

Safeguarding, Procedure and Guidance



St. MICHAEL'S
CE (CONTROLLED) INFANT SCHOOL

Sept 2022
To be reviewed Sept 2023



Hampshire
County Council

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Any links to local or national advice and guidance can be accessed via the safeguarding in education webpages:

www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance

Links to online specific advice and guidance can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/onlinesafety>

Links to other pages from the local authority on safeguarding can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren>

The procedures of the Hampshire Safeguarding Children Partnership can be accessed at <http://hipsprocedures.org.uk/page/contents>

St Michael's Church of England Infant School Safeguarding Policy

This policy should be read in conjunction with the school's Child Protection Policy and Staff Behaviour Policy/Code of Conduct

Policy Statement

Safeguarding determines the actions that we take to keep children safe and protect them from harm in all aspects of their school life. As a school we are committed to safeguarding and promoting the welfare of all our pupils.

The actions that we take to prevent harm; to promote wellbeing; to create safe environments; to educate on rights, respect and responsibilities; to respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of the school. As such, this overarching policy will link to other policies which will provide more information and greater detail.

Aims

- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the school.
- To demonstrate our commitment to protecting children.

Principles and Values

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

Safeguarding measures are put in place to minimise harm to children. There may be occasions where gaps or deficiencies in our policies and processes will be highlighted. In these situations, a review will be carried out in order to identify learning and inform the policy, practice and culture of the school.

All pupils in our school can talk to any member of staff about situations, or to share concerns, which are causing them worries. The staff will listen to the pupil, take their worries seriously and share the information with the safeguarding lead.

In addition, we provide pupils with information about who they can talk to outside of school, both within the community and with local or national organisations that can provide support or help.

As a school, we review this policy at least annually in line with DfE, HSCP, HCC and any other relevant guidance.

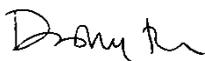
Date Approved by Governing Body: September 2022

Signed By:

Kevin Davies, Chair of Governors:



Dot Patton, Headteacher



Areas of Safeguarding

Keeping Children Safe in Education (2022) 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).

Definitions

Within this document:

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

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

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

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

Key personnel

The designated safeguarding lead for the school is:

Dot Patton, Headteacher

The deputy designated safeguarding leads are:

Miriam Thorley, Karen Barnett and Rebecca Carey

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 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.

As a school, we will consider the various factors that can impact the life of any pupil about whom we have concerns. We will consider the level of influence that these factors have on their ability to be protected and remain free from harm, particularly around 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.

Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks include, but are not limited to, political, environmental, animal rights, or faith-based extremism that may lead to a child becoming radicalised. All staff have received prevent e-learning training in order that they can identify the signs of children being radicalised. Any new members of staff will undertake this training as soon as possible.

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 has a strategy looking at specific issues faced by women and girls. Within the context of this safeguarding policy the following sections are how we respond to violence against girls: female genital mutilation, forced marriage, honour-based violence and teenage relationship abuse all fall under this strategy.

Female Genital Mutilation (FGM)

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

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

FGM is illegal in the UK.

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

At no time will staff examine pupils to confirm concerns

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

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. is under 18.

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

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

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

Characteristics that may indicate forced marriage

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

- an extended absence from school/college, including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;
- a history of siblings leaving education to marry early;
- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or

- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

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

Honour-Based Abuse

So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

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 abuse 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 sexuality or identity

Women and girls are the most common victims of honour-based abuse 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 pupil is at risk or has already suffered

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

Sexual Violence and Sexual Harassment Between Children

Sexual violence and sexual harassment (SVSH) can occur between two children of any age and sex from primary to secondary stage and into colleges. 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 receive training about sexual violence and sexual harassment 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.

This school has a zero-tolerance approach to SVSH. 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.

The child protection policy has a clear procedure dealing with SVSH.

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, lifting skirts or pulling down trousers and impose appropriate levels of disciplinary action, to be clear that these behaviours are not tolerated or acceptable. Support will be provided to victims of sexual violence and sexual harassment, and we will ensure that they are kept safe. We will educate the children about what is appropriate using the NSPCC 'PANTS' rule.

It is clear from the 2021 Ofsted review into SVSH in schools and colleges that the prevalence of abusive and unwanted behaviour is widespread. 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 person’s 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. It is a criminal offence. Anyone of any gender, can be a victim.

If staff become aware that upskirting has occurred, this will be treated as a sexual offence and reported accordingly to the DSL and onwards to the police.

Behaviours that would be considered as sexual harassment which may be pre-cursors to upskirting, such as 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.

Pupils who place themselves in positions that could allow them to view underwear, genitals or buttocks, will be moved on. Repeat offenders will be disciplined.

If technology that is used to take inappropriate images it will be confiscated.

Any confiscated technology will be passed to the headteacher to make a decision about what happens to the items. This will be carried out under the principles set out in the government guidance on [searching, screening and confiscation](#).

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 replaced the previous phrase 'Toxic Trio' which was 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 adults and children has occurred.

The Trigger Trio are viewed as indicators of increased risk of harm to children and young people. In an analysis of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the triggers were present.

These factors will have a contextual impact on the safeguarding of children and young people.

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.

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.

