

## Safeguarding Policy

Deer Park School fully recognises its responsibility to safeguard and promote the welfare of children at our school. The purpose of this policy is to provide staff, volunteers, Members, 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.

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

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## **Appendix 1**

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

## **Principles**

- Safeguarding is everyone’s responsibility. As such it does not rest with the Designated Safeguarding Lead (DSL) and their deputies to take a lead responsibility in all of the areas covered within this policy.

- Some areas, such as Health and Safety, are a specialist area of safeguarding and a separate lead for this area is in place in the school.
- Safeguarding processes are intended to put in place measures that minimise harm to children. There will be situations where gaps or deficiencies in the policies and processes we have in place will be highlighted. In these situations, a review will be carried out in order to identify learning and inform the policy, practice and culture of the school.
- All students in our school are able to talk to any member of staff to share concerns or talk about situations which are giving them worries. The staff will listen to the student, take their worries seriously and share the information with the safeguarding lead.
- In addition, we provide students with information of who they can talk to outside of school both within the community and with local or national organisations who can provide support or help.
- As a school, we review this policy at least annually in line with Department for Education (DfE), Hampshire Safeguarding Children Partnership (HSCP), Hampshire County Council (HCC) and any other relevant guidance.

## **Practice**

### **Key personnel**

The Executive Headteacher is Miss M L Litton.

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The designated safeguarding lead for the school is:

Mr M Jones

The deputy designated safeguarding leads are:

Miss Litton, Mr Hastings, Mrs L Dixon, Mrs C Macdonald.

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

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

## **Areas of Safeguarding**

### **Definitions**

Keeping Children Safe in Education (2021) and the Ofsted inspection guidance (2021), have highlighted and separated a number of safeguarding areas:-

Emerging or high risk issues (part 1); Those related to the pupils as an individual (part 2); other safeguarding issues affecting pupils (part 3); and those related to the running of the school (part 4).

Within this document:

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

KCSIE 2020 defines safeguarding as:

- protecting children from maltreatment;
- preventing impairment of children’s mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of
- safe and effective care; and
- taking action to enable all children to have the best outcomes.

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, Local Governors and members of the Trust Board.

Child refers to all young people who have not yet reached their 18<sup>th</sup> 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, guardians, step parents and foster carers.

## **Whole Staff Responsibilities**

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 staff have access to information to support them to be able to recognise and report the signs, indicators or risks of radicalisation, child sexual exploitation or female genital mutilation.
- Establish and maintain an environment where children feel secure, are encouraged to talk and are heard.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
- Include opportunities in the Personal, Social, Health and Economic (PSHE) curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Follow the procedures set out by the Hampshire Safeguarding Children's Partnership (HSCP) and HCC and take account of guidance issued by the DfE.
- Treat all disclosures with the strictest confidence.
- Ensure that parents have an understanding of the responsibility placed on the school and its staff for child protection by setting out its obligations in the school prospectus and offering parents a copy of the policy on request.
- Notify parents of our concerns and provide them with opportunities to change the situation where this does not place the child at greater risk.
- Notify the allocated social worker if there is an unexplained absence of more than two days of a student with a child protection plan.
- Develop effective links with Children's Social Care and co-operate as required with their enquiries regarding child protection matters including attendance at Child Protection Case Conferences.
- Liaise with other agencies that support students such as Child and Adolescent Mental Health Service, Locality Team and the Educational Psychology Service through normal referral routes and the CAF process.
- Ensure that there is a senior designated person/Designated Safeguarding Lead (DSL).

## **Senior Leadership Team and designated Safeguarding Leads responsibilities**

- Contribute to inter-agency working in line with guidance (Working together to safeguard children, Feb 2019).
- Provide a co-ordinated offer of early help when additional needs of children are identified.
- Working with children's social care, support their assessment and planning processes including the school's attendance at conference and core group meetings.
- Carry out tasks delegated by the 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 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:

- Assist the governing body in fulfilling their responsibilities under section 157 or 175 of the Education Act 2002.
- Attend initial training for the role and refresh this bi-annually. By attending the initial refresher training and then demonstrating evidence of continuing professional development thereafter.

- Ensure every member of staff knows who the DSLs, is aware of the DSLs role and has their contact details.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL.
- Ensure that whole school training occurs annually so that staff and volunteers can fulfil their responsibilities.
- Ensure any members of staff joining the school outside of this training schedule receive induction prior to commencement of their duties.
- Keep written records of child protection concerns securely and separately from the main student file and use these records to assess the likelihood of risk.
- Ensure that copies of safeguarding records are transferred accordingly (separate from student files) when a child transfers school.
- Ensure that where a student transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the child's social worker is informed. In addition to the child protection file, the designated safeguarding lead should also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving.
- Link with the HSCB (Hampshire Safeguarding Children's Partnership) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.

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

Responsibilities of adults within the school community:

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

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

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

## **Part 1 – High risk and emerging safeguarding issues**

### **Contextual Safeguarding**

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside of our school. All staff, but especially the designated and deputy/deputies safeguarding leads should consider whether children are at risk of abuse or exploitation in situations outside their families.

Risk and harm outside of the family can take a variety of different forms and children can be vulnerable to sexual exploitation, criminal exploitation, and serious youth violence in addition to other risks.

