Three Schools' Safeguarding & Child Protection Policy

INCLUDING EYFS

Implementation Date	
Date/term of last review	June 2019
Author	Designated Safeguarding Lead, Bedales
Review body (individual or group)	3SST
Approval Body	The Governors and the Heads
ISI Regulatory Paragraph Number	7 and 8
Next Review Period	Summer 2020

Tick which category this document refers to:

ISI requirement to be made available	
ISI requirement to be on website	✓
For Inspection Use	✓
Website	
Internal only	

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Introduction

This document is one of two which aim to help us safeguard the pupils at Bedales schools. The other document is the Staff Code of Professional Conduct. Both are statutory requirements.

The aims of this policy are to:

- 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.

The Safeguarding aspect of this policy sets out and explains the numerous issues relating to safeguarding and outlines procedures in place to do all we can to protect pupils from them and to act when concerns emerge. Within KCSIE (2018) there are a number of safeguarding areas directly or implied within the text. These areas have been separated into issues that are emerging or high risk issues (part 1); those related to the pupils as an individual (part 2); other safeguarding issues affecting pupils (part 3) and those relating to the running of schools (part 4). These are dealt with in this policy.

The terms 'must' and 'should' are used throughout this policy and reflect the meanings set out in KCSIE (2018): "must" is when the person in question is legally required to do something and "should" when the advice set out should be followed unless there is good reason not to.

- Within the safeguarding aspect of this policy are references to 'early help'. Early help is help which a school may request of social care, together with the family and any children. It is voluntary and is used when the school's normal pastoral care does not appear to be sufficient. In particular, it may be needed for a child who has the following needs (there is more detail about each one in this policy):is disabled and has specific additional needs;

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

The Child Protection aspect of the policy relates to a particular aspect of safeguarding, namely how we respond to young people who have been significantly harmed or may be at risk of significant harm. The purpose of this section is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care. It sets out the responsibilities of staff, what action to take in the event of a disclosure or an allegation about a member of staff or another pupil. It also defines abuse and provides useful information about sexual

behaviour of children. The staff code of conduct is the second document and is available on request. Its aim is to provide clear guidance about behaviour and actions so as not to place pupils or staff at risk of harm or of allegations of harm to a pupil. It also sets out the professional conduct expected of staff at the school.

A list of key safeguarding contacts are in appendix 13 of this policy.

Principles and Values

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to. We maintain an attitude of "it could happen here" where safeguarding is concerned.

Safeguarding determines the actions that we take to keep children safe and protect them from harm in all aspects of their school life. At Bedales Schools we are committed to safeguarding and promoting the welfare of all of 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. We have a culture of safety, equality and protection. As such, this overarching policy links to other policies which will provide more information.

Children have a right to feel secure and cannot learn effectively unless they do so. All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.

All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.

All pupils in our schools are able to talk to any member of staff to share concerns or talk about situations which are giving them worries. The staff will listen to the pupil, take their worries seriously and share the information with the safeguarding lead of the relevant school. In addition, we provide pupils with information of who they can talk to outside of school both within the community and with local or national organisations who can provide support or help.

We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
Whilst the school will work openly with parents as far as possible, the school reserves the right to contact children's social care or the police without notifying parents if this is in the child's best interests.

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

Some areas of safeguarding, such as Health and Safety, are a specialist area of safeguarding. Eileen Voller is the lead for this area for Bedales Schools.

The three Schools review this policy at least annually in line with Department for Education, Hampshire Safeguarding Children's Board, Hampshire County Council and any other relevant guidance. Interim updates are available on the HSCB website.[i]

The policy has particular regard to:

The DfE guidance to which schools must have regard is:

Keeping Children Safe in Education (September 2018) (KCSIE)

• *KCSIE* incorporates the additional statutory guidance, Disqualification under the Childcare Act 2006 (September 2018)

• *KCSIE* also refers to the non-statutory advice for practitioners: What to do if you're worried a child is being abused (March 2015)

• Working Together to Safeguard Children (September 2018) (WT)

• *WT* refers to the non-statutory but important advice: Information sharing (2018)

• *Prevent Duty Guidance: for England and Wales* (July 2015) (*Prevent*). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf

Prevent is supplemented by non-statutory advice and a briefing note:

The Prevent duty: Departmental advice for schools and childminders (June 2015)

The use of social media for on-line radicalisation (July 2015)

Leadership and management

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this school any individual can contact any member of the Designated Safeguarding Lead team if they have concerns about a young person. They are also encouraged to adhere to the whistleblowing policy, which includes contact details for the NSPCC whistleblowing line, or to contact children's services or the police directly if they are concerned about the DSL, DDSL or head's response to a concern about a child.

