Education – Statutory Guidance for schools and colleges (January 2021).

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

Keeping Children Safe in Education – Statutory Guidance for schools and colleges (September 2021)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Working Together to Safeguard Children (2020)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Deer Park School Child Protection Procedures

Overview

The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility.

The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being harmed or at risk of harm.

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount.

What school and college staff should look out for

Any child may benefit from early help, but all school staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

If a member of staff has any concerns about a child's welfare, they should act on them immediately. They must:

1. Make an initial record of the information. This can be on paper, and must be reported via the school safeguarding email address: safeguarding@deerparksecondary.org
2. Report it to the DSLs / Headteacher immediately.
3. The DSLs or Headteacher will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSLs or Headteacher are not immediately available (see point 8 below).
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
 - Dates and times of their observations
 - Dates and times of any discussions they were involved in.
 - Any injuries
 - Explanations given by the child / adult
 - What action was taken
 - Any actual words or phrases used by the child

The records must be signed and dated by the author.

5. In the absence of the DSL or their Deputy, be prepared to refer directly to Children's Social Care (and the police if appropriate) if there is the potential for immediate significant harm.

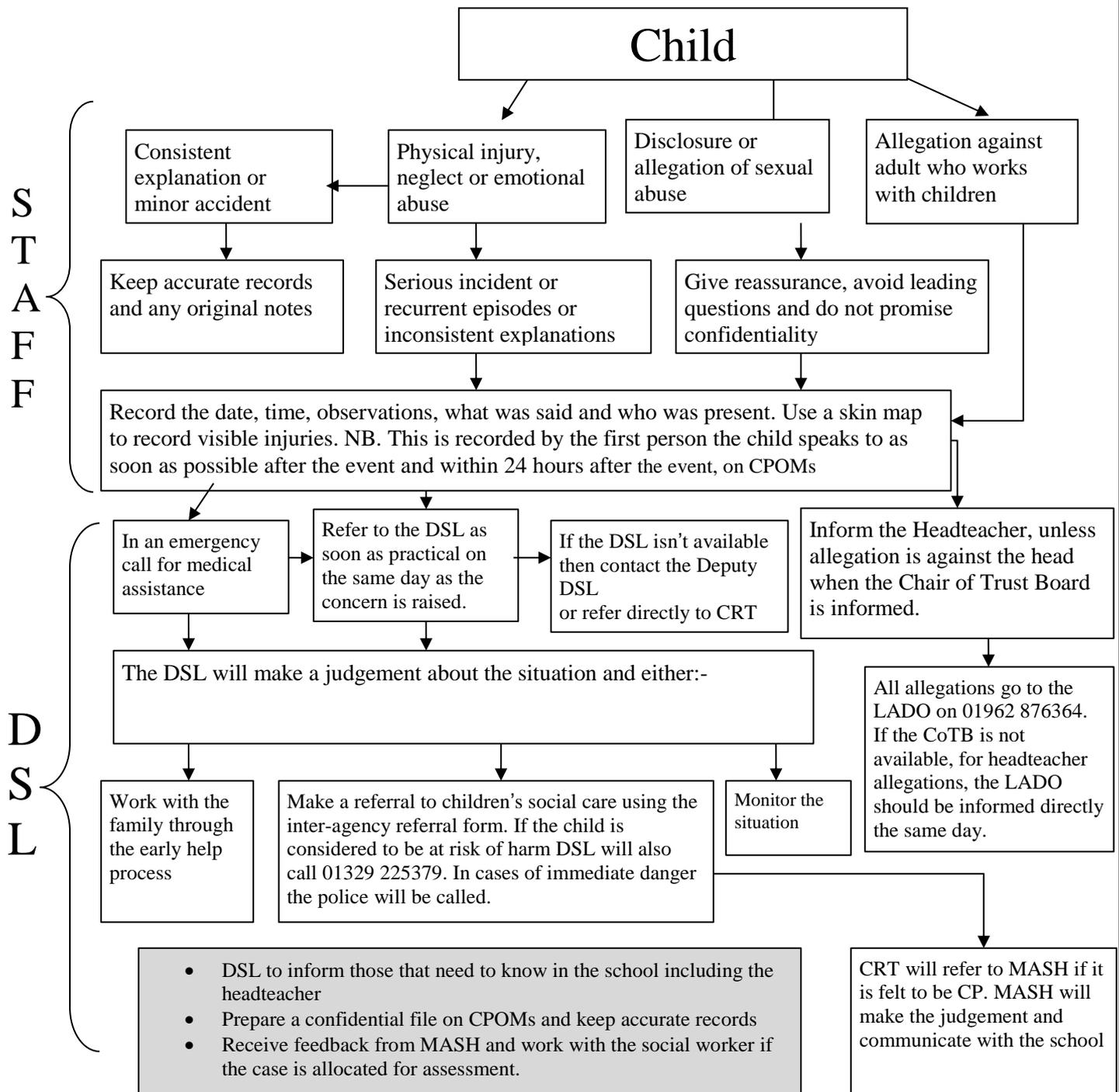
Following a report of concerns from a member of staff, the DSL must:

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to children's social care and the police if appropriate. The rationale for this decision should be recorded by the DSL.
2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to children's social care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. The child's views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL/DDSL must fill out an Inter Agency Referral Form (IARF) as per HCC Guidance. If they feel it necessary to call for advice and guidance or if a child is at significant risk then they can call Children's Services (Children's reception team CRT) on 01329 225379 making a clear statement of
 - the known facts
 - any suspicions or allegations
 - whether or not there has been any contact with the child's familyIf there is indication that the child is suffering significant harm, a call will also be made to Children's Reception Team (CRT) on 01329225379.
4. If a child is in immediate danger and urgent protective action is required, the police (999/101) must be called. The DSL must then notify Children's Social Care of the occurrence and what action has been taken.
5. When a pupil needs urgent medical attention and there is suspicion of parental abuse causing the medical need, the DSL or their Deputy should take the child to the accident and emergency unit at the nearest hospital, while Children's Social Care are informed. Advice should be sought from Children's Social Care about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.
6. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the early help process as per the HCC Safeguarding Thresholds Chart.
7. If a child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify children's social care of the occurrence and what action has been taken.
8. Where there are doubts or reservations about involving the child's family, the DSL should clarify with children's social care or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.
9. If early help is appropriate, the designated safeguarding lead (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead professional. Any such cases should be kept under constant review and consideration given to a referral to children's social care for

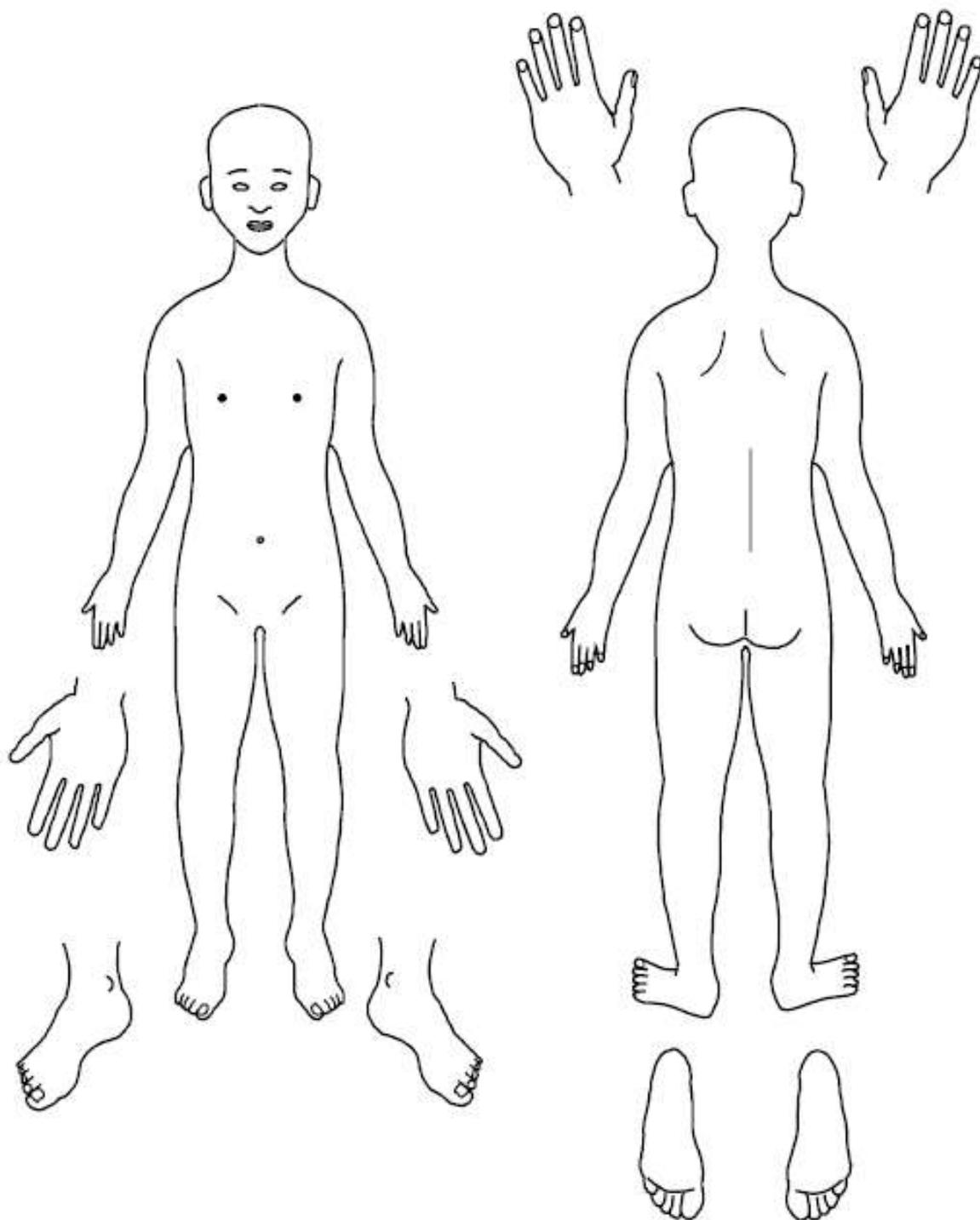
assessment for statutory services, if the child's situation does not appear to be improving or is getting worse.