For us as a school, we will consider the various factors that have an interplay with the life of any pupil about whom we have concerns within the school and the level of influence that these factors have on their ability to be protected and remain free from harm particularly when it comes to child exploitation or criminal activity.

What life is like for a child outside the school gates, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

While this term applies to this specific definition, the notion of considering a child within a specific context is also important. What life is like for a child outside the school gates, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

### **Preventing Radicalisation and Extremism**

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

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation and the grooming of children can occur through many different methods, such as social media or the internet, and at different settings.

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

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

### **Gender based violence / Violence against women and girls**

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

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

## Female Genital Mutilation (FGM)

[www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information](http://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information)

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

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

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

FGM is illegal in the UK.

On the 31 October 2015, it became mandatory for teachers to report known cases of FGM to the police. 'known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act. In these situations, the DSL and/or head will be informed and that the member of teaching staff has called the police to report suspicion that FGM has happened. **At no time will staff examine students to confirm this.**

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

While FGM has a specific definition, there are other abusive cultural practices which can be considered harmful to women and girls. Breast ironing is one of five UN defined 'forgotten crimes against women'. It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay the appearance of puberty. This practice is considered to be abusive and should be referred to children's social care

## Forced Marriage

An alternative and fuller summary about the risk and impact of forced marriage on pupils can be found in the multi-agency guidance of the forced marriage unit page 32 – 36.

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

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

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



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

### ***Characteristics that may indicate forced marriage***

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

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

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

### **Honour Based Abuse**

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

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

- Become involved with a boyfriend or girlfriend from a different culture or religion;
- Want to get out of an arranged marriage;
- Want to get out of a forced marriage;
- Wear clothes or take part in activities that might not be considered traditional within a particular culture;
- Convert to a different faith from the family.
- Are exploring their identity or sexuality

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

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

All forms of honour-based abuse are abusive (regardless of the motivation) and should be handled and escalated as such.

If staff believe that a student is at risk from honour based abuse, or has already suffered from honor based abuse, the DSL will follow the usual safeguarding referral process, however, if it is clear that a crime has been committed or the student is at immediate risk the police will be contacted in the first place. It is important that if honour based abuse is known or suspected that communities and

family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

### **Teenage Relationship Abuse**

Relationship abuse can take place at any age, and describes unacceptable behaviour between two people who are in a relationship.

Research has shown that teenagers do not always understand what may constitute abusive and controlling behaviours, e.g. checking someone's 'phone, telling them what to wear, who they can/can't see or speak to or coercing them to engage in activities they are not comfortable with. The government campaign "disrespect nobody" provides other examples of abusive behaviour within a relationship.

This lack of understanding can lead to these abusive behaviours feeling 'normal' and therefore left unchallenged, as they are not recognised as being abusive.

In response to these research findings, the school will provide education to help prevent teenagers from becoming victims and perpetrators of abusive relationships, by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships. This will form part of the school's curriculum content in respect of Relationship Education.

If the school has concerns about a child in respect of relationship abuse, it will report those concerns in line with procedures to the appropriate authorities as a safeguarding concern, a crime or both.

### **Sexual violence and sexual harassment between children in schools and colleges**

Sexual violence and sexual harassment can occur between two children of any age and sex from primary to secondary stage and into college. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Within our school all staff are made aware of what sexual violence and sexual harassment might look like and what to do if they have a concern or receive a report. Whilst any report of sexual violence or sexual harassment should be taken seriously, staff are aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. This pattern of prevalence will not, however, be an obstacle to ALL concerns being treated seriously.

As a school 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. It cannot be described as 'banter', 'having a laugh' or 'boys being boys'.

We will also take seriously any sharing of sexual images (photos, pictures or drawings) and videos; sexual jokes, comments or taunting either in person or on social media; or on-line sexual harassment.

Within the child protection policy, there is a clear procedure for how we deal with situations where sexual assaults or behaviour considered criminal between children has taken place.

As a school we will follow the "*Sexual violence and sexual harassment between children in schools and colleges*" advice provided by the DfE.

We will challenge all contact behaviours that have a sexual nature to them such as pushing or rubbing against, grabbing bottoms, breasts or genitals, pinching or flicking bras, lifting skirts or pulling down trousers and impose appropriate levels of disciplinary action, to be clear that these behaviours are not tolerated or acceptable.

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](mailto:help@nspcc.org.uk).

It is clear from the 2021 Ofsted review into SVSH in schools and colleges that the prevalence of abusive and unwanted behaviour is wide spread. As such staff in the school will remain vigilant and intervene early to prevent low level behaviours from becoming abusive experiences.

### **All staff will maintain the attitude that “It could happen here”.**

#### **Upskirting**

In 2019 the Voyeurism Offences Act came into force and made the practice of upskirting illegal.

Upskirting is defined as someone taking a picture under another persons clothing without their knowledge, with the intention of viewing their genitals or buttocks, with or without underwear. The intent of upskirting is to gain sexual gratification or to cause the victim humiliation, distress or alarm. If this is between students, we will follow the peer on peer abuse procedure.

If staff in the school are made aware that upskirting has occurred, then this will be treated as a sexual offence and reported accordingly.