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

- being withdrawn
- suddenly behaving differently
- anxiety
- being clingy
- depression
- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
- missing school
- changes in eating habits
- obsessive behaviour
- experiencing nightmares
- taking drugs
- use of 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 DSL for referral, to be considered by 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's/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 poor parental mental health can include:

- The parent's/carer's needs or illnesses taking precedence over the child's needs
- The child's physical and emotional needs being neglected
- The child acting as a young carer for a parent or a sibling
- The child having restricted social and recreational activities
- The child finding it difficult to concentrate, potentially having an impact on educational achievement
- The child missing school regularly as (s)he is being kept home as a companion for a parent/carer
- The child adopting 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 children's social care to be considered.

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 are being exploited; or who are at risk of or are being trafficked. Given the close links between all these issues, there has been a considered response to view them as potentially linked, so that cross over of risk is not missed.

Children Missing from Education

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

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.

DSL's and staff should consider:

Missing certain days of the week: Are there patterns in the days of the week that are being missed? Is this more than avoidance of a certain day?

- Is the child being exploited during this time?
- Are they late because of a caring responsibility?
- Do the parents appear to be aware that they are condoning the behaviour?
- Have they been directly or indirectly affected by substance misuse?
- Is the lesson being missed one that would cause bruising or injuries to become visible (e.g: PE)?
- Can the parents be contacted and be made aware that we are aware of the pattern?

Continuous missing days: Has the school been able to make contact with the parent(s)? 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

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 to be aware of local "hot spots", as well as concerns about any individuals with whom children might 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)

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities.

- 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 child on child
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted

Indicators a child may be at risk of CSE include:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections or becomes pregnant;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse;
- 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.

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 Partnership to identify pupils who are at risk; 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/>

Child Criminal Exploitation (including county lines)

Child Criminal Exploitation (CCE) 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 is '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. Children are often recruited to move drugs and money between locations and are known to be

exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation, as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

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 being unwilling to have them 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
- Association with other young people involved in exploitation
- Children who misuse drugs and alcohol
- Parent concerns and significant changes in behaviour that affect emotional wellbeing

We will treat any child who may be criminally exploited as a victim in the first instance and using the CERAF form and guidance in our referral to children's social care. 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 pupils, 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](#).

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 of going missing 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 or is a slave, 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

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 children's 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 children's 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 remove 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

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 pupils and their parents through:

- E-Safety policy
- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletter, website, Tapestry
- Parents evenings/sessions
- High profile events
- Our computing curriculum, PSHE curriculum and safeguarding curriculum

Cyberbullying

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

The school also recognises that it must take note of bullying perpetrated outside school which has an impact within the school; therefore, once aware we will respond to any cyber-bullying carried out by pupils when they are away from the site.

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

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

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

Cyber-bullying may be at a level where it is criminal in character. It is unlawful to disseminate defamatory information in any media including internet sites.

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

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

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

Sexting

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

Online 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

Gaming

Online gaming is an activity in which the majority of children and many adults get involved. 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 supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode
- By talking to parents about setting boundaries and time limits when games are played
- By highlighting relevant resources.

Online reputation

Online reputation is the opinion others get of a person when they encounter them on-line. 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 organisations and work establishments now check digital footprint before considering applications for positions or places on courses.

Grooming

Online grooming is the process by which one person with an inappropriate sexual interest in children will approach a child on-line, 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 on-line 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 the school will support parents to:

- Recognise the signs of grooming
- Have regular conversations with their children about on-line activity and how to stay safe on-line

The school will raise awareness by:

- Running sessions for parents
- Including awareness of grooming as part of their curriculum
- Identifying with 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 pupil needs

Homelessness

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 and the Court System

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

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

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

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

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

Children with family members in prison

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

This school aims to:

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

- keep as much contact as possible with the parent/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/caregiver 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 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.

Pupils with medical conditions (in school)

There forms part of the school Medical Policy.

We will make ensure that sufficient staff are trained to support any pupil with a medical condition.

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

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

Pupils with medical conditions (out of school)

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

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

Where it is clear that an absence will be for more than 15 continuous school days, the Education and Inclusion branch of Children Services will be contacted to advise on the pupil's education.

Special educational needs and disabilities

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

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- The potential for a disproportionate impact on children with SEND, for example by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers
- Having fewer outside contacts than other children
- Receiving 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
- Having an impaired capacity to resist or avoid abuse
- Having communication difficulties that may make it difficult to tell others what is happening
- Being inhibited about complaining for fear of losing services
- Being especially vulnerable to bullying and intimidation
- Being more vulnerable than other children to abuse by their peers.

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 disabled children receive appropriate personal, health and social education (including sex education)
- Ensuring 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 carers 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 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 (PP) / Fabricated or induced illness (FII)

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 behaviour.

There are three main ways that a parent/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 HIPS protocol and inform children’s social care.

Mental Health

Form tutors and class teachers see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of pupils. 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 balance between the risk and protective factors is most likely to be disrupted when difficult events happen in pupils' lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted
- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form
- **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 appropriate 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 that may potentially have an impact on pupils

Bullying

The school has a separate bullying policy that can be found at: [https://files.schudio.com/st-michaels-infant-school/files/policies/Behaviour - Anti Bullying Policy May 2022.pdf](https://files.schudio.com/st-michaels-infant-school/files/policies/Behaviour_-_Anti_Bullying_Policy_May_2022.pdf)

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 does not have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

- threatened or actual physical assault
- derogatory name calling, insults, for example racist jokes or homophobic language
- hate graffiti (e.g. on school furniture, walls or books)
- provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations
- distributing literature that may be offensive in relation to a protected characteristic
- verbal abuse
- inciting hatred or bullying against pupils who share a protected characteristic
- prejudiced or hostile comments in the course of discussions within lessons
- teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
- refusal to co-operate with others because of their protected characteristic, whether real or perceived
- expressions of prejudice calculated to offend or influence the behaviour of others
- attempts to recruit other pupils to organisations and groups that sanction violence, terrorism or hatred.