Linked Policies: Anti-Bullying
Code of Conduct
Confidentiality
Drugs
E-safety
First Aid
Information Communication Technology (ICT)
Offsite Activities
Physical Intervention
Preventing Extremism and Radicalisation
Protected Disclosures (Whistleblowing)
Safeguarding
School Photograph
Supporting Students at school with Medical Conditions

Flowchart for child protection procedures



*** In the cases of known FGM, the teacher who was made aware will also make contact with the police**

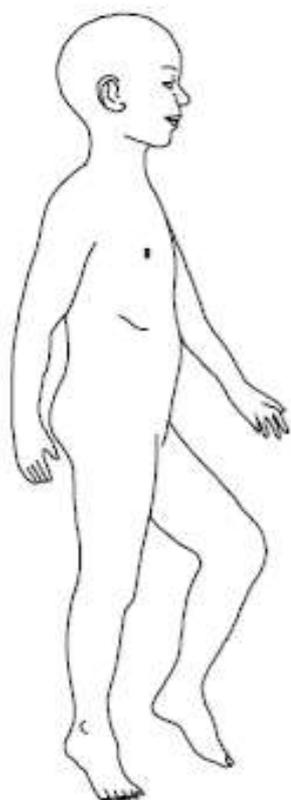


Skin map (Absence of CPOMs)

Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____



Any additional information:

Dealing with disclosures**All staff should:**

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

Guiding principles, the seven R's**Receive**

- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said and take it seriously.
- Make a note of what has been said as soon as practicable.

Reassure

- Reassure the student, but only so far as is honest and reliable.
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'.
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'.

Respond

- Respond to the student only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details.
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court.
- Do not criticise the alleged perpetrator; the student may care about him/her, and reconciliation may be possible.
- Do not ask the student to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the student that it will be a senior member of staff.

Report

- Share concerns with the designated safeguarding lead as soon as possible.
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly.
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.

Record

- If possible make some very brief notes at the time, and write them up as soon as possible.
- Keep your original notes on file.

- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Complete a body map to indicate the position of any noticeable bruising.
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'.

Remember

- Support the child: listen, reassure, and be available.
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.
- Try to get some support for yourself if you need it.

Review (led by DSL)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

T.E.D

Staff are trained to remember **TED, Tell me, Explain to me, Describe** to me, as a way to remember what to record.

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

If a staff member believes that their concerns have not been referred on or that the child remains at risk, they should initially ask the DSL to reconsider ensuring that the risks area understood. If this does not result in a satisfactory outcome, or the DSL rational appears to miss the risk to the child, then the Whistleblowing procedures of the school should be followed. If the DSL is unhappy with the response from Children Social Care, they should consider following the HSCP escalation protocol.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases additional counselling/ supervision may be appropriate through an employee based counsellor.

Allegations against adults that work with children.

Working Together to Safeguard Children (2018) states that organisations should have clear policies in line with those from the LSCP for dealing with allegations against people who work with children. Those policies should make a clear distinction between an allegation, a complaint or a concern about the quality of care or practice.

Allegations as defined by KCSIE should be reported to the Local Authority Designated Officer. Complaints or concerns can be managed independently by the school or college under internal procedures.

Complaints could include:-

- Breaches of the code of Conduct
- Failure to follow policy, procedure or guidance
- Any breach of data protection or confidentiality
- Poor behaviour management
- Inappropriate use of social media
- Misadministration of medication

Concerns could include:-

- Inappropriate use of language, shouting or swearing
- Discussing personal or sexual relationships with, or in the presence, of students
- Making (or encouraging others to make) unprofessional comments which scapegoat, demean or humiliate children, or might be interpreted as such.

Allegations Procedure

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school, or another adult who works with children has:

- **behaved in a way that has harmed a child, or may have harmed a child;**
- **possibly committed a criminal offence against or related to a child; or**
- **behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children; or**
- **behaved or may have behaved in a way that indicates they may not be suitable to work with children**

When considering allegations of suitability, (the fourth criteria above) the LADOs would consider the following situations:

- **Parents of children who are placed on a CIN plan or are receiving Early Help;**
- **Arrests for offences against adults;**
- **Presentation to other professionals around mental health, domestic abuse and/or substance misuse;**
- **Extreme political or religious viewpoints which could be considered Hate Crime;**
- **Concerns about behaviour in their private lives which may impact on children**

the LADO criteria for intervention in any of these situations will be assessed against the likelihood and impact of transferable risk to children.

In dealing with allegations or concerns against an adult in the school, staff must:

- Report any concerns about the conduct of any member of staff, supply staff or volunteer to the Headteacher as soon as possible.
- If an allegation is made against the Headteacher, the concerns need to be raised with the Chair of Trust. If the Chair of Trust Board is not available, then the LADO should be contacted directly.
- There may be situations when the Headteacher or Chair of Trust Board will want to involve the police immediately if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence
- Once an allegation has been received by the Headteacher or nominated Trustee they will contact the Local Authority Designated Officer (LADO) on 01962 876364 or child.protection@hants.gov.uk as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to.

In liaison with the LADO, the school will determine how to proceed and if necessary the LADO will refer the matter to children's social care and/or the police.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their HR provider in following procedures set out in Chapter 4 of 'Keeping Children safe in Education' (2021) and the HSCP procedures.

Supply Staff

While supply staff are not the employee of the school, it is still required that the school report the allegation to the LADO.

If the matter requires an internal investigation, this will be carried out by the school in liaison with a HR rep (acting as the employer) from the supply agency.

Sexual violence and sexual harassment between children in schools and colleges
Peer on Peer Abuse

DfE guidance Keeping Children Safe in Education (2021) says that ‘governing bodies should ensure that there are procedures in place to handle allegations against other children’. The guidance also states the importance of minimising the risks of peer-on- peer abuse. In most instances, the conduct of students towards each other will be covered by the school’s behaviour policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns. These allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is also likely that incidents dealt with under this policy will involve older students and their behaviour towards younger students or those who are vulnerable.

Guidance is also given in the DfE document <https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges> , May 2018.

Peer on peer abuse

All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- upskirting, which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

All staff should be clear as to the school’s policy and procedures with regards to peer on peer abuse and abuse must never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”.

Context

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment as well as their emotional well-being. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and offline (both physically and verbally) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other children, adult students and school and college staff are supported and protected as appropriate.