There are behaviours that would be considered as sexual harassment which may be pre-cursors to upskirting. The use of reflective surfaces or mirrors to view underwear or genitals will not be tolerated and the school will respond to these with appropriate disciplinary action and education.

Students who place themselves in positions that could allow them to view underwear, genitals or buttocks, will be moved on. Repeat offenders will be disciplined. These locations could include stairwells, under upper floor walkways, outside changing areas and toilets or sitting on the floor or laying down in corridors.

If technology that is designed for covert placement and could be used to take upskirting or indecent images is discovered in the school it will be confiscated. If the technology is in location and potentially may have captured images, this will be reported to the police and left in situ so that appropriate forensic measures can be taken to gather evidence.

Any confiscated technology will be passed to the head teacher to make a decision about what happens to the items and will be carried out under the principles set out in the government guidance on [searching, screening and confiscation](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674416/Searching_screening_and_confiscation.pdf) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/674416/Searching\\_screening\\_and\\_confiscation.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674416/Searching_screening_and_confiscation.pdf)

If the image is taken on a mobile phone, the phone will be confiscated under the same principles. This may need to be passed to the police for them to investigate, if there is evidence that a crime has been committed

#### **The Trigger Trio**

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

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

## Domestic Abuse

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members.

The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected”

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home. The government will issue statutory guidance to provide further information for those working with domestic abuse victims and perpetrators, including the impact on children.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

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

<https://www.gov.uk/guidance/domestic-violence-and-abuse#domestic-abuse-and-young-people>

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

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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

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

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

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

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

- Withdrawn
- Suddenly behaves differently

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

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

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

### **Parental mental health**

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

For children the impact of parental mental health can include:

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

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

### **Parental Substance misuse**

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

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

For children the impact of parental substance misuse can include:

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

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

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

### **Young Carers**

As many as 1 in 12 children and young people provide care for another person. This could be a parent, a relative or a sibling and for different reasons such as disability, chronic illness, mental health needs, or adults who are misusing drugs or alcohol.

Pupils who provide care for another are Young Carers. These young people can miss out on opportunities, and the requirement to provide care can impact on school attendance or punctuality, limit time for homework, leisure activities and social time with friends.

As a school we may refer a young carer to children's social care for a carers assessment to be carried out. We will consider support that can be offered and make use of the resources and guidance from Save the Children in their young carers work.

### **Missing, Exploited and Trafficked Children (MET)**

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

### **Children Missing from Education**

<https://www.gov.uk/government/publications/school-attendance>  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/395138/Children missing education Statutory guidance for local authorities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/395138/Children_missing_education_Statutory_guidance_for_local_authorities.pdf)

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

Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school's or college's unauthorised absence and children missing from education procedures.

DSLs and staff should consider:

Missing lessons: Are there patterns in the lessons that are being missed? Is this more than avoidance of a subject or a teacher? Does the child remain on the school site or are they absent from the site?

- Is the child being sexually exploited during this time?
- Are they late because of a caring responsibility?
- Have they been directly or indirectly affected by substance misuse?
- Are other students routinely missing the same lessons, and does this raise other risks or concerns such as SVSH between students, exploitation, gang behaviour or substance misuse?
- Is the lesson being missed one that would cause bruising or injuries to become visible?

Single missing days: Is there a pattern in the day missed? Is it before or after the weekend suggesting the child is away from the area? Are there specific lessons or members of staff on these days? Is the parent informing the school of the absence on the day? Are missing days reported back to parents to confirm their awareness?

- Is the child being sexually exploited during this day?
- Is the child avoiding abusive behaviour from peers or staff on this day
- Do the parents appear to be aware and are condoning this behaviour?
- Are the student's peers making comments or suggestions as to where the student is at?
- Can the parent be contacted and made aware?

Continuous missing days: Has the school been able to make contact with the parent? Is medical evidence being provided? Are siblings attending school (either our or local schools)?

- Did we have any concerns about radicalisation, FGM, forced marriage, honour based violence, sexual exploitation?
- Have we had any concerns about physical or sexual abuse?
- Does the parent have any known medical needs? Is the child safe?

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

### **Children Missing from Home or Care**

<https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>

<http://www.childrenssociety.org.uk/what-we-do/policy-and-lobbying/children-risk/runaways>

It is known that children who go missing are at risk of suffering significant harm, and there are specific risks around children running away and the risk of sexual exploitation.

The Hampshire Police Force, as the lead agency for investigating and finding missing children, will respond to children going missing based on on-going risk assessments in line with current guidance.

The police definition of 'missing' is: "Anyone whose whereabouts cannot be established will be considered as missing until located, and their well-being or otherwise confirmed."