The **DSL** is Louise Wilson and the **deputy DSLs** are Ed Mason (Bedales), Aaron Gardner (Dunhurst) and Sharon Rose (Dunannie)**.** There is a nominated governor who takes leadership responsibility for safeguarding, Avril Hardie. Contact details are in appendix 13.

As an employer we comply with the "Disqualification under the childcare act 2006" guidance issued in February 2015.

Training

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. They must also recognise when a child may be in need of 'early help' or at immediate risk of harm and be familiar with specific safeguarding issues.

There is a comprehensive and tailored training programme which includes online training and assessment for induction, as well as refresher training and for specialist work or safeguarding issues. Training occurs at least annually.

The DSL or their deputy provides all new staff with training and current staff with refresher training to enable them to both fulfil their role and also to understand the Safeguarding and Child Protection Policy, the Staff Code of Conduct, and part one of Keeping Children Safe in Education September 2018 and Annex A, Pupil Behaviour Policy and Missing Child Policy (relevant to the school(s) worked in), all of which must be read by all staff on arrival and at least annually. Training includes an introduction to the DSL and Deputy team. New staff also complete online child protection and safeguarding training, which includes online safety. 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.

Any update in national or local guidance is shared with all staff in briefings and a termly bulletin, There is also an intranet page with key advice and quick referral of child protection or cause for concerns for staff. The DSL and deputies are trained at least annually to the same level, allowing for specialist areas such as EYFS, and ensure that there are informal updates for all staff as required and at least annually. Staff meetings, termly bulletins, safeguarding intranet page and emails are the most common form of update.

Full details of the training programme, which is based on the role of the member of staff and include specialised training for music and sports/performing arts teachers, are available from the HR department.

The role of parents in safeguarding

Parents and guardians play the most important role in a child's welfare and the school will always contact a parent/guardian if there are welfare concerns unless: it is concerned that doing so may risk or cause immediate serious harm to the child (ie physical or sexual abuse) and/or the child does not give consent. In both these instances, the school may contact the Children's Services where the child lives to seek anonymous advice before making a referral to Children's Services and what communication, if any, can be made with parents.

Where the school is not concerned that there is a risk of immediate harm and the child gives consent, we will give parents full details of any concerns as soon as possible and inform parents what the next steps will be.

These will be either:
Inviting parents to be involved in an open conversation with their child, with the school in support, to work as a team to resolve any concerns. This may include a request for 'early help' to the local (either to the school or the home address if in the UK) early help hub team. This is not a safeguarding referral but a request made by parents, the school and, ideally, the child for support from a range of services, including social services, youth workers, GP, police etc. If an early help request is accepted by the local hub, the school would normally hear within two weeks and would be asked to attend a planning meeting. An appropriate person from the school (usually the house staff, tutor or member of the DSL team) will attend and help formulate a plan of support which will then be discussed with the family.

or, less often:
A referral to children's services (of the child's home address) by the school where the school believes the child may be at risk of or suffering from emotional, physical or sexual abuse or neglect (see page 53, appendix 7) or a combination of these by another child or adult. Or where it believes a child may be or is causing another child to suffer harm.

It is the school's statutory duty to make such a referral and complying with our statutory duty is an important part of our pastoral care of our pupils. In the case of a referral, the school would share information with parents and the child and seek to support the family through the process. When a referral is made by the school, Children's Services should contact the school and family within 24 hours. If this does not happen, the school and family can contact Children's Services to request an update and also to make a

complaint if information is not forthcoming. Experience of children's services is variable but families can generally expect good communication from them, explaining any actions that will be taken and good support too. Children's Services will only share information with the school if it feels it is necessary to safeguard a child. Once a referral is made, and unless social services have advised the school/parents not to be in contact with each other, parents should continue to communicate as normal with school and vice versa.

Each safeguarding concern is assessed and acted upon by DSL/DDSLs using decision-making criteria and in accordance with our statutory duties. If you have any concerns about our practices, please refer to page 10 for details of how to make a complaint. Useful contact details are on the last page of this document.

Part 1: Child Protection

Definitions and acronyms

'***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 adulthood. Our safeguarding practice applies to every child.