Policy

We believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other children.

We recognise that children are capable of abusing their peers and this will be dealt with under our child protection policy and in line with KCSIE (2021).

We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.

We will minimise the risk of peer on peer abuse by:-

Prevention:

- Taking a whole school approach to safeguarding & child protection
- Providing training to staff
- Providing a clear set of values and standards, underpinned by the school's behaviour policy and pastoral support system, and by a planned programme of evidence based content delivered through the curriculum.
- Engaging with specialist support and interventions.

Responding to reports of sexual violence and sexual harassment:

- Children making a report of sexual violence or sexual harassment will be taken seriously, kept safe and be well supported.
- If the report includes an online element staff will be mindful of the Searching, Screening and Confiscation: advice for schools (DfE 2018) guidance.
- Staff taking the report will inform the DSL or their Deputy as soon as practicably possible but at least within 24 hours.
- Staff taking a report will never promise confidentiality.
- Parents or guardians will normally be informed (unless this would put the child at greater risk).
- If a child is at risk of harm, is in immediate danger, or has been harmed, a referral will be made to Children's Social Care (01329 225379).

Risk Assessment:-

Following a report the DSL will make an immediate risk and needs assessment on a case-by-case basis.

The Risk assessment will consider;

- The victim, especially their protection and support.
- The alleged perpetrator, their support needs and any discipline action.
- All other children at the school.
- The victim and the alleged perpetrator sharing classes and space at school.

The risk assessment will be recorded and kept under review.

Where there has been other professional intervention and/or other specialist risk assessments, these professional assessments will be used to inform the school's approach to supporting and protecting students.

Action: The DSL will consider:-

- The wishes of the victim.
- The nature of the incident including whether a crime has been committed and the harm caused.
- Ages of the children involved.
- Developmental stages of the children.
- Any power imbalance between the children.
- Any previous incidents.

- Ongoing risks.
- Other related issues or wider context.

Options: The DSL will manage the report with the following options:-

- Manage internally
- Early Help
- Refer to Childrens' Social Care
- Report to the police (generally in parallel with a referral to Social Care)

Ongoing Response:

- The DSL will manage each report on a case by case basis and will keep the risk assessment under review.
- Where there is a criminal investigation into a rape, assault by penetration or sexual assault, the alleged perpetrator should be removed from any classes they share with the victim.
- The DSL will consider how best to keep the victim and perpetrator a reasonable distance apart on school premises and on transport where appropriate.
- Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, the school will take suitable action. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the perpetrator to remain in the same school or college would seriously harm the education or welfare of the victim (and potentially other students).
- Where a criminal investigation into sexual assault leads to a conviction or caution, the school or college will, if it has not already, consider any suitable sanctions in light of their behaviour policy, including consideration of permanent exclusion. Where the perpetrator is going to remain at the school or college, the principle would be to continue keeping the victim and perpetrator in separate classes and continue to consider the most appropriate way to manage potential contact on school and college premises and transport. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.
- The victim, alleged perpetrator and other witnesses (children & adults) will receive appropriate support and safeguards on a case-by-case basis.
- The school will take any disciplinary action against the alleged perpetrator in line with behaviour and discipline in schools.
- The school recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

As a school we will take advice from support networks when dealing with incidents of this nature. This will include the NSPCC helpline for reporting abuse in schools established April 2021 that professionals and children can access. Young people, professionals and adults can contact the NSPCC helpline, Report Abuse in Education on 0800 136 663 or email help@nspcc.org.uk

Physical Abuse

While a clear focus of peer on peer abuse is around sexual abuse and harassment, physical assaults and initiation violence and rituals from students to students can also be abusive.

These are equally not tolerated and if it is believed that a crime has been committed, will be reported to the police.

The principles from the anti-bullying policy will be applied in these cases, with recognition that any police investigation will need to take priority.

References: –

KCSIE (DfE 2021)

Sexual Violence and Sexual Harassment between Children in Schools and Colleges (DfE 2018).

The safeguarding implications of sexual activity between young people

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. In our society generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Any child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy.

Policy:-

At Deer Park School we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy.

Staff are aware that abuse is abuse and should never be tolerated or passed off as "banter", "having a laugh" or as just "part of growing up"

Prevention

As a school we will minimise the risk of allegations against other students by:-

- Providing a developmentally appropriate Moral and Social Studies (MSS) syllabus which develops students understanding of acceptable behaviour and keeping themselves safe
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued
- Delivering targeted work on assertiveness and keeping safe to those students identified as being at risk

- Developing robust risk assessments & providing targeted work for students identified as being a potential risk to other students.

Allegations against other students which are safeguarding issues

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that, to be considered a safeguarding allegation against a student, some of the following features will be found.

If the allegation:-

- Is made against an older student and refers to their behaviour towards a younger student or a more vulnerable student
- Is of a serious nature, possibly including a criminal offence
- Raises risk factors for other students in the school
- Indicates that other students may have been affected by this student
- Indicates that young people outside the school may be affected by this student

Examples of safeguarding issues against a student could include:

Physical Abuse

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

Emotional Abuse

- Blackmail or extortion
- Threats and intimidation

Sexual Abuse

- Indecent exposure, indecent touching or serious sexual assaults
- Forcing others to watch pornography or take part in sexting

Sexual Exploitation

- Encouraging other children to engage in inappropriate sexual behaviour (For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)
- Photographing or videoing other children performing indecent acts

Procedure:-

- When an allegation is made by a student against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead (DSL) should be informed.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The DSL should contact the Children's Reception Team (CRT) to discuss the case should there be a safeguarding concern that they need advice on.
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate.
- If the allegation indicates that a potential criminal offence has taken place, an IARF will refer the case to the multi-agency agency safeguarding hub where the police will become involved.
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral.
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both students' and on CPOMs.