Various categories of risk should be considered and Hampshire Local Safeguarding Children's Partnership provides further guidance:

*Local authorities have safeguarding duties in relation to children missing from home and should work with the police to risk assess and analyse data for patterns that indicate particular concerns and risks.*

*The police will prioritise all incidents of missing children as medium or high risk. Where a child is recorded as being absent, the details will be recorded by the police, who will also agree review times and any on-going actions with person reporting.*

*A missing child incident would be prioritised as 'high risk' where:*

- *the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or*
- *the child may have been the victim of a serious crime; or*
- *the risk posed is immediate and there are substantial grounds for believing that the public is in danger.*

*The high-risk category requires the immediate deployment of police resources.*

*Authorities need to be alert to the risk of sexual exploitation or involvement in drugs, gangs or criminal activity, trafficking and aware of local “hot spots” as well as concerns about any individuals with whom children runaway.*

*Child protection procedures must be initiated in collaboration with children's social care services whenever there are concerns that a child who is missing may be suffering, or likely to suffer, significant harm.*

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

Push factors include:

- Conflict with parents/carers
- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- The Trigger Trio (Domestic abuse, parental mental ill health and parental substance misuse)

Pull factors include:

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

We will inform all parents of children who are absent (unless the parent has informed us). If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to contact the police to inform them or do so ourselves with urgency.

## **Child Sexual Exploitation (CSE)**

<http://paceuk.info/>

Child sexual exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media). (definition from KCSIE 2021).

- Exploitation can be isolated (one-on-one) or organised group/criminal activity.
- There can be a big age gap between victim and perpetrator, but it can also be peer-on-peer.
- Boys can be targeted just as easily as girls – this is not gender specific.
- Perpetrators can be women and not just men.
- Exploitation can be between males and females or between the same genders.
- Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use



drugs or alcohol, children who go missing from home or school, children involved in crime, children with Parents/Guardians who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation.

However, it is important to recognise that any child can be targeted.

Indicators a child may be at risk of CSE include:

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

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

CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

As a school we educate all staff in the signs and indicators of sexual exploitation. Children who have been exploited will need additional support to help maintain them in education. We use the child exploitation risk assessment form ([CERAF](#)) and [associated guidance](#) from the Hampshire Safeguarding Children's Partnership (HSCP) to identify students who are at risk and the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form which can be downloaded from <https://www.safe4me.co.uk/portfolio/sharing-information/> [Annex 1].

### **Child Criminal Exploitation (including county lines)**

Child Criminal Exploitation is defined as - 'where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact, it can occur through the use of technology'.

The exploitation of children and young people for crime is not a new phenomenon as evidenced by Fagan's gang in Charles Dickens book, *Oliver Twist*. Children under the age of criminal responsibility, or young people who have increased vulnerability due to push:pull factors who are manipulated, coerced or forced into criminal activity provide opportunity for criminals to distance themselves from crime.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

A current trend in criminal exploitation of children and young people are 'county lines' which refer to a 'phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and collect the money for the deal.

These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas.

Indicators that a child may be criminally exploited include:

- Increase in Missing episodes – particular key as children can be missing for days and drug run in other Counties.
- Having unexplained amounts of money, new high cost items and multiple mobile phones.
- Increased social media and phone/text use, almost always secretly.
- Older males in particular seen to be hanging around and driving.
- Having injuries that are unexplained and unwilling to be looked at.
- Increase in aggression, violence and fighting.
- Carrying weapons – knives, baseball bats, hammers, acid.
- Travel receipts that are unexplained.
- Significant missing from education and disengaging from previous positive peer groups.
- Parent concerns and significant changes in behaviour that affect emotional wellbeing.
- Children who misuse drugs and alcohol
- Association with others who are involved in exploitation

We will treat any child who may be criminally exploited as a victim in the first instance and refer to children's social care in the first instance. If a referral to the police is also required as crimes have been committed on the school premises, these will also be made. Children who have been exploited will need additional support to help maintain them in education

If there is information or intelligence about child criminal exploitation, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

### **Serious Violence**

Serious violence is becoming a factor for those who are involved in criminal exploitation. It can also be an indication of gang involvement and criminal activity.

All staff will be made aware of indicators, which may signal that students, or members of their families, are at risk from or involved with serious violent crime.

These indications can include but are not limited to: increased absence from school; a change in friendships or relationships with older individuals or groups; a significant decline in performance; signs of self-harm; significant change in wellbeing; signs of assault; unexplained injuries; unexplained gifts and/or new possessions; possession of weapons.

Staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Advice for staff can be found in in the Home Office's [Preventing youth violence and gang involvement](#).

As a school we have a duty to not only prevent the individual from engaging in criminal activity, but also to safeguard others who may be harmed by their actions.

We will report concerns of serious violence to police and social care.

If there is information or intelligence about potential serious violence, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

### **Trafficked Children and modern slavery**

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs.

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

- Movement (including within the UK);
- Control through harm, threat of harm or fraud.
- For the purpose of exploitation.

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

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

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

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

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

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

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

When considering modern slavery, there is a perception that this is taking place overseas. The government estimates that tens of thousands of slaves are in the UK today.

Young people being forced to work in restaurants, nail bars, car washes and harvesting fruit, vegetables or other foods may have all been slaves 'hiding in plain sight' within the U.K and rescued from slavery. Other forms of slavery such as sex slaves or household slaves are more hidden but have also been rescued within the UK.

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

### **Child abduction**

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Further information is available at: [www.actionagainstabduction.org](http://www.actionagainstabduction.org)

When we consider who is abducted and who abducts

- Nearly three-quarters of children abducted abroad by a parent are aged between 0 and 6 years-old
- Roughly equal numbers are boys and girls
- Two-thirds of children are from minority ethnic groups.
- 70% of abductors are mothers. The vast majority have primary care or joint primary care for the child abducted.
- Many abductions occur during school holidays when a child is not returned following a visit to the parent's home country (so-called 'wrongful retentions')

If we become aware of an abduction we will follow the HIPS procedure and contact the police and childrens social care (if they are not already aware).