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

The school has a separate drug policy.

Faith Abuse

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

Gangs and Youth Violence

The 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.

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

Primary schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work can be done within school to prevent negative behaviour from escalating and becoming entrenched.

We will:

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

Private fostering

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

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

The Law requires that the carers and parents must notify the Children's Services Department of any private fostering arrangement.

If the school becomes aware that a pupil is being privately fostered, we will inform the Children's Services Department and inform both the parents and carers that we have done so.

Parenting

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it 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 Syndrome, some conditions associated with autism or 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.

We will support parents in understanding the parenting role and providing them with strategies that may assist:

- providing details of community-based parenting courses
- linking to web-based parenting resources
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence-based parenting programmes)
- signposting to support services
- Considering appropriate early help services

Part 4 –Safeguarding processes

Safer Recruitment

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

The recruitment 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

There is a requirement that all schools must have a Health and Safety Policy that details the organisation, roles and responsibilities and arrangements in place at the premise for the managing and promoting of Health and Safety in accordance with the Health and Safety at Work act 1974 and regulations made under the act.

Schools must assess all their hazards and record any significant findings along with what control measures are required. The plans should wherever possible take a common sense and proportionate approach with the aim to allow activities to continue rather than preventing them from taking place. The School H&S policy can be accessed at <https://files.schudio.com/st-michaels-infant-school/files/policies/H-S Policy March 2022.pdf>

Site 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:

- All gates are locked except at the start and end of the school day

- Doors are kept closed to prevent intrusion
- Visitors and volunteers enter at the reception and must sign in
- Visitors and volunteers are identified by visitor lanyards
- 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

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 co-ordinator (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. Please refer to the off-site activity policy/procedures.

First Aid

The school's first aid arrangements/policy are part of the school Medical Policy.

Physical Intervention (use of reasonable force)

We have a separate policy outlining how we will use physical intervention. This can be found at <https://files.schudio.com/st-michaels-infant-school/files/policies/Restrictive Physical Intervention Policy May 2022.pdf>

Taking and the use and storage of images

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

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

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

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

Transporting pupils

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

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

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

Disqualification under the childcare act

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.

We will 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 part of our PSHE and Computing curriculum, we talk to the children about staying safe in the community. Further information is available at: www.clevernevergoes.org.

Use of school or college premises for non-school / college activities

Where governing bodies hire or rent out college or school facilities / premises to organisations or individuals for example sports associations, they should ensure that appropriate arrangements are in place to keep children safe.

This applies regardless of whether or not children who attend the school are part of the event

Table of changes

Changes to grammar, punctuation, spelling and sentence structure have been made throughout the document. In addition to these minor changes the following have been made.

| Page | Section | Changes |
|------|------------------------|---|
| | Whole document | Changed reference from KCSiE 2021 to 2022 Changed peer on peer to child on child |
| 40 | Use of school premises | New section about hirers or users of the school campus |
| | | |

St Michael's Church of England Infant School: Guidance for Supporting the Safeguarding of Children and Families for all Staff



**St. MICHAEL'S
CE (CONTROLLED) INFANT SCHOOL**

For peer on peer abuse, please see the school Child Protection policy and the behaviour/anti-bullying policy.

In our school 'Child Protection policy' it states that all staff should: 'Have an understanding of 'Early Help' and be prepared to identify and support children who may benefit from this intervention'(p.7).

The intention is for this document to support staff to understand the Hampshire Threshold guidance and help to identify those children and families who may need Early Help.

For more information, please see:

<https://www.hampshirescp.org.uk/wp-content/uploads/2019/08/Hampshire-IOW-Thresholds-Chart-July-2019-1.pdf>

<https://www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance>

| Attendance and Lateness | | | | |
|-------------------------|----------------|--|--|---|
| Level | Responsibility | Trigger | Intervention | Outcomes |
| 1 | Headteacher | Attendance below 90% (not including with Covid) Late more than 3x in 6 week period | <ul style="list-style-type: none"> ➤ Letter to parents identifying concerns ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ Reasons for absence/lateness ○ Implications on achievement ○ Offer of help ○ Provision of catch up work | <ul style="list-style-type: none"> ✓ Parents understand impact of low attendance ✓ Date agreed for follow-up review |
| | Headteacher | Attendance/lateness continues to be cause for concern | <ul style="list-style-type: none"> ➤ Meeting with parent to identify: <ul style="list-style-type: none"> ○ Reasons for continued absence/lateness ○ Impact on achievement ○ Implications for further intervention from school ○ Additional support required through referral to Early Help? | Parents understand: <ul style="list-style-type: none"> ✓ the severity of impact from low attendance/lateness ✓ the next steps for intervention Referral [dependant on need] to: <ul style="list-style-type: none"> ✓ EMTAS ✓ ELSA Outcomes agreed in writing to parents, including date for review meeting. |
| 2 | Headteacher | Attendance below 90%, including unauthorised absences Evidence of persistent lateness | <ul style="list-style-type: none"> ➤ Meeting with parent to identify: <ul style="list-style-type: none"> ○ Patterns of absence ○ Correlation of absence between siblings ○ Unauthorised absences ○ Impact from Level 1 intervention ➤ Assessment of need against Early Help checklist | <ul style="list-style-type: none"> ✓ Referral for Early Help or additional agency service support [if not already accessed] ✓ Agreed improvement for attendance/lateness through attendance contract including date for review ✓ Parental understanding of Legal Intervention process |
| 2/3 | Headteacher | Attendance below 85% including unauthorised absence Persistent lateness | <ul style="list-style-type: none"> ➤ Meeting with parent to agree: <ul style="list-style-type: none"> ○ Early Help referral if there are other associated concerns ○ Referral to Legal Intervention if attendance does not improve | <ul style="list-style-type: none"> ✓ Early Help assessment with TAF meeting ✓ Legal Intervention |