- It may be appropriate to exclude the student being complained about for a period of time according to the school's behaviour policy and procedures.
- Where neither social services nor the police accept the complaint, a school investigation should take place into the matter using the school's usual disciplinary procedures.
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan.
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

Behaviours: age 5 to 9 and 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours 5-9

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

Green behaviours 9-13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours 5-9

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

Amber behaviours 9-13

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours 5-9

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

Red behaviours 9-13

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

Behaviours: age 13 to 17

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress,
- withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others

- sexual contact with others where there
- is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

This is intended to be used as a guide only. Please refer to the guidance tool at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

Print date: 01/10/2015 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Annex 8

(This template is offered as a framework and should be seen as a starting point for development to fit your school's individual context. Each reported incident should be managed on a case-by-case basis)

EXAMPLE assessment

Brook Traffic Light Assessment	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when ?	Action status or Date Completed & Outcome including further actions
<p>Red Behaviour: Forcing other children to engage in sexual activity. Subject is a male child. A female child has been taken into the boys' toilets. Subject has exposed himself, grabbed the girl by the wrist and forced her to touch his genitals.</p> <p>Subject is under the age of criminal responsibility. Subject has no known CP history. There have been no previous concerns about the Subject.</p>	All pupils in the class may be forced or coerced into sexual activity. Early indication is that female pupils may be more at risk.	Key members of staff with supervisory responsibility have been briefed by the DSL and will increase monitoring at break times. Subject will be escorted to the toilet.	DSL Staff AB, CD & EF ELSA	From Immediate effect	√01/02/2019. Increased monitoring & toilet supervision in place
	Other children within the community	Subject's parents Informed re: Incident & behaviour and the risk plan put in place. Made aware of referral to CSD. Agreement for <ul style="list-style-type: none"> Referral to CAMHS Increased monitoring & toilet supervisor Keep safe work. 	DSL	01/02/19	√01/02/19 Contract of agreement has been signed by the parents to include increased. monitoring, toilet supervision and keep safe work.
		Referral to Children's social care	DSL	01/02/19	√01/02/19 Children & Family Assessment to be completed by CAST
		Victims parents informed, and child's views gained. Child offered keep safe work.	DSL	01/02/19	√Parents are satisfied with the school's actions & safeguarding measures so far. Child & family want child to remain in the same class. Keep safe work accepted.
		Referral to CAMHS	DSL	02/02/19	Referral made. ACTION – follow up with CAMHS as to the status of referral after 10 working days if not heard before

Brook Traffic Light Assessment	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when ?	Action status or Date Completed & Outcome including further actions
		Safeguarding measures to be reviewed.	DSL & Key Staff members	09/02/19	No additional concerns raised. ACTION - Review plan again in one weeks time
		Keep safe work to be completed. Combination of whole class and targeted work to be carried out	ELSA	23/02/2019	OUTSTANDING Work planned and due to be delivered w/c 16/02
	Community Impact Assessment LOW The parents of the Subject and the victim are satisfied that the school is taking all necessary safeguarding measures to manage the risk. There are no indications at this stage for community unrest. This will be kept under review.	DSL and SLT to be aware of any community noises about the incidents.	DSL and SLT	05/04/2019	
	Media Media and communication team to be informed if community impact assessment risk increases	SLT to contact HCC communication team if required. Monitor during term	SLT	05/04/2019	
	Information Sharing. All information sharing has been completed in line with the school's CP and GDPR policies.	Relevant information to be recorded on each child's CP file as required.			
	Social Media There are no currents risks from community use of social media. This will be kept under review.	Monitoring of social media during the term	Key staff	05/04/2019	

Brook Traffic Light Assessment	What are the risks? Who might be harmed & how?	Action	Action by Who?	Act wh
Red Behaviour:				
Red Behaviour:				
Amber Behaviour:				

Briefing sheet for temporary, volunteering and supply staff

For supply staff, volunteers and those on short contracts in Deer Park school

While working in Deer Park school, you have a duty of care towards the children/students/students here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead(s) (DSL), who are Miss M L Litton, Mr M Jones, Mr T Hastings, Mrs Macdonald, Mrs L Dixon or/and can be found by contacting Main Reception.

This is not an exhaustive list but you may have become concerned as a result of:

- Observing a physical injury, which you think may have been non-accidental.
- Observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for.
- Observing behavior that leads you to be concerned about a child or young person.
- A child or young person telling you that they have been subjected to some form of abuse.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL as soon as possible and no longer than 24 hours. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive.
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish.
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the designated person/child protection officer, who should contact children's social care if appropriate.

The school has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff. Please ask main reception for a copy if you require it. If your concern involves the DSL or a member of senior staff, contact the LADO on 01962 847364 or the NSPCC whistleblowing line on 0800 028 0285

Remember, if you have a concern, discuss it with the DSL.

What is child abuse?

The following definitions are taken from *working together to safeguard children* HM Government (2018). In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation. To support the local context, all staff have access to the HSVCP Threshold Chart.

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

Physical abuse

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

Emotional abuse

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

Sexual abuse

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

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or guardians failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate care-givers).
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of abuse

Neglect

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or guardians failing to:

- Provide adequate food, clothing and shelter.
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision or stimulation.
- Ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children under 12:

- Frequently going hungry.
- Frequently having to go to school in dirty clothes.
- Regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse.
- Being abandoned or deserted.
- Living at home in dangerous physical conditions.
- Not being taken to the doctor when ill.
- Not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if you're worried a child is being abused*, March 2015 – gov.uk) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/child protection co-ordinator.