If we are made aware of a potential risk of abduction we will seek advice and support from police and childrens social care to confirm that they are aware and seek clarity on what actions we are able to take.

### **Returning home from care**

When children are taken into care, consideration may be given in the future to those children being returned to the care of their parents, or one of their parents. Other children are placed in care on a voluntary basis by the parents and they are able to removed their voluntary consent.

While this is a positive experience for many children who have returned to their families, for some there are different challenges and stresses in this process.

As a school, if we are aware of one of our children who is looked after is returning to their home, we will consider what support we can offer and ensure as a minimum that the child has a person, that they trust, who they can talk to or share their concerns with.

### **Technologies**

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

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.

- contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes’.
- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and  
commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams

## Online Safety and Social Media

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

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

- Unwanted contact
- Grooming
- Online bullying including sexting
- Digital footprint
- Accessing and generating inappropriate content

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

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

## Cyberbullying

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/374850/Cyberbullying\\_Advice\\_for\\_Headteachers\\_and\\_School\\_Staff\\_121114.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374850/Cyberbullying_Advice_for_Headteachers_and_School_Staff_121114.pdf)  
<https://www.hampshirescp.org.uk/parents-and-carers/be-safe-online/>

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

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

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

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

- Bullying by texts or messages or calls on mobile phones;
- The use of mobile phone cameras to cause distress, fear or humiliation;
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites;

- Using e-mail to message others;
- Hijacking/cloning e-mail accounts;
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums.

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

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

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

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

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

### **On-line sexual abuse**

As a school we will:

- Report to the police, CEOP or any other relevant body any on-line sexual abuse or harmful content we are made aware of. This could include sending abusive, harassing and misogynistic messages; sharing nude and semi-nude images and videos; and coercing others to make and share sexual imagery. We will seek guidance from the NPCC '[when to call the police](#)' document and the internet watch foundations '[report harmful content](#)' website
- Educate to raise awareness of what on-line sexual abuse is, how it can happen, how to limit the impact and what to do if you become aware of it.
- Support victims of on-line abuse within the school community

### **Sexting**

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

<https://www.ceop.police.uk/Media-Centre/Press-releases/2009/What-does-sexting-mean/>

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and the internet. It also includes underwear shots, sexual poses and explicit text messaging; it is sometimes referred to as youth produced sexual imagery

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

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

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

### **Gaming**

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

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

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

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate.

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

## Online reputation

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

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

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

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

## Grooming

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

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

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

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

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

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

That school should:

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

The school will raise awareness by:

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

Additionally to being targeted for sexual motivations, some young people are also groomed online for exploitation or radicalisation. While the drivers and objectives are different, the actual process is broadly similar to radicalisation, with the exploitation of a person's vulnerability usually being the critical factor. Those who are targeted are often offered something ideological, such as an eternal spiritual reward, or sometimes something physical, such as an economic incentive, that will make them 'feel better' about themselves or their situation.

Anyone can be at risk. Age, social standing and education do not necessarily matter as much as we previously thought, and we have seen all kinds of people become radicalised, from young men and women with learning difficulties to adults in well-respected professions. What is clear is that, the more vulnerable the person, the easier it is to influence their way of thinking.

Signs of grooming can include:

- isolating themselves from family and friends;
- becoming secretive and not wanting to talk or discuss their views;
- closing computers down when others are around;

- refusing to say who they are talking to; using technology such as anonymous browsing to hide their activity; and
- sudden changes in mood, such as becoming angry or disrespectful.

Of course, none of these behaviours necessarily mean someone is being radicalised and, when displayed, could be a symptom of bullying or other emotional issues.



## **Part 2 – Safeguarding issues relating to individual student needs**

### **Homelessness**

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

In line with the Homelessness Reduction Act 2017 this school will promote links into the Local Housing Authority for the parent or care giver in order to raise/progress concerns at the earliest opportunity.

We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

### **Children & the Court System**

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

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

We recognise that making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. This school will support children going through this process.

Alongside pastoral support this school will use online materials published by The Ministry of Justice (2018) which offers children information & advice on the dispute resolution service.

These materials will also be offered to parents and guardians if appropriate.

### **Children with family members in prison**

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

This school aims to:-

- Understand and Respect the Child's Wishes  
We will respect the child's wishes about sharing information. If other children become aware the school will be vigilante to potential bullying or harassment
- Keep as Much Contact as Possible with the Parent and Caregiver  
We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions we will develop appropriate systems for keeping the imprisoned caregiver updates about their child's education.
- Be Sensitive in Lessons  
This school will consider the needs of any child with an imprisoned parent during lesson planning.
- Provide Extra Support

We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and particularly serious. We will provide support and mentoring to help a child work through their feelings on the issue.

Alongside pastoral care the school will use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances.