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

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

Child refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to pupils of our schools and we treat all pupils as children for the purposes of safeguarding although we engage with adult services where appropriate; however the policy will extend to visiting children and pupils from other establishments

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

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

4LSCBs	Four (Hampshire) Local Safeguarding Children's Boards
CEOP	Child Exploitation and Online Protection Command (part of the National Crime Agency)
CRT	Children's Reception Team (social services)
DBS	Disclosure and Barring Service
DfE	Department for Education
DSL	Designated Safeguarding Lead
DDSL	Deputy Designated Safeguarding Lead
EYFS	Early Years' Foundation Stage
FGM	Female Genital Mutilation
HSCB	Hampshire Safeguarding Children's Board
HCC	Hampshire County Council
INSET	In-service training
KCSIE	Keeping Children Safe In Education (2018)
(LA)DO	(Local Authority) Designated Officer
MASH	Multi agency Safeguarding Hub
TRA	Teaching Regulation Agency
WT	*Working Together to Safeguard Children (WT)* (March 2015)

Referral

Following any concerns raised by staff, the appropriate member of the DSL team will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached or they are not clear if the threshold is met, then the DSL will contact children's social care for advice or to make a referral. If the DSL is not available or there are immediate concerns, the staff member will refer directly to children's social care.

NB In cases of known FGM there is a mandatory requirement for staff to report directly to the police.

Concerns regarding Bedales' Schools child protection policy or practices

Any concerns regarding the Schools' child protection policy or practices should be referred to the Headmaster, Bedales Schools, in the first instance, or the relevant Head if he is not available. If concerns remain, the School's Complaints Policy should be followed. Parents may also wish to contact the LADO to check that appropriate statutory procedures have been adhered to.

The Independent Schools' Inspectorate's Safeguarding & Prevent Officer is available as a point of contact for parents, teachers and pupils to express any concerns in relation to schools and colleges. Such contact may be made via phone or email. Concerns and complaints generally include personal data, and this may include sensitive personal information, defined as 'special category data' under the General Data Protection Regulation (GDPR). Appropriate security measures are in place to ensure such information is only accessible by relevant individuals.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk

Concerns regarding non-recent child protection issues at Bedales

Allegations of non-recent abuse and allegations against former members of staff or children should be referred to the police immediately.

If a member of staff is notified of an allegation of non-recent abuse, they are required to notify the police immediately.

Confidentiality

We maintain that all matters relating to child protection are to be treated as confidential and only shared in accordance with the 'working together' guidance. Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'. Within the school, this will normally mean the Head, DSL and relevant DDSL(s), the relevant member of the pastoral team. All staff are aware that they cannot promise a child to keep a disclosure confidential.

Promoting awareness about safeguarding amongst pupils

Our curriculum and pastoral systems are designed to foster the spiritual, moral, social and cultural development of all our pupils. All our teaching staff play a vital role in this process, helping to ensure that all of our pupils relate well to one another and feel safe and comfortable within the school. We expect all staff to lead by example, and to play a full part in promoting an awareness that is appropriate to their age amongst all our pupils on issues relating to safeguarding. All the staff, including all non-teaching staff, have an important role in insisting that our pupils always adhere to the standards of behaviour set out in our behaviour policy and in enforcing our anti-bullying policy. Boarding house staff have a particularly important role to play.

Time is allocated in assemblies, PSHE (Personal, Social and Health Education) which is called well-being at Bedales schools, Jaw (assembly) and pastoral time to discussions of what constitutes appropriate behaviour and why bullying and lack of respect for others is never right. Assemblies, Jaw and PSHE are used to promote tolerance and mutual respect and understanding. We use appropriate opportunities to teach about the unacceptability of bullying and abusive behaviour and to promote appropriate relationships with staff. All of this is done in order to help ensure pupils are safe and know what to do if they are concerned.

Our PSHE programme aims to teach pupils to use the internet and electronic equipment safely, inside and outside of school. They are alerted to the dangers posed by adults and young people in person and online; to bully, groom, abuse or radicalise others.

Informal interactions between staff and pupils are important ways to educate our young people about how to keep themselves and others safe and what to do if they have concerns.

Visiting speakers are supervised by staff and are selected carefully to ensure that they promote tolerance and do not promote extremism.

Pupils have access to matrons or the Health Centre, with nurses and doctors, a counsellor and an independent listener (in the case of boarders) for confidential advice and support. Details of these services are promoted around the school.

Our ICT Acceptable Use Policies for pupils and those working at the school set out its expectations of behaviour in relation to use of the internet and ICT and the way in which the school seeks to protect pupils from the negative aspects of ICT and build resilience amongst pupils so that they can protect themselves and others.

The IT department monitors the internet use of all those using the school network. Any concerns around the use of ICT by staff or pupils are reported to the DSL. Concerns about pupils are reported by house staff to parents so that they can work in partnership with the pupil(s). Police are involved as appropriate. Filters are in place to safeguard children from accessing inappropriate material, including that relating to terrorism and other illegal activities, such as pornography and violence.