Indicators of neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

Emotional abuse

The nature of emotional abuse

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself. Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behavior from parents and guardians to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of emotional abuse

Developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

Behaviour

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction

- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

Physical abuse

The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (Annex 7) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical abuse / factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- The explanation given does not match the injury.
- The explanation uses words or phrases that do not match the vocabulary of the child (adult’s words).
- No explanation is forthcoming.
- The child (or the parent/guardian) is secretive or evasive.
- The injury is accompanied by allegations of abuse or assault.

You should be concerned if the child or young person:

- Is reluctant to have parents/guardians contacted.

- Runs away or shows fear of going home.
- Is aggressive towards themselves or others.
- Flinches when approached or touched.
- Is reluctant to undress to change clothing for sport.
- Wears long sleeves during hot weather.
- Is unnaturally compliant in the presence of parents/guardians.
- Has a fear of medical help or attention.
- Admits to a punishment that appears excessive.

Sexual abuse

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation. This can be physical and online.

Characteristics of child sexual abuse:

- It is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other guardians especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of sexual abuse

Physical observations

- Damage to genitalia, anus or mouth.
- Sexually transmitted diseases.
- Unexpected pregnancy, especially in very young girls.
- Soreness in genital area, anus or mouth and other medical problems such as chronic.
- Itching.
- Unexplained recurrent urinary tract infections and discharges or abdominal pain.

Behavioural observations

- Sexual knowledge inappropriate for age.
- Sexualised behaviour or affection inappropriate for age.
- Sexually provocative behaviour/promiscuity.
- Hinting at sexual activity Inexplicable decline in school performance.
- Depression or other sudden apparent changes in personality as becoming insecure or clinging.
- Lack of concentration, restlessness, aimlessness.
- Socially isolated or withdrawn.

- Overly-compliant behaviour.
- Acting out, aggressive behaviour.
- Poor trust or fear concerning significant adults.
- Regressive behaviour, Onset of wetting, by day or night; nightmares.
- Onset of insecure, clinging behaviour.
- Arriving early at school, leaving late, running away from home.
- Suicide attempts, self-mutilation, self-disgust.
- Suddenly drawing sexually explicit pictures.
- Eating disorders or sudden loss of appetite or compulsive eating.
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.
- Become worried about clothing being removed.
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Whistleblowing in a safeguarding context

While the school has a separate whistleblowing policy, this is a summary sheet that outlines the process when there is a concern that safeguarding issues have not been reported or followed correctly.

This does not replace the whistle blowing policy and should be read in conjunction with the school policy.

Whistleblowing is a term that is used when staff want to report a concern within their organisation that involves their manager or a person senior to them in the organisation which may prevent them from following the normal reporting systems.

There are a limited number of areas that can be called Whistleblowing, and the policy protects staff from being punished for raising concerns.

Within Deer Park school, the Headteacher is the senior manager and responsible for all staff. If you are concerned that any member of staff within the school is not following safeguarding processes or behaving in a way that is placing children at risk, you should in the first place make the head teacher aware.

If your concern is about the Headteacher then you would raise this with the Chair of Trust Board by contacting through the numbers in Annex 12.

If you would prefer to raise your concerns outside of the school then you are able to contact the NSPCC whistleblowing line on 0800 028 0285 or email help@nspcc.org.uk for national organisations or make contact with Hampshire County Council.

If you believe that a member of the school staff is harming a child (an allegation) and this has been reported to the Headteacher and no action has been taken, or the member of staff you have concerns about is the Headteacher, then you are able to contact the Local Authority Designated Officers (LADOs) on 01962 876364 or child.protection@hants.gov.uk .

If you believe that a child is being abused by individuals outside of the school, then you are able to make a referral to Childrens Social Care by calling 0300 555 1384 (office hours) or 0300 555 1373 (outside of office hours).

Useful contacts

Key Personnel	Name (s)	Telephone No.
DSL	Mr M Jones	TBC
Deputy DSL(s)	Miss M L Litton Mr T Hastings Mrs L Wells	TBC
School's named "Prevent" lead		
Nominated Safeguarding Trustee	Mr Tony Jardine	01489 783473
Chair of Trust Board	Mrs Glenda Lane	01489 783473
Children's Reception Team		01329 225379
Out of hours social care		0300 555 1373
Police		101 or in emergencies 999
Safeguarding advisors / Local Authority Designated Officers (LADOs)	Barbara Piddington Fiona Armfield Mark Blackwell	HCC Safeguarding Unit 01962 876364
School nurse	Mrs Helen Dunlop	01489 783473
Children's Service Department, District Service Manager		
Early help manager		



COVID-19 school closure arrangements for Safeguarding and Child Protection at Deer Park School

Context

From 20th March 2020 parents were asked to keep their children at home, wherever possible, and for schools to remain open only for those children of workers critical to the COVID-19 response - who absolutely need to attend.

Schools and all childcare providers were asked to provide care for a limited number of children - children who are vulnerable, and children whose parents are critical to the COVID-19 response and cannot be safely cared for at home.