### **Students with medical conditions (in school)**

[www.gov.uk/government/publications/supporting-students-at-school-with-medical-conditions--3](http://www.gov.uk/government/publications/supporting-students-at-school-with-medical-conditions--3)

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

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

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

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

### **Students with medical conditions (out of school)**

[www3.hants.gov.uk/education/parents-info/inclusion-service.htm](http://www3.hants.gov.uk/education/parents-info/inclusion-service.htm)

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

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

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

### **Special educational needs and disabilities**

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

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

As a school we will respond to this by:

- Making it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment

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

### **Intimate care**

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

### **Intimate and personal care**

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

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

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

Those Personal Care tasks specifically identified as relevant here include:

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

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

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

#### **1. Involve the child in the intimate care**

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

**2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**

Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

**3. Be aware of your own limitations**

Only carry out activities you understand and with which you feel competent. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

**4. Promote positive self-esteem and body image**

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

**5. If you have any concerns you must report them.**

**If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.**

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's child protection record.

**6. Helping through communication**

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

**7. Support to achieve the highest level of autonomy**

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

**Perplexing Presentations/Fabricated or induced illness (FII)**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277314/Safeguarding\\_Children\\_in\\_whom\\_illness\\_is\\_fabricated\\_or\\_induced.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf)

The Royal College of Paediatrics and Child Health have added the term "Perplexing presentations" to the guidance around FII.

Perplexing Presentations (PP) has been introduced to describe those situations where there are indicators of possible FII which have not caused or brought on any actual significant harm.

It is important to highlight any potential discrepancies between reports, presentations of the child and independent observations of the child. What is key to note are implausible descriptions and/or unexplained findings and/or parental behavior.

There are three main ways that a carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

- Fabrication of signs and symptoms. This may include fabrication of past medical history;
- Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- Induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness we will follow the established procedures of the Hampshire Safeguarding Children Board HIPS protocol and inform children's social care

## **Mental Health**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/508847/Mental\\_Health\\_and\\_Behaviour\\_-\\_advice\\_for\\_Schools\\_160316.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf)

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

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

Form tutors and class teachers see their students day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of students. All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

The lead for wellbeing and mental health in school is **TBC**.

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

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

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

Where the needs require additional professional support referrals will be made to the appropriate team or service with the parent's agreement.

If staff have a mental health concern about a child that is also a safeguarding concern, they will take immediate action, raising the issue with the designated safeguarding lead or a deputy.

## Part 3 – Other safeguarding issues impacting students

### **Bullying**

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

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

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

<https://www.deerparksecondary.org/assets/Documents/Attachments/Anti-Bullying-Policy-DP.pdf>

The school works to a separate bullying policy. We recognise that bullying may be physical, psychological, social or verbal in its nature and can happen face to face or online; it can be as a result of prejudicial acts in relation to racist, sexist, disability, homophobic, transphobic and religious based abuse.

### **Prejudice based abuse**

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

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

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

This can be evidenced by:

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

As a school we will respond by:

- Clearly identifying prejudice based incidents and hate crimes and monitor the frequency and nature of them within the school;
- Taking preventative action to reduce the likelihood of such incidents occurring;
- Recognising the wider implications of such incidents for the school and local community;
- Providing regular reports of these incidents to the governing body;
- Ensuring that staff are familiar with formal procedures for recording and dealing with prejudice based incidents and hate crimes;
- Dealing with perpetrators of prejudice based abuse effectively;
- Supporting victims of prejudice based incidents and hate crimes;

- Ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again.

### **Drugs and substance misuse**

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

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

The school works to a separate drug policy.

### **Faith Abuse**

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

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

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

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

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

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

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

### **Gangs and Youth Violence**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418131/Preventing\\_youth\\_violence\\_and\\_gang\\_involvement\\_v3\\_March2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/Preventing_youth_violence_and_gang_involvement_v3_March2015.pdf)

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

As a school we have a duty and a responsibility to protect our students. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While students generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education. Primary Schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs and can be spotted.

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

As a school we will:

- Develop skills and knowledge to resolve conflict as part of the curriculum;
- Challenge aggressive behaviour in ways that prevent the recurrence of such behaviour;
- Understand risks for specific groups, including those that are gender-based, and target interventions;
- Safeguard, and specifically organise child protection, when needed;
- Make referrals to appropriate external agencies;

- Carefully manage individual transitions between educational establishments, especially into Student Referral Units (PRUs) or alternative provision; and
- Work with local partners to prevent anti-social behaviour or crime.

### **Private fostering**

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

<http://www3.hants.gov.uk/private-fostering>

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

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

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

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

### **Parenting**

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

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

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

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

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

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



## **Part 4 –Safeguarding processes**

### **Safer Recruitment**

[www.gov.uk/government/publications/keeping-children-safe-in-education--2](http://www.gov.uk/government/publications/keeping-children-safe-in-education--2)

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

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

### **Staff Induction**

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

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

### **Health and Safety**

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

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

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

### **Site Security**

[www.gov.uk/government/publications/school-security](http://www.gov.uk/government/publications/school-security)

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

- Doors are kept closed to prevent intrusion wherever possible;
- All gates will be locked from 9.30am with the exception of the front gate to allow visitors and late comers to the school.
- Visitors and volunteers enter at the reception and must sign in;
- Visitors and volunteers attending a meeting at the school will be asked for a photo ID (e.g driving licence).
- Visitors and volunteers are identified by visitor badges;
- Children are only allowed home during the school day with adults/carers with parental responsibility or permission being given;
- All children leaving or returning during the school day have to sign out and in;
- Empty classrooms have windows closed.