At Dunannie, the statutory requirement for Early Years providers to promote 'Fundamental British Values' is adhered to by ensuring good practice as outlined in EYFS guidelines. We teach children about:

- Right from wrong
- Taking turns and sharing
- Challenging negative attitudes and stereotypes
- Mutual respect and tolerance of different religions and beliefs.

Further guidance is given by 4Children Early Years Team.[1]

Dealing with allegations against staff

Allegations against staff should be reported immediately to the Head of the relevant school and within 24 hours. Heads of Dunannie and Dunhurst will immediately inform the Headmaster of Bedales Schools and will also ensure that the LADO is contacted before any investigation is initiated, which will be in accordance with LADO advice.

[1] http://www.foundationyears.org.uk/files/2015/03/Fundamental_British_Values.pdf

The school keeps a record of all contact with the DO. It provides a record for inspection purposes and employees can be identified on the record. Once records have been inspected, names are redacted and replaced with a unique identifying number.

If you believe the head of Dunannie or Dunhurst has or may have harmed a child, inform the headmaster of Bedales immediately. Do not investigate and do not tell anyone-else.

If the allegation is against the headmaster of Bedales, the person receiving the allegation will contact Chair of Governors directly, who will contact the LADO immediately (and within 24 hours) and before any investigation. If the allegation is about a governor, the LADO should be contacted immediately and before any investigation takes place in accordance with LADO advice.

Referrals to the TRA and DBS

The school adheres to local guidance, which is based on national guidance, and works with the LADO whenever there is an allegation against a member of staff.

If an allegation is substantiated and the person is dismissed or the employer ceases to use the person's service or the person resigns or otherwise ceases to provide his/her services, the LADO should discuss with the employer whether a referral should be made to the Disclosure and Barring Service (DBS).

If a referral is to be made; it will be submitted within one month of the allegation being substantiated.

If the person being referred to the DBS is a teacher in England they will also be referred to the TRA.

Dealing with allegations against pupils

If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, the 'dealing with allegations against pupils' guidance will be followed (Appendix 5)

Roles and responsibilities within Bedales schools

Staff responsibilities

All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Never rely on someone-else to pass on a safeguarding concern about a child to the DSL; they must do this themselves on the same day they have the concern
- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that any adult in the school can be approached if they are worried about any problems.
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of "it could happen here" with regards to safeguarding.
- Be alert to signs of children at risk of radicalisation and other forms of risk associated with extremism.
- Record their concerns if they are worried that a child is being abused and report these to the DSL as soon as practical that day.

- If the disclosure is an allegation against a member of staff they will follow the allegations' procedures (Appendix 5).
- Follow the procedures set out by the HSCB and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to "keep a secret".
- Notify DSL of any child on a child protection plan who has unexplained absence.
- In the context of early help, staff will notify the DSL of any concerns about their child(ren), and provide them with, or signpost them to, opportunities to change the situation.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the designated safeguarding lead (DSL) and deputy DSL are and know how to contact them.

How staff can help keep children safe and avoid putting themselves at risk of accusations of inappropriate behaviour

They must:

- adhere to the staff code of professional conduct
- contribute to inter-agency working in line with guidance (WT2015)
- provide a co-ordinated offer of early help when additional needs of children are identified
- working with children's social care, support their assessment and planning processes including the schools attendance at conference and core group meetings
- carry out tasks delegated by the governing body such as training of staff; safer recruitment; maintaining a single central register
- provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school
- treat any information shared by staff or pupils with respect and follow procedures
- ensure that allegations or concerns against staff are dealt with in accordance with guidance from department for education (DfE), Hampshire safeguarding children board (HSCB) and Hampshire county council (HCC) (see appendix 4)

Governing body responsibilities

The Governing body has the responsibility of ensuring that:

- The school has safeguarding policies & procedures which seek to be effective, including a child protection policy and a staff code of conduct policy
- staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children;
- there is an environment where staff feel supported in their safeguarding role and able to raise concerns;
- 'practitioners' (such as those who work directly with children) have regular reviews of their own practice so that they have knowledge, skills and experience which improve over time.
- HSCB is informed annually about the discharge of duties via the safeguarding audit
- Recruitment, selection and induction follows safer recruitment practice.
- Allegations against staff are reported to the head of the relevant school in the first instance, who will then inform the headmaster Bedales Schools and call LADO before any investigation.
- A member of the senior staff team is the designated safeguarding lead (DSL) and have this recorded in their job description
- Staff have been trained appropriately and this is updated in line with guidance
- Any safeguarding deficiencies or weaknesses are remedied without delay
- They have identified a nominated governor (Chair of Governors) for allegations against the Head

DSL responsibilities

(please read in conjunction with DSL role description in KCSIE (2018) and the school's safeguarding training plan)