This addendum of the Deer Park School Safeguarding, and Child Protection policy contains details of our individual safeguarding arrangements in the following areas:

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Key contacts

Role	Name	Contact number	Email
Designated Safeguarding Lead	Mr M Jones	TBC	m.jones@deerparksecondary.org
Deputy Designated Safeguarding Leads	Miss M L Litton Mr T Hastings Mrs L Dixon Mrs C Macdonald		m.litton@deerparksecondary.org t.hastings@deerparksecondary.org l.dixon@deerparksecondary.org c.macdonald@deerparksecondary.org

Vulnerable children

Vulnerable children include those who have a social worker and those children and young people up to the age of 25 with education, health and care (EHC) plans.

Those who have a social worker include children who have a Child Protection Plan, are included in a CIN Plan and those who are looked after by the Local Authority. A child may also be deemed to be vulnerable if they have been assessed as being in need or otherwise meet the definition in section 17 of the Children Act 1989.

Those with an EHC plan will be risk-assessed in consultation with the Local Authority and parents, to decide whether they need to continue to be offered a school or college place in order to meet their needs, or whether they can safely have their needs met at home. This could include, if necessary, carers, therapists or clinicians visiting the home to provide any essential services. Many children and young people with EHC plans can safely remain at home.

Eligibility for free school meals in and of itself should not be the determining factor in assessing vulnerability.

Senior leaders, especially the Designated Safeguarding Lead (and deputies) know who our most vulnerable children are. They have the flexibility to offer a place to those on the edge of receiving children’s social care support.

Deer Park School will continue to work with and support children’s social workers to help to protect vulnerable children. This includes working with and supporting children’s social workers and the local authority virtual school head (VSH) for looked-after and previously looked-after children. The lead person for this will be: Mr T Hastings and Mrs C Macdonald.

There is an expectation that vulnerable children who have a social worker will attend an education setting, so long as they do not have underlying health conditions that put them at risk. In circumstances where a parent does not want to bring their child to an education setting, and their child is considered vulnerable, the social worker and Deer Park School will explore the reasons for this directly with the parent.

Where parents are concerned about the risk of the child contracting COVID-19, Deer Park School or the social worker will talk through these anxieties with the parent/carer following the advice set out by Public Health England.

Deer Park will encourage our vulnerable children to attend a school, including remotely if needed.

Attendance monitoring

Local authorities and education settings do not need to complete their usual day-to-day attendance processes to follow up on non-attendance.

Deer Park School and social workers will agree with parents/carers whether children in need should be attending school and the school will then follow up on any pupil that they were expecting to attend, who does not. Deer Park will also follow up with any parent or carer who has arranged care for their child(ren) and the child(ren) subsequently do not attend. This will be done via phone call. If the school can get no response, a member of school staff will contact the relevant attached service (social worker) or try the alternative contact list.

To support the above, Deer Park School will, when communicating with parents/carers and carers, confirm emergency contact numbers are correct and ask for any additional emergency contact numbers where they are available.

In all circumstances where a vulnerable child does not take up their place at school, or discontinues, Deer Park School will notify their social worker.

Designated Safeguarding Lead

Deer Park School has a Designated Safeguarding Lead (DSL) and Deputy DSLs.

The Designated Safeguarding Lead is: Mr M Jones.

The Deputy Designated Safeguarding Leads are: Miss M L Litton, Mr T Hastings, Mrs C Macdonald and Mrs L Dixon. Staff should look to the staff rota for closure to see which DSL is on duty, however all DSLs are contactable and will respond to the safeguarding@deerpark.org email.

Deer Park will have a trained DSL onsite. Where this is not the case a trained DSL (or deputy) will be available to be contacted via phone or online video - for example when working from home.

Where a trained DSL (or deputy) is not on site, in addition to the above, a member of the school SLT will coordinate safeguarding on site.

This might include updating and managing access to child protection online management system, CPOMS and liaising with the offsite DSL (or deputy) and as required liaising with children's social workers where they require access to children in need and/or to carry out statutory assessments at the school or college.

It is important that all Deer Park School staff and volunteers have access to a trained DSL (or deputy). On each day staff on site will be made aware of that person is and how to speak to them.

The DSL will continue to engage with social workers, and attend all multi-agency meetings, which can be done remotely.

Reporting a concern

Where staff have a concern about a child, they should continue to follow the process outlined in the school Safeguarding Policy, this includes making a report via safeguarding@deerparksecondary.org, which can be done remotely.

In the unlikely event that a member of staff cannot access their email from home, they should call the Designated Safeguarding Lead or a Deputy DSL. This will ensure that the concern is received. No concerns should be reported via text.

Staff are reminded of the need to report any concern immediately and without delay.

Where staff are concerned about an adult working with children in the school, they should immediately report the concern to the Headteacher. This should be done verbally and followed up with an email to the Headteacher.

Concerns around the Headteacher should be directed to the Chair of the Local Board of Governors, **TBC**.

The Multi-Academy Trust will continue to offer support in the process of managing allegations.

Safeguarding Training and induction

DSL training is very unlikely to take place whilst there remains a threat of the COVID-19 virus.

For the period COVID-19 measures are in place, a DSL (or deputy) who has been trained will continue to be classed as a trained DSL (or deputy) even if they miss their refresher training.

All existing school staff have had safeguarding training and have read part 1 of Keeping Children Safe in Education (2021). The DSL should communicate with staff any new local arrangements, so they know what to do if they are worried about a child.

Where new staff are recruited, or new volunteers enter Deer Park School, they will continue to be provided with a safeguarding induction.

If staff are deployed from another education or children's workforce setting to our school, we will take into account the DfE supplementary guidance on safeguarding children during the COVID-19 pandemic and will accept portability as long as the current employer confirms in writing that:-

- the individual has been subject to an enhanced DBS and children's barred list check
- there are no known concerns about the individual's suitability to work with children
- there is no ongoing disciplinary investigation relating to that individual

For movement within the Trust, schools should seek assurance from the Multi Academy Trust (MAT) HR Manager that the member of staff has received appropriate safeguarding training.