### **Off site visits**

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

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the school and residential visits, can involve higher levels of risk. If these are annual or infrequent activities, a review of an existing assessment may be all that is needed. If it is a new activity, a visit involving adventure activities, residential, overseas or an 'Open Country' visit, a specific assessment of significant risks must be carried out. The school has an educational visits coordinator (EVC) who liaises with the local authority's outdoor education adviser and helps colleagues in schools to manage risks and support with off site visits and provides training in the management of groups during off site visits, as well as First Aid in an outdoor context.

### **First Aid**

[www.gov.uk/government/publications/first-aid-in-schools](http://www.gov.uk/government/publications/first-aid-in-schools)

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

### **Physical Intervention (use of reasonable force)**

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools-guidelines-for-the-use-of-restrictive-physical-intervention-in-hampshire-maintained-schools>

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

### **Taking and the use and storage of images**

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

As a school we will seek consent from the parent of a student and from teachers and other adults before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in school publications, printed media or on electronic publications. We will not seek consent for photos where you would not be able to identify the individual.

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

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

### **Transporting students**

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

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

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

Where parents'/volunteers' cars are used on school activities the school will notify parents/volunteers of their responsibilities for the safety of students, to maintain suitable insurance cover and to ensure their vehicle is roadworthy. Please see the section on transporting students in our Health and Safety policy.

## **Disqualification under the childcare act**

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

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare. Previously this disqualification also extended to risk by association of anyone living within the same household and required us to carry out a self disclosure process with staff.

The risk by association element of the Act has now been refocused by the DfE and no longer applies to school staff.

We will continue to check for disqualification under the Childcare Act as part of our safer recruitment processes for any offences committed by staff members or volunteers.

## **Community Safety Incidents**

Other community safety incidents in the vicinity of a school can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation, or gang related activity.

As children get older and are granted more independence (for example, as they start walking to school on their own) it is important they are given practical advice on how to keep themselves safe. Many schools provide outdoor-safety lessons run by teachers or by local police staff. It is important that lessons focus on building children's confidence and abilities rather than simply warning them about all strangers. Further information is available at: [www.clevernevergoes.org](http://www.clevernevergoes.org).

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

**Annex 1**



**Community Partnership Information**

*Guidance:* This form is for the sharing of non-urgent information by partner agencies that relates to the **Missing, Exploited** and **Trafficked** agenda and inter-connecting issues, such as **Modern Slavery**. This information may be sanitised and used in subsequent partnership forums for the purposes of identifying and mitigating risk. Completed forms should be sent electronically to [24/7-Intel@hampshire.pnn.police.uk](mailto:24/7-Intel@hampshire.pnn.police.uk). Any questions or concerns regarding this form can be raised with your police contact, or to FIB. The form is not a referral form, nor does it replace any pre-existing referral or notification mechanism.

**Your name:**

**Your organisation:**

**Your telephone number:**

**Your email address:**

**Information (including date & location):**

**Information Source:**

Where did this information come from (name/Dob/address)?

Can they be re-contacted? What are their contact details?

How did they find this information out?

When did they find this information out?

Who else have you shared this information with?

## Annex 2

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

#### Introduction

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

#### The Plan

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

- The Executive Headteacher/Headteacher should convene a postvention team meeting which will include Deputy Headteacher (pastoral), Senior Leader for Learning (Pastoral), relevant Director of Progress and Achievement and Tutor. Other staff to consider would include School Counsellor and Head of Student Services.
- The Samaritans may also have Postvention Advisors available to guide and support the next steps (Contact: 0808 168 2528 or email [stepbystep@samaritans.org](mailto:stepbystep@samaritans.org)). Hampshire Isle of Wight Educational Psychology (HIEP) team is also be able to provide support to the postvention team.

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

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

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

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

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

- The nominated lead (headteacher/school counsellor/nurse, for example) should make contact with the family as soon as possible. This will help to support the family and manage communications. Rumours can be inaccurate and deeply hurtful and unfair to the missing/deceased person and their family and friends.
- Advice from those who have been in this position suggest that, if possible, it is useful if the key link to the family remains the same for the duration of the postvention period.
- Information about the death should not be disclosed to students until the family has been consulted. If the family think the death is a suspected suicide but do not wish for this to be disclosed, explain that students are already talking about the death amongst themselves and state that having adults in the school who are able to talk to students about suicide and sudden deaths can help to keep people safe.

- Ensure that the ongoing support of the school is offered to the family. Ensure too that the family does not receive any general administrative letters/texts (eg school trip information, parent consultation events).
- Ensure that any schools or colleges where siblings attend are contacted at an early point so they can also use the protocol as appropriate.