| Physical and Mental Health and Wellbeing | | | | |
|--|----------------------------|-------------------------|---|---|
| Level | Responsibility | Trigger | Intervention | Outcomes |
| 1/2 | Class Teacher/Admin Team | Short term health needs | <ul style="list-style-type: none"> ➤ Referral to Admin Team to assess any medical needs ➤ Meet with parent to discuss needs and adaptations needed | <ul style="list-style-type: none"> ✓ Short term medical plan including medication/recovery plan if needed ✓ Classroom adaptations including seating, rest breaks ✓ Playtime adaptation/protected play |
| | Class Teacher/ELSA/MH lead | Mild anxiety | <ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ causes and symptoms ○ key stressors and triggers ○ agree adaptations and support ➤ Meeting with ELSA to identify: <ul style="list-style-type: none"> ○ relaxation techniques including breathing strategies ○ mindfulness exercises ➤ Special time with key adult to: <ul style="list-style-type: none"> ○ Meet and greet ○ Talk through timetable and key events ○ Check in at trigger times ○ Implement ELSA strategies/advice ○ Use of CAMHS website: https://hampshirecamhs.nhs.uk/ ○ Hampshire CAMHS Early Help provision: Support through events such as PACE (parents and carers events), offering workshops and training. ○ http://www.hpcn.org.uk/mc-events/hart-and-rushmoor-future-in-mind-13/ ○ Rushmoor & Hart supporting families newsletter ○ MindEd: https://youngminds.org.uk/youngminds-professionals/our-projects/minded/ | <ul style="list-style-type: none"> ✓ Allocation of key adult ✓ Implementation of supporting strategies and interventions ✓ Reduction of cognitive load through: <ul style="list-style-type: none"> ○ Teaching and learning adaptations with individualised expectations ○ Pre-emption including positive priming (e.g: pre-teaching) ○ Regular check ins ○ Visual timetable including 'whoops' card |

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| <p>Class Teacher/ELSA/MH lead</p> | <p>Low self-esteem/resilience</p> | <ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ causes and symptoms ○ agree adaptations and support ➤ Meeting with ELSA to identify strategies to: <ul style="list-style-type: none"> ○ develop resilience ○ build positive self-image ○ improve self esteem ➤ Special time with teacher to: <ul style="list-style-type: none"> ○ socialise as part of a small group ○ build positive relationships ○ implement ELSA strategies/advice ○ identify/celebrate positives of the day ○ Use of CAMHS website: https://hampshirecamhs.nhs.uk/ ○ Hampshire CAMHS Early Help provision: Support through events such as PACE (parents and carers events), offering workshops and training ○ Barnardo's specialist parenting service: https://www.barnardos.org.uk/what we do/our work/parenting supporting.htm | <ul style="list-style-type: none"> ✓ Implementation of supporting strategies and interventions ✓ Build resilience and self-esteem through: <ul style="list-style-type: none"> ○ Teaching and learning adaptations with individualised expectations ○ Positive priming and reinforcement ○ Regular check ins ○ Visual timetable/'whoops' card ○ Raising the positive profile of the child in the class community ○ Limiting negative comments/reporting ○ Ensuring interventions are discrete with reduced audience |
| <p>Class Teacher/ELSA</p> | <p>Separation anxiety</p> | <ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ causes and symptoms ○ key stressors and triggers ○ agree adaptations and support ➤ Meeting with ELSA to identify: <ul style="list-style-type: none"> ○ supporting books eg 'The Invisible String' ○ supporting strategies ➤ Implement these strategies: | <ul style="list-style-type: none"> ✓ Allocation of key adult for individualised support ✓ Implementation of supporting strategies and interventions |

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| | | <ul style="list-style-type: none"> ○ Books to share at home and school ○ Use of home/school transition object – something that can be kept in a pocket ➤ Allocation of key adult to: <ul style="list-style-type: none"> ○ Meet and greet ○ Enable positive review and anticipation | <ul style="list-style-type: none"> ✓ 'Starting and leaving well' by: <ul style="list-style-type: none"> ○ Positive meet and greet ○ Positive anticipation of day's events ○ End of day review to identify positive events ○ 'Looking forward to' discussion to identify positive events for the next day |
| Class Teacher/SENDco | Mild behaviour disorder- Tier 2 on behaviour policy | <ul style="list-style-type: none"> ➤ Review whole school Behaviour policy and implement relevant strategies ➤ Behaviour mapping to identify: <ul style="list-style-type: none"> ○ triggers ○ behaviours ○ communicative function ○ key times/subjects/adults/peers ➤ Pupil conferencing to review outcomes from behaviour mapping using restorative approach: <ul style="list-style-type: none"> ○ This is what we see/hear ○ What are you thinking/feeling when we see/hear this [what is the cause/trigger from the child's perspective] ○ This is the affect of the behaviour. What does that make you think/feel? ○ What needs to change? ○ How can we change it? ○ What will help – what can the child do/what can adults do? ➤ Consultation meeting with PBS ➤ Meeting with SENDco to: <ul style="list-style-type: none"> ○ Review behaviour mapping ○ Review outcomes from PBS consultation | <ul style="list-style-type: none"> ✓ Review of behaviour maps to agree communicative function and interventions with reference to whole school Behaviour policy and PBS consultation advice ✓ Individual behaviour map and interventions in place and known/followed by all adults in class ✓ Pupil conferencing with daily/weekly review using Celebration Book that identifies 'what went |