Upon arrival, they will be given a copy of the Deer Park's Child Protection policy, confirmation of local processes and confirmation of DSL arrangements.

Safer recruitment/volunteers and movement of staff

It remains essential that people who are unsuitable are not allowed to enter the children's workforce or gain access to children. When recruiting new staff, Deer Park School will continue to follow the relevant safer recruitment processes for their setting, including, as appropriate, relevant sections in part 3 of Keeping Children Safe in Education (2021) (KCSIE).

In response to COVID-19, the Disclosure and Barring Service (DBS) has made changes to its guidance on standard and enhanced DBS ID checking to minimise the need for face-to-face contact.

Where Deer Park School are utilising volunteers, we will continue to follow the checking and risk assessment process as set out in paragraphs 167 to 172 of KCSIE. Under no circumstances will a volunteer who has not been checked be left unsupervised or allowed to work in regulated activity.

Deer Park School will continue to follow the legal duty to refer to the DBS anyone who has harmed or poses a risk of harm to a child or vulnerable adult. Full details can be found at paragraph 163 of KCSIE.

Deer Park School will continue to consider and make referrals to the Teaching Regulation Agency (TRA) as per paragraph 166 of KCSIE and the TRA's 'Teacher misconduct advice for making a referral.

During the COVID-19 period all referrals should be made by emailing Misconduct.Teacher@education.gov.uk

Whilst acknowledging the challenge of the current National emergency, it is essential from a safeguarding perspective that any school is aware, on any given day, which staff/volunteers will be in the school or college, and that appropriate checks have been carried out, especially for anyone engaging in regulated activity. As such, Deer Park School will continue to keep the single central record (SCR) up to date as outlined in paragraphs 148 to 156 in KCSIE.

Online safety in schools and colleges

Deer Park School will continue to provide a safe environment, including online. This includes the use of an online filtering system.

Where students are using computers or tablets in school, appropriate supervision will be in place.

Children and online safety away from school and college

It is important that all staff who interact with children, including online, continue to look out for signs a child may be at risk. Any such concerns should be dealt with as per the Child Protection Policy and where appropriate referrals should still be made to children's social care and as required, the police.

Online teaching should follow the same principles as set out in the MAT code of conduct.

Deer Park School will ensure any use of online learning tools and systems is in line with privacy and data protection/GDPR requirements.

Below are some things to consider when delivering virtual lessons, especially where webcams are involved: (In the current situation, staff are not asked to present virtual lessons)

- No 1:1s, groups only
- Staff and children must wear suitable clothing, as should anyone else in the household.
- Any computers used should be in appropriate areas, for example, not in bedrooms; and the background should be blurred.
- The live class should be recorded so that if any issues were to arise, the video can be reviewed.
- Live classes should be kept to a reasonable length of time, or the streaming may prevent the family 'getting on' with their day.
- Language must be professional and appropriate, including any family members in the background.
- Staff must only use platforms provided by Wildern Academy Trust to communicate with students

- Staff should record, the length, time, date and attendance of any sessions held.

Supporting children not in school

Deer Park School is committed to ensuring the safety and wellbeing of all its Children and Young people.

Where the DSL has identified a child to be on the edge of social care support, or who would normally receive pastoral-type support in school, they should ensure that a robust communication plan is in place for that child or young person.

Details of this plan must be recorded on the DOPA spreadsheet and concerns recorded on CPOMs and communicated by the safeguarding email, a record of contact should be made on PARs.

The communication plans can include; remote contact, phone contact, door-step visits. Other individualised contact methods should be considered and recorded.

Deer Park School and its DSL will work closely with all stakeholders to maximise the effectiveness of any communication plan.

This plan must be reviewed regularly (at least once a fortnight) and where concerns arise, the DSL will consider any referrals as appropriate.

The school will share safeguarding messages on its website and social media pages and through communications with staff and students via email.

Deer Park School recognises that school is a protective factor for children and young people, and the current circumstances, can affect the mental health of students and their parents/carers. Teachers at Deer Park School need to be aware of this in setting expectations of students' work where they are at home.

Deer Park School will ensure that where we care for children of critical workers and vulnerable children on site, we ensure appropriate support is in place for them.

Supporting children in school

Deer Park School is committed to ensuring the safety and wellbeing of all its students.

Deer Park School will continue to be a safe space for all children to attend and flourish. The Headteacher will ensure that appropriate staff are on site and staff to pupil ratio numbers are appropriate, to maximise safety.

Deer Park School will refer to the Government guidance for education and childcare settings on how to implement social distancing and continue to follow the advice from Public Health England on handwashing and other measures to limit the risk of spread of COVID-19.

Deer Park School will ensure that where we care for children of critical workers and vulnerable children on site, we ensure appropriate support is in place for them.

Where Deer Park School has concerns about the impact of staff absence – such as our Designated Safeguarding Lead or first aiders – will discuss them immediately with the trust should any concerns arise about operating safely.

Peer on Peer Abuse

Deer Park School recognises that during the closure a revised process may be required for managing any report of such abuse and supporting victims.

Where a school receives a report of peer on peer abuse, they will follow the principles as set out in part 5 of KCSIE and of those outlined within of the Child Protection Policy.

The school will listen and work with the young person, parents/carers and any multiagency partner required to ensure the safety and security of that young person.

Concerns and actions must be recorded on CPOMS and appropriate referrals made.