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

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

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

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

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

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

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

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

### **Step Six – Communicate with and take care of the students (Within one day)**

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

### **Step Seven – Funeral**

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

### **Step Eight – Memorials**

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

## **Step Nine – Evaluation and Follow-up**

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

### **Prevention of Suicide**

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

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

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

[public.health@hants.gov.uk](mailto:public.health@hants.gov.uk)

### **Direct/Indirect Warning Signs**

#### **Direct Signs**

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

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

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

#### **Indirect Signs**

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

Indirect warning signs include the following;

- Withdrawal from family, friends and society or feeling isolated
- Deterioration in work or social functioning



- Increased alcohol or drug use Changes in personality, mood or behaviour, eg extreme mood swings, acting anxious or agitated, or behaving recklessly. These can also include changes in eating or sleeping patterns
- Showing rage, uncontrolled anger, or talking about seeking revenge

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

- **Ask** them how they were feeling before it happened and how they are feeling now. Talking about suicide does not make it more likely to happen. Try to be patient if they are angry or refuse to talk. If they won't talk to you, maybe they would talk to a friend or sibling. It may be that writing things down is an easier way for them to communicate with you.
- **Listen.** This is the most important thing you can do. Treat them with respect, and try not to be judgmental or critical. Is it important to try to raise their self-esteem.
- **Empathise** by showing that you really do care about them, no matter what, and are trying to understand things from their point of view. Words don't always matter. The touch of a hand or a hug can go a long way to show that you care.
- **Reassure** them that desperate feelings are very common and can be overcome. Things can and do change, help can be found and there is hope for the future. People do get better!
- **Try** to give practical support, and help them to cope with any extra pressures. It may not be possible to deal with all the things that are troubling them, but between you agree on what you will do if a suicidal crisis happens again.

#### Don't

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

#### Useful Contacts

##### 1. Help is at Hand

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

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

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

Link to the Hampshire Isle of Wight Educational Psychology website;  
<http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/educational-psychology/contact-hep.htm>

### 3. Child and Adolescent Mental Health Service (CAMHS)

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

Contact numbers for the CAMHS teams are as follows;

Hampshire Single Point of Access Team: 0300 304 0050

### 4. PAPYRUS [www.papyrus-uk.org](http://www.papyrus-uk.org)

National charity for the prevention of young suicides

Call: 0800 068 41 41

Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

SMS: 07786 209697

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

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

### 5. Samaritans [www.samaritans.org.uk](http://www.samaritans.org.uk)

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

### 6. Cruse Bereavement Care

- [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk) (national details)  
Phone: 0844 477 9400 (Mon-Fri, 9am-5pm)
- Cruse Bereavement Care - South Hampshire Area, 135 St. Mary Street, Southampton, Hampshire, SO14 1NX Website: <http://www.cruse.org.uk> Telephone: 0844 8793448  
One to One Support, Pre-bereavement Support, Telephone Support and Home Visits, Bereaved by Suicide Group, Family Support Group
- Cruse Bereavement Care - North Hampshire Area, Andover, SP10 Website: <http://www.cruse.org.uk> Telephone: 0844 3303701 One to One Support, Pre-bereavement Support, Telephone Support and Home Visits, Bereaved by Suicide Group, Family Support Group

### 7. Survivors of Bereavement by Suicide (SoBS)

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

### 8. Simon Says

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

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

Email: [info@simonsays.org.uk](mailto:info@simonsays.org.uk)

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

Simon Says aims to;

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

Communications Log

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



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

### **Context**

From 5<sup>th</sup> January 2021 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**

<b>Role</b>	<b>Name</b>	<b>Contact number</b>	<b>Email</b>
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		<a href="mailto:m.litton@deerparksecondary.org">m.litton@deerparksecondary.org</a> <a href="mailto:t.hastings@deerparksecondary.org">t.hastings@deerparksecondary.org</a> <a href="mailto:l.dixon@deerparksecondary.org">l.dixon@deerparksecondary.org</a> 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.

The DFE have classed vulnerable students as:

Vulnerable children and young people include those who:

- are assessed as being in need under section 17 of the Children Act 1989, including children and young people who have a child in need plan, a child protection plan or who are a looked-after child
- have an education, health and care (EHC) plan
- have been identified as otherwise vulnerable by educational providers or local authorities (including children's social care services), and who could therefore benefit from continued full-time attendance, this might include:
  - children and young people on the edge of receiving support from children's social care services or in the process of being referred to children's services
  - adopted children or children on a special guardianship order
  - those at risk of becoming NEET ('not in employment, education or training')
  - those living in temporary accommodation
  - those who are young carers
  - those who may have difficulty engaging with remote education at home (for example due to a lack of devices or quiet space to study)
  - care leavers
  - others at the provider and local authority's discretion including pupils and students who need to attend to receive support or manage risks to their mental health

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 M Jones.

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 and a solution will be found to support the student.

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 Litton, Mr T Hastings, Mrs 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@deerparksecondary.org](mailto:safeguarding@deerparksecondary.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](mailto: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 Trust Board, Mrs G Lane

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, however updates to any safeguarding practice will be shared digitally with staff when required. DSL refresher training will happen in timeframes and as providers allow.

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 (2020). 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 Child Protection policy, confirmation of local processes and confirmation of DSL arrangements. There will be an expectation that the employee will access Deer Park's online training module.

### **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).

Deer Park will continue to comply with their legal duties regarding pre-appointment including having regard to part three of the statutory safeguarding guidance keeping children safe in education.

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](mailto: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.
- Any live content should be recorded so that if any issues were to arise, the video can be reviewed.
- 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 pupils
- 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 pupils and their parents/carers. Teachers at Deer Park School need to be aware of this in setting expectations of pupils' 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.