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| | | <ul style="list-style-type: none"> ○ Review pupil conference ○ Agree intervention strategies ➤ Meeting with parent and child to discuss: <ul style="list-style-type: none"> ○ causes and associated behaviours ○ key stressors and triggers ○ intervention with 2 week review | <p>well' 'even better if' in relation to behaviours</p> <ul style="list-style-type: none"> ✓ 2 week review meetings with parents and child |
| Class Teacher/Lunchtime Supervisor | Mild eating disorder | <ul style="list-style-type: none"> ➤ Meeting with parents to agree: <ul style="list-style-type: none"> ○ possible causes ○ food preferences/dislikes ○ in-school support ○ referral to school nurse ○ referral to GP ➤ Meeting with senior lunchtime supervisor to agree expectations and support | <ul style="list-style-type: none"> ✓ Shared agreement and understanding between school and home ✓ Referral to School Nursing Team |
| Class Teacher | Toileting needs | <ul style="list-style-type: none"> ➤ Meeting with parents to: <ul style="list-style-type: none"> ○ understand severity of need ○ agree in-school and home support ○ agree toileting provision from home eg wipes/change of clothes ○ signpost to ERIC ○ agree referral to school nurse ○ agree home referral to GP ➤ Review on-line support and strategies: <ul style="list-style-type: none"> ○ ERIC https://www.eric.org.uk/ ➤ Referral to School Nursing Team and/or Family Support Service | <ul style="list-style-type: none"> ✓ Implementation of support strategies including: <ul style="list-style-type: none"> ○ Toilet timing and tracking ○ Regular access to, and encouragement to drink water ○ Agreed sign between pupil/adult ○ Toilet allocation and footstool ○ Discrete access to provision from home |

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| | | | | <ul style="list-style-type: none"> ○ Regular home/school liaison ✓ Co-ordinated home/school approach through targeted support from external agencies |
| 2/3 | <p>Medical Needs leader</p> <p>Class teacher</p> <p>Class teacher/ELSA</p> | Long term health needs | <ul style="list-style-type: none"> ➤ Supporting Medical Needs Plan in place and agreed with: <ul style="list-style-type: none"> ○ Parents ○ Teacher ○ Year Lead ○ Teaching Assistants ➤ Adaptations agreed and implemented including: <ul style="list-style-type: none"> ○ Classroom adaptations ○ Curriculum adaptations ○ Timetable adaptation ○ Play time adaptation ○ Additional learning support and intervention ○ Home schooling ➤ Emotional well-being support including: <ul style="list-style-type: none"> ○ Whole class understanding and education on medical condition with agreement from pupil and parent ○ ELSA provision ○ Pre-identification of support available during critical times, including friendship support ➤ Multi-agency meeting with relevant health professionals including regular review with parent ➤ Admin Team and class teacher to monitor for evidence of fabricated illness and refer to DSL if required | <ul style="list-style-type: none"> ✓ Medical Needs Plan in place and implemented ✓ Adaptations in place ✓ Emotional well-being protected ✓ Multiagency involvement |
| 2/3 | Class teacher/ SENDco/ Headteacher | Chronic anxiety | <ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ Impact of Level 1 and 2 intervention ○ How behaviour displays and home and school ○ Potential causes and impact ○ Next level intervention | <ul style="list-style-type: none"> ✓ Continued implementation of Level 1 and 2 strategies and interventions |

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| | | | <ul style="list-style-type: none"> ➤ Referral to [dependent on need]: <ul style="list-style-type: none"> ○ Educational Psychology ○ PBS ○ Early Help Hub ○ CAMHS: https://hampshirecamhs.nhs.uk/ 0300 304 0050 (for advice prior to referring) ➤ Continuation of Level 1/2 interventions ➤ Priority referral for ELSA | <ul style="list-style-type: none"> ✓ Early Help referral and assessment ✓ Team Around the Family/Child support including: <ul style="list-style-type: none"> ○ Precise identification of need and intervention ○ Targets and actions for intervention with agreed outcomes ○ Regular review ✓ Person centred planning involving: <ul style="list-style-type: none"> ○ Educational Psychologist ○ Class teacher ○ Parent ○ Child ✓ Safeguarded ELSA provision |
| 2/3 | Class teacher/ SENDco/ Headteacher | Persistent low self-esteem/resilience | <ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ Impact of Level 1 and 2 intervention ○ Potential causes and impact ○ Next level intervention ➤ Referral to [dependent on need]: <ul style="list-style-type: none"> ○ Educational Psychology ○ Early Help Hub [level 3] ➤ Continuation of Level 1/2 interventions ➤ Priority referral for ELSA | <ul style="list-style-type: none"> ✓ Continued implementation of Level 1 and 2 strategies and interventions ✓ Early Help referral and assessment ✓ Team Around the Family/Child support including: <ul style="list-style-type: none"> ○ Precise identification of |