As well as adhering to the responsibilities of all staff listed above, the DSL's role includes:

- Being the person most likely to have the full safeguarding picture and, therefore, the most appropriate person to advise on the response to safeguarding concerns
- Assist the governing body in fulfilling their responsibilities under section 175 or 157 of the Education Act 2002
- Attend initial training for the role and refresh this at least every year. By attending the initial refresher training and then demonstrating evidence of continuing professional development thereafter
- Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL
- Ensure that whole school training occurs annually so that staff and volunteers can fulfil their responsibilities
- Ensure any members of staff joining the school outside of this training schedule receive induction post appointment
- Keep written records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk
- Ensure that copies of safeguarding records are transferred securely and with confirmation of receipt (separate from pupil files) when a child transfers school
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and securely, with confirmation of receipt, and that the child's social worker is informed. The DSL should consider sharing information in advance of transferring the child protection file if that may be in the child's interests, including with the SENCO.
- Link with the HSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding
- Contact the LADO on any matter that the DSL considers cannot be dealt with properly internally
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse

Safeguarding Committee

The Safeguarding Committee meets twice a year. Its purpose is to ensure that those in key positions of responsibility prioritise safeguarding by:

- reviewing and updating practices and policies
- run through scenarios and test cases
- planning for improvements
- sharing national changes that impact on safeguarding
- being well-informed and have a good understanding of safeguarding and therefore able to ensure those they line manage are too
- being directly accountable to Governors for their practices in relation to safeguarding
-
- Its' members are: Bursar (data protection), DDSLs (Bedales, Dunhurst, Dunannie), Head of Boarding, Head of IT – (IT practices such as AUP, filtering, monitoring), Health Centre nurse (information-sharing, referrals and use of health centre by outside practitioners), H+S (particularly in boarding houses and site security), HR (recruitment), DSL (chair), Safeguarding lead governor

Bedales Schools child protection procedures

Overview

The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility.
The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being abused.

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

If a member of staff suspects abuse or they have a disclosure of abuse **made to them they must:**

1) Make an initial record of the information
2) Report it to the relevant (D)DSL immediately
3) The (D)DSL will consider if there is a requirement for immediate medical or police intervention, however urgent attention should not be delayed if members of the DSL team or head are not immediately available (see point 8 below.
4) Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened via the online recording system, CPOMS on the intranet here. The report should include details of:

- Dates and times of their observations
- Dates and times of any discussions they were involved in.
- Any injuries
- Explanations given by the child / adult
- What action was taken
- Any actual words or phrases used by the child

The records must be signed and dated by the author.

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

1) Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to children's social care
2) Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to children's social care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.
3) If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the (D)DSL must contact children's social care via the children's reception team (CRT) on 01329 225379 and make a clear statement of:

- the known facts
- any suspicions or allegations
- whether or not there has been any contact with the child's family

If the (D)DSL feels unsure about whether a referral is necessary they can phone children's reception team (CRT) to discuss concerns.

1) If there is not a risk of significant harm, then the (D) DSL will either actively monitor the situation, working as a team with appropriate colleagues and parents, or consider the early help process, liaising with social care and other agencies.
2) The (D)DSL must confirm any referrals in writing to children's social care, within 24 hours, including the actions that have been taken. The written referral should be made using the inter-agency referral form (IRAF) which will provide children's social care with the supplementary information required about the child and family's circumstances[2].)
3) If a child is in immediate danger and urgent protective action is required and/or it is believed the child may be at risk of, or has experienced, FGM, the police should be called. The (D)DSL should also notify children's social care of the occurrence and what action has been taken
4) Where there are doubts or reservations about involving the child's family, the (D)DSL should clarify with children's social care or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.
5) When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the relevant (D)DSL should take the child to the accident and emergency unit at the nearest hospital, having first notified children's social care. The (D)DSL should seek advice about what action children's social care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

EYFS and Dunannie

Phones, cameras and social media

- In Dunannie all staff mobile phones must be stored in a cupboard during teaching time. Staff only access their phones when children are not present.
- Phones may be taken on outings and visits for emergency contact but not for photographic use.
- Each class has its own camera that can be used by staff and children. Photos can only be downloaded onto the school system.
- Parental use of mobile phones, cameras and other technology must only be for personal use and must not be uploaded onto any social media.

Changing arrangements

At Dunannie children dress/ undress for P.E and after school activities in their classrooms or other areas such as the library. It is possible that parents and school visitors may be in school at these times and see children changing.
The children are well supervised at all times and care is taken to keep them from view as much as is reasonably possible without inhibiting the children in any way.