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| | | | | <ul style="list-style-type: none"> need and intervention ○ Targets and actions for intervention with agreed outcomes ○ Regular review ✓ Person centred planning involving: <ul style="list-style-type: none"> ○ Educational Psychologist ○ Class teacher ○ Parent ○ Child ✓ Safeguarded ELSA provision |
| 3 | Class teacher/ SENDco/ Headteacher | Continued/Chronic behaviour disorder Tier 3 on behaviour policy | <ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ Impact of Tier 2 intervention ○ Potential causes and impact ○ Next level intervention ○ Individual Behaviour Plan ➤ Referral to [dependent on need]: <ul style="list-style-type: none"> ○ PBS ○ Educational Psychologist ○ CAMHS ○ Early Help ➤ Meeting with SENDco to: <ul style="list-style-type: none"> ○ IBP with (at least) half termly review meeting with parents ○ complete Behaviour Risk Assessment ➤ Circle of Adults meeting to understand the communicative function and agree strategies and next steps ➤ Parent/pupil meeting to agree: <ul style="list-style-type: none"> ○ core expectations including negotiables and non-negotiables ○ home/school liaison ○ rewards and sanctions | <ul style="list-style-type: none"> ✓ Shared understanding of: <ul style="list-style-type: none"> ○ the communicative function of the behaviour ○ proactive and reactive strategies ✓ Regular review meetings: <ul style="list-style-type: none"> ○ Teacher/child: daily- weekly ○ Teacher/child/parent at least every half term ○ Teacher/parent/SENDco : 6 weekly |

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| | | | <ul style="list-style-type: none"> ○ curriculum and timetable adaptations ➤ Continuation of Tier 1, 2 and 3 interventions with changes to ensure continued improvement | <ul style="list-style-type: none"> ✓ Continued implementation of Tier 1,2 and 3 ✓ Outreach/inreach from PBS ✓ Early Help referral and assessment ✓ Team around the Family/Child support including: <ul style="list-style-type: none"> ○ Precise identification of need and intervention ○ Targets and actions for intervention with agreed outcomes ○ Regular review ✓ Person centred planning involving: <ul style="list-style-type: none"> ○ Educational Psychologist ○ PBS ○ Class teacher ○ Parent ○ Child |
| 3/4 | DSL | Eating disorder Significant under/over weight | <ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ Impact of Level 1 and 2 intervention ○ Next level intervention ➤ Multiagency meeting to review outcomes and agree targeted support ➤ Referral to Early Help for assessment ➤ Referral to Children's Services [dependent on level of parental engagement/persistence/severity] | <ul style="list-style-type: none"> ✓ Targeted support plan in place with regular review ✓ Early Help assessment with Team around the Family support |

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| | | | | <ul style="list-style-type: none"> ✓ Child in Need or Child Protection Plan in place |
| | DSL | Health needs not being met | <ul style="list-style-type: none"> ➤ Multi agency meeting with parents to discuss impact of early intervention and agree: <ul style="list-style-type: none"> ○ Early Help referral and assessment ○ Referral to Children’s Services ➤ Continuation with Level 1 - 2 intervention | <ul style="list-style-type: none"> ✓ Referral to Early Help ✓ Referral to Children’s Services ✓ Co-ordinated multi-agency support through: |
| 4 | DSL | Fabricated illness | <ul style="list-style-type: none"> ➤ Meeting with parents to discuss: <ul style="list-style-type: none"> ○ Reasons for concern ○ Referral to Children’s Services for Early Help or protection plan | <ul style="list-style-type: none"> ✓ Referral to Children’s Services ✓ Co-ordinated multi-agency support through: <ul style="list-style-type: none"> ○ Early Help ○ IARF |
| 4 | DSL | Emotional abuse and/or neglect | <ul style="list-style-type: none"> ➤ Immediate referral to Children’s Services where there is evidence of: <ul style="list-style-type: none"> ○ Long term impact on pupil emotional well-being ○ Evidence of emotional abuse ○ Evidence of neglect ➤ Immediate ELSA provision ➤ Nurture provision ➤ Immediate class level support including: <ul style="list-style-type: none"> ○ Key adult support ○ Respite group ○ Regular check-in | <ul style="list-style-type: none"> ✓ Co-ordinated response and support for family and pupil through: <ul style="list-style-type: none"> ○ Child Protection Plan ○ Core Group Meetings |
| 4 | DSL | Physical abuse and/or neglect | <ul style="list-style-type: none"> ➤ Immediate medical referral if required ➤ Immediate police contact if required ➤ Immediate referral to Children’s Services where there is evidence of: <ul style="list-style-type: none"> ○ Significant impact on pupil physical and mental health and well-being ○ Long term neglect of pupil’s physical and health needs ○ Evidence of physical harm or abuse ○ Immediate ELSA provision ○ Evidence of sustained neglect | <ul style="list-style-type: none"> ✓ Co-ordinated response and support for family and pupil through: <ul style="list-style-type: none"> ○ Child Protection Plan ○ Core Group Meetings |