[2] https://hampshire.firmstep.com/default.aspx/RenderForm/?F.Name=Md_9d1aRLwN&HideAll=1

Part 2:High risk and emerging safeguarding issues

The following issues have been identified in KCSIE (2018) as high risk and emerging safeguarding issues for children nationally. The school is aware that some of our pupils experience some of these issues.

Preventing Radicalisation and Extremism[3]

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks will need to be considered for political; environmental; animal rights; or faith based extremism that may lead to a child becoming radicalised. All staff have informed of the signs that someone may be at risk at radicalisation or becoming so. Senior and house staff have undertaken e-learning in order that they can identify the signs of children being radicalised.
In line with the schools' ethos, pupils are encouraged to share their views openly and freely and to treat everyone in the community and beyond with respect, reflecting the liberal values on which the schools were founded. The PSHE (pastoral, social and health education) programme and Global Awareness are two opportunities for pupils to learn about and discuss issues facing the world and to take responsibility for making the world a better place.

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 relevant school(s) will attend and support this process.

The DfE helpline for non-emergency advice on extremism for staff and governors is 02073407264 (Mon-Fri 9am-6pm) counter.extremism@education.gov.uk

Gender based violence / Violence against women and girls[4]

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

Female Genital Mutilation (FGM)[5]

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.

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[3] *www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty*
http://4lscb.proceduresonline.com/chapters/p_child_subject_violent_extremism.html
http://www.hampshire.police.uk/internet/advice-and-information/safe4me/Safe4me+Prevent

[4] *https://www.gov.uk/government/policies/violence-against-women-and-girls*

[5] *www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information*
https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation
http://4lscb.proceduresonline.com/chapters/p_fem_gen_mut.html

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.

All staff should report any concerns regarding FGM to the DSL. On the 31 October 2015, it became mandatory for teachers to report known cases of FGM to the police. In these situations, the relevant school's DSL and/or head will be informed that the member of teaching staff has called the police to report suspicion that FGM has happened. **At no time will staff examine pupils to confirm this.**

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

Forced Marriage[6]

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

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

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

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

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www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf
http://4lscb.proceduresonline.com/chapters/p_forced_marriage.html

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

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

Honour Based Violence[7]

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.
It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture
- convert to a different faith from the family

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

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

If staff believe that a pupil is at risk from honour based violence the DSL will follow the usual safeguarding referral process, however, if it is clear that a crime has been committed or the pupil is at immediate risk the police will be contacted in the first place. It is important that if honour based violence is known or suspected that communities and family members are notspoken to prior to referral to the police or social care as this could increase risk to the child.

Peer on peer Abuse[8]

Peer on peer abuse can take several forms:

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[7] *http://www.hampshire.police.uk/internet/advice-and-information/abuse-against-the-person/honour-based-violence*
http://4lscb.proceduresonline.com/chapters/p_hon_based_vio.html

[8] *https://www.gov.uk/government/publications/this-is-abuse-summary-report*
http://www.hampshire.police.uk/internet/advice-and-information/safe4me/healthy-relationships
http://www.hampshire.police.uk/internet/advice-and-information/safe4me/healthy-relationships
https://www.gov.uk/government/publications/statutory-guidance-framework-controlling-or-coercive-behaviour-in-an-intimate-or-family-relationship

the different forms peer on peer abuse can take, such as:

• sexual violence and sexual harassment (please see guidance below);

• physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;

• sexting (also known as youth produced sexual imagery) (see separate section on Sexting and indecent images); and

• initiation/hazing type violence and rituals.

Research has shown that teenagers didn't understand what constituted abusive behaviours such as controlling behaviours, which could escalate to physical abuse, e.g. checking someone's phone, telling them what to wear, who they can/can't see or speak to and that this abuse was prevalent within teen relationships. Further research showed that teenagers didn't understand what consent meant within their relationships. They often held the common misconception that rape could only be committed by a stranger down a dark alley and didn't understand that it could happen within their own relationships.

This led to these abusive behaviours feeling 'normal' and therefore left unchallenged as they were not recognised as being abusive.
In response to this the three schools provide education, particularly through the PSHE programme and discussions with house staff, to help prevent teenagers from becoming victims and perpetrators of abusive relationships by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships.

As well as the guidance below, please refer to appendix five in this policy.

Sexual violence and sexual harassment

• Sexual violence and sexual harassment can be between two children, or a group of children.

• Both sexes may be affected, although girls are more likely to be victims of sexual violence, and boys are more likely to be perpetrators of sexual harassment.

• Children with SEND are likely to be more vulnerable.

• Sexual violence refers to rape, assault by penetration or sexual assault.