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| | | | <ul style="list-style-type: none"> ➤ Immediate ELSA provision ➤ Nurture provision ➤ Immediate class level support including: <ul style="list-style-type: none"> ○ Key adult support ○ Respite group ➤ Regular check-in | |
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| Family and Environment | | | | |
|------------------------|--------------------|------------------|--|---|
| Level | Responsibility | Trigger | Intervention | Outcomes |
| 1 | Class teacher/ELSA | Terminal illness | <ul style="list-style-type: none"> ➤ Meeting with parent to discuss situation and potential impact. Consider: <ul style="list-style-type: none"> ○ Impact on attendance/lateness ○ Emotional impact ○ Need for family support ○ Need for ELSA ➤ Provision of emotional support for pupil: | <ul style="list-style-type: none"> ✓ Support plan agreed and actioned that addresses: <ul style="list-style-type: none"> ○ Emotional well-being ○ Academic achievement ○ Unintentional neglect ✓ Support plan in place for family that includes: <ul style="list-style-type: none"> ○ Understanding and empathy |

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| | Class teacher/Admin team/ELSA | | <ul style="list-style-type: none"> ○ Allocate key adult to build trusting and supportive relationship ○ Regular check-ins ○ Respite opportunities eg small group games/activities ○ ELSA ➤ Educational support for pupil: <ul style="list-style-type: none"> ○ Reduced expectation for home learning ○ In school support for home learning/projects ○ Higher level of adult support/intervention ➤ Family support including: <ul style="list-style-type: none"> ○ Administration support ○ Verbal/face to face communication for reminders/give information ○ Regular check-ins ○ Face to face meeting with ELSA to discuss support for pupil and access to wider support and resources [charities/books etc] | <ul style="list-style-type: none"> ○ In school support ○ External support |
| 1 | Class teacher/ELSA | Bereavement | <ul style="list-style-type: none"> ➤ Supportive meeting with parent/relative to listen and offer support and reduce school demands eg limited expectation for home learning ➤ Teacher awareness that the following may be affected: <ul style="list-style-type: none"> ○ Attendance/lateness ○ Emotional wellbeing ○ Mental and physical health ○ Parental engagement ➤ Provision of emotional support for pupil: <ul style="list-style-type: none"> ○ Allocate key adult to build trusting and supportive relationship ○ Regular check-ins | <ul style="list-style-type: none"> ✓ Support plan agreed and actioned that addresses: <ul style="list-style-type: none"> ○ Emotional well-being ○ Mental and physical health ○ Academic achievement ○ Unintentional neglect ✓ Support plan in place for family that includes: <ul style="list-style-type: none"> ○ Understanding and empathy ○ In school support ○ External support |

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| | Class teacher/Admin Team/ELSA | | <ul style="list-style-type: none"> ○ Respite opportunities eg small group games/activities ○ ELSA ➤ Educational support for pupil: <ul style="list-style-type: none"> ○ Reduced cognitive demand in all areas ○ Reduced expectation for home learning ○ In school support for home learning/projects ○ Higher level of adult support/intervention ➤ Family support including: <ul style="list-style-type: none"> ○ Administration support ○ Verbal/face to face communication for reminders/give information ○ Regular check-ins ○ Face to face meeting with ELSA to discuss support for pupil and access to wider support and resources [charities/books etc] | |
| 1 | Admin Team Admin Team Class teacher | Unemployment/low income | <ul style="list-style-type: none"> ➤ Admin Officer to meet with family to discuss: <ul style="list-style-type: none"> ○ Application for Pupil Premium Grant ○ Financial support for family: <ul style="list-style-type: none"> ▪ Free school meals ▪ Uniform support ▪ Access to after school club ➤ Admin leader to ensure all office staff/class teacher is aware of family position to ensure: <ul style="list-style-type: none"> ○ Sensitivity ○ Pre-emption of potential issues ○ All financial transactions/conversations are verbal/face-to-face ➤ Class teacher to monitor for impact including: <ul style="list-style-type: none"> ○ Hunger/lack of breakfast or adequate lunch | <ul style="list-style-type: none"> ✓ Co-ordinated and shared understanding of family position leading to: <ul style="list-style-type: none"> ○ Administrations support ○ Financial support ○ Well-being support ✓ Impact on child welfare understood and addressed through: <ul style="list-style-type: none"> ○ Supported conversations – Admin and teacher |

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| | Class teacher | | <ul style="list-style-type: none"> ○ Lack of adequate/clean uniform [including PE] ○ Uncleanliness ○ Evidence of wider neglect ➤ Class teacher to arrange meeting with parents to discuss any of the issues above and agree: <ul style="list-style-type: none"> ○ Emotional impact on child ○ Physical and health impact on child ○ Social impact on child ○ Home/school support ○ Provision of in-school PE/sports uniform ○ Access to Breakfast Club/free fruit | |
| 1 | Class teacher | Separation/divorce | <ul style="list-style-type: none"> ➤ Meeting with both parents to discuss situation and potential impact. Consider: <ul style="list-style-type: none"> ○ Access arrangements and agree that any changes are communicated to school ○ Emotional impact on child ○ Any need for family support ○ Potential need for ELSA ○ Implication on home/school relations and expectations in communication and attendance at parent meetings ➤ Provision of emotional support for pupil: <ul style="list-style-type: none"> ○ Allocate key adult to build trusting and supportive relationship ○ Regular check-ins ○ Respite opportunities eg small group games/activities ○ Advice from ELSA including provision of resources ○ Individual ELSA if necessary ➤ Educational support for pupil: <ul style="list-style-type: none"> ○ Short term in school support for home learning/projects if required ○ Increased level of check-ins | <ul style="list-style-type: none"> ✓ Support plan agreed and actioned that addresses: <ul style="list-style-type: none"> ○ Emotional well-being including potential abuse ○ Academic achievement ○ Unintentional neglect ➤ Support plan in place for family that includes: <ul style="list-style-type: none"> ○ Understanding and empathy ○ In school support ○ External support ➤ Agreed protocol for home/school expectations including: <ul style="list-style-type: none"> ○ First point of contact ○ Duplication of educational documents ○ Attendance at events, including parent consultations ○ Access to relevant Court Orders ○ Change of circumstance communication ○ Non-bias |

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| | Admin team/class teacher | | <ul style="list-style-type: none"> ➤ Family support including: <ul style="list-style-type: none"> ○ Sign posting to additional support ○ Clear understanding of school position and expectations ○ Agreed first point of contact ○ Duplication of relevant information: <ul style="list-style-type: none"> ▪ Newsletters ▪ Reports ▪ Educational documents ▪ Attendance ▪ Personal Support Plans ▪ ELSA/Nurture provision | |
| 1 | DSL/DDSL | Housing | <ul style="list-style-type: none"> ➤ DSL/DDSL to meet with parents to discuss any housing needs that could have a detrimental impact on child welfare. Parent to be signposted to relevant support. If wider issues: <ul style="list-style-type: none"> ○ Referral to Early Help | ✓ Agreed plan in place to reduce impact of poor or inadequate housing on welfare of child |
| 1 | Admin team Class teacher | Physical/mental disability | <ul style="list-style-type: none"> ➤ Admin Officer to meet with parent and agree adaptations: <ul style="list-style-type: none"> ○ Access to disability parking ○ Support to reduce mental anxiety ○ Safe access and exit routes ○ Fire evacuation arrangements ➤ Class teacher to understand and consider: <ul style="list-style-type: none"> ○ Adaptations needed for class visits/events with parental attendance eg Sports Day/crowding ○ Potential impact on pupil welfare and well-being ○ ELSA advise/individual support ➤ Class teacher to monitor pupil for potential impact including: | <ul style="list-style-type: none"> ✓ Admin team are aware of parents with physical/mental disability and have an agreed support package in place including: <ul style="list-style-type: none"> ○ Adaptations of practice ○ Adaptations to routines and physical environment ○ Implications for Health and Safety requirements including Fire Safety ✓ Class teacher is aware of parents with physical and mental disability and has an agreed support plan in place including: <ul style="list-style-type: none"> ○ Adaptations for class/school events ○ Support for pupil |

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| | | | <ul style="list-style-type: none"> ○ Being a young carer ○ Intended/unintentional physical and emotional neglect/abuse | |
| 3 | DSL/DDSL's Class teacher | Domestic abuse/violence | <ul style="list-style-type: none"> ➤ DSL/DDSL to meet with parent to: <ul style="list-style-type: none"> ○ Understand impact on parent ○ Understand impact on child ○ Signpost parent to support ○ Referral to Children's Services ➤ Class teacher to understand effect on pupil's emotional and mental health and therefore: <ul style="list-style-type: none"> ○ Access advice from ELSA ○ Provide opportunities for respite through social games/activities with teacher/friends ○ Have regular well-being check-ins ○ Monitor for high level impact for referral to ELSA and DSL | <ul style="list-style-type: none"> ✓ Support plan in place (with MASH) <ul style="list-style-type: none"> ○ Parent ○ Pupil ✓ Class teacher vigilant to potential signs of impact including: <ul style="list-style-type: none"> ○ Neglect ○ Emotional abuse ○ Physical abuse ○ Being a Young Carer |
| | DSL/DDSL | Drug/alcohol misuse | <ul style="list-style-type: none"> ➤ Headteacher/ DSL to meet with parent to: <ul style="list-style-type: none"> ○ Understand impact on parent ○ Understand impact on child ○ Referral to Children's Services ➤ Class teacher to understand effect on pupil's mental and physical health and therefore: <ul style="list-style-type: none"> ○ Access advice from ELSA ○ Provide opportunities for respite through social games/activities with teacher/friends ○ Have regular well-being check-ins ○ Monitor for evidence of neglect and/or physical/emotional abuse and report to DSL ○ Monitor for high level impact for referral to ELSA and DSL | <ul style="list-style-type: none"> ✓ Support plan in place for: <ul style="list-style-type: none"> ○ Parent ○ Pupil ✓ Class teacher vigilant to potential signs of impact including: <ul style="list-style-type: none"> ○ Neglect ○ Emotional abuse ○ Physical abuse ○ Being a Young Carer |
| 4 | DSL/DDSL | All circumstances | <ul style="list-style-type: none"> ➤ Immediate referral to Children's Services where there is: | <ul style="list-style-type: none"> ✓ Co-ordinated response and support for family and pupil through: |

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| | | | <ul style="list-style-type: none"> ○ Significant impact on pupil physical and mental health and well-being ○ Long term neglect of pupil's emotional, physical and health needs ○ Parent's mental health needs impacting on pupil's needs being met ○ Evidence of physical harm or abuse ➤ Immediate ELSA provision ➤ Nurture provision ➤ Immediate class level support including: <ul style="list-style-type: none"> ○ Key adult support ○ Respite group ➤ Regular check-in | <ul style="list-style-type: none"> ○ Child in Need Plan ○ Child Protection Plan ○ Core Group Meetings |
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Children with possible vulnerabilities

Please list any vulnerable children in your class and what you are doing to help them, using the above guidance. Then keep this updated regularly. Add to your safeguarding file.

Name

Reason

What you are doing to help?

Next Steps