• Sexual harassment includes such things as sexual comments; sexual jokes; physical behaviour such as deliberately brushing against someone, or displaying photos of a sexual nature; and online activity including sharing of images or video (sexting) or making inappropriate sexual comments (Note - this list is not exhaustive).

• Harmful sexual behaviours in children are those which are inappropriate, problematic, abusive and violent.

• When considering harmful sexual behaviour, the ages and developmental stages of the children involved should be considered.

Responding to reports of sexual violence and sexual harassment

Reports of sexual violence are often complex and require difficult decisions to be made. Such decisions are made on a case-by-case basis, with the DSL taking a leading role and seeking advice from other agencies such as children's social care, other schools or the police.

Some situations are statutorily clear: a child under the age of 13 can never consent to sexual activity (the age of consent is 16); sexual intercourse without consent is rape (as defined in law); creating or sharing sexual images or videos of under 18s is illegal, including children making or sharing these themselves.

If a child has been harmed, or is in immediate danger, or at risk of harm, a referral will be made to Children's Social Care'.

- Staff may be expected to participate in any early help assessment, child protection enquiry, strategy discussion or other outcome following a referral.
- Where a crime may have been committed the police will be involved. In cases where there is a report of rape, assault by penetration or sexual assault this should be passed to the police.
- Online sexual violence or sexual harassment can be more complex, such as images shared at another school, or the victim being excluded offline as well as online.

The immediate response to a disclosure report

- In the event of a disclosure of sexual violence or harassment, the victim should be taken seriously and supported.
- A member of staff who receives a disclosure or a rumour or third hand account should not assume that someone else is dealing with the incident, and should discuss concerns with the DSL on the same working day, as with all other safeguarding concerns.
- Where an incident between two pupils takes place away from the school, the school's duties remain the same and we will work with other agencies and parents in the interests of the children.
- The school does all it reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment, including where an allegation is progressing through the criminal justice system, and considering the impact of social media.
- The school makes a risk assessment in cases of a report of sexual violence, considering the victim, alleged perpetrator and other children at the school.
- Risk assessments are kept under review. In cases of sexual violence, the school may work with external specialists to produce our risk assessment.
- The school considers carefully any report of sexual violence or harassment and acts in the best interests of the child.
- It is important that sexual violence and sexual harassment are shown to be unacceptable, and not passed off as 'banter' or 'part of growing up'.
- While the facts are being established, consideration is given as to how best to keep the alleged perpetrator and victim a reasonable distance apart, in the best interests of both children. This may include the perpetrator being removed from boarding, either temporarily or permanently.
- Schools should also consider carefully when to inform the alleged perpetrator, and this may be discussed with relevant agencies.

There are four likely routes to consider when managing a report of sexual violence or sexual harassment:

- **Managing internally:** in some cases of sexual harassment (such as one-off incidents) the school may manage the incident internally;
- **Early help:** this is particularly useful in addressing non-violent, harmful sexual behaviour and may prevent escalation;
- **Referrals to children's social care:** in cases where there has been harm, or there is an immediate risk, a referral is made to children's social care;

- **Reporting to the police:** in cases where rape, assault by penetration or sexual assault is reported. The school does not wait for the outcome of a police investigation before protecting the victim, perpetrator and other children in the school. The DSL works closely with the police to ensure that the school's actions do not jeopardise the police investigation. If a child is convicted or cautioned, the school would update the risk assessment and consider suitable action in accordance with our our behaviour policy.

The school seeks to ensure the victim and perpetrator remain protected, especially from bullying or harassment. Where no further action is taken, or a child found not guilty, the school continues to support the victim and perpetrator.

Ongoing response

- Support for the victim should consider their age, the nature of the allegations and the risk of further abuse.
- The needs and wishes of the victim should be paramount, and they should be able to continue their normal routine as far as possible.
- The school supports a victim for as long as is required.
- Where the victim or perpetrator moves to another school, the school makes the new establishment aware of any ongoing support needs.
- The school acts to ensure the victim is safeguarded, but still provide the perpetrator with an education and support as necessary.
- Support for the alleged perpetrator considers their age and the nature of the allegations. An alleged perpetrator may have unmet needs themselves.
- The school may sanction the alleged perpetrator, including while the police or social care investigation is ongoing, and we liaise with these bodies to assist in determining any sanctions.
- The school aims to be clear about when our actions are to support the victim or perpetrator, recognising that both are likely to need support, and when our actions are to discipline the perpetrator for their past conduct.

Working with parents and carers

- The school engages with the parents of both the victim and the perpetrator, carefully considering the information we provide and seeking specialist advice when appropriate.
- The school contacts the victim's parents with the victim present to discuss safeguarding arrangements and contacts the perpetrator's parents to discuss what arrangements are being put in place, such as moving them out of classes.
- Other children in the school may also need support, especially if they have witnessed sexual violence. Children may take 'sides' following an incident and the school does all we can to ensure neither victim nor perpetrator (or witnesses) are bullied or harassed.

The Toxic Trio

The term 'Toxic Trio' has been used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred.
They are viewed as indicators of increased risk of harm to children and young people. In a review of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present.

Domestic Abuse[9]

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

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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

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

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

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

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

- withdrawn
- suddenly behaves differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm

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[9] *http://www.hampshire.police.uk/internet/advice-and-information/safe4me/secondary-domestic-abuse*
http://4lscb.proceduresonline.com/pdfs/pr_sg_chi_dom_abuse.pdf
http://4lscb.proceduresonline.com/chapters/p_dom_viol.html
https://www.gov.uk/guidance/domestic-violence-and-abuse#domestic-abuse-and-young-people

- thoughts about suicide

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

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

Parental mental health[10]

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

For children the impact of parental mental health can include:

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

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

Parental Substance misuse[11]

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)

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[10] *https://www.gov.uk/government/publications/the-mental-health-strategy-for-england*
http://4lscb.proceduresonline.com/chapters/p_childatrisk_mhpar.html

[11] *http://4lscb.proceduresonline.com/chapters/p_chil_drug_mis_par.html*

- 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 relevant DSL for referral to be considered for children's social care.

Missing, Exploited and Trafficked Children (MET)[12]

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

Children Missing from Education[13]

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

DSLs and staff should consider:

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

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

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[12] http://4lscb.proceduresonline.com/chapters/p_missing_exploit_traff.html

[13] http://4lscb.proceduresonline.com/chapters/p_child_miss_edu.html
https://www.gov.uk/government/publications/school-attendance
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/395138/Children_missing_education_Statutory_guidance_for_local_authorities.pdf

- Is the child being sexually exploited during this day?
- Do the parents appear to be aware?
- Are the pupil's peers making comments or suggestions as to where the pupil is at?

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

- Are there any concerns about radicalisation, FGM, forced marriage, honour based violence, sexual exploitation?
- Are there any concerns about abuse?
- Have they failed to start appropriate provision and have never entered the school system?;
- Have they stopped attending, due to illegal exclusion or withdrawal by parent/carers?;
- Has there been a failure to complete a transition between schools?;
- Are the children from refugee and asylum seeking families?;
- Are the children from families who are highly mobile?;
- Are the children at risk of a forced marriage?;

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

Families of members of the Armed Forces are likely to move frequently - both in the UK and overseas and often at short notice. Schools and local authorities should contact the **MoD Children's Education Advisory Service (CEAS)** for advice on making arrangements to ensure continuity of education for those children when the family moves.

Children Missing from Home or Care[14]

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

The Association of Chief Police Officers has provided the following definitions and guidance.
"Missing person is: 'Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.'

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

All cases classified as 'missing' by the police will receive an active police response – such as deployment of police officers to locate a child. Cases where the child was classified as 'absent' will be recorded by the police and risk assessed regularly but no active response will be deployed. The absent case will be

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

resolved when a young person returns or new information comes to light suggesting that he/she is at risk. In the latter instance, the case is upgraded to 'missing'.

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

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

Pull factors include:

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

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/or directly contact the police to inform them. The policies for each school are available on request.

Child Sexual Exploitation (CSE)[15]

Sexual exploitation of children is not limited by the age of consent and can occur up until the age of 18. CSE involves children being in situations, contexts or relationships where they (or a third person) receive 'something' as a result of them performing sexual activities. The something can include food, accommodation, drugs, alcohol, cigarettes, affection, gifts, or money.
Child sexual exploitation can happen via technology without the child's being aware; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.
In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Indicators a child may be at risk of CSE include:

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

[15] *http://paceuk.info/*
http://4lscb.proceduresonline.com/chapters/p_sexual_exploit.html

- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

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

All staff are educated in the signs and indicators of sexual exploitation. We use the sexual exploitation risk assessment form (SERAF) and associated guidance to identify pupils who are at risk and the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form (Appendix 10)

Trafficked Children[16]

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

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

Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK. There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

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

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

- Physical symptoms (bruising indicating either physical or sexual assault);
- Prevalence of a sexually transmitted infection or unwanted pregnancy;
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation / the child has been seen in places known to be used for sexual exploitation;
- Evidence of drug, alcohol or substance misuse;

[16] *http://4lscb.proceduresonline.com/chapters/p_safeg_traff_ch.htm*

- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner ;
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding;
- Persistently missing, staying out overnight or returning late with no plausible explanation;
- Returning after having been missing, looking well cared for despite having not been at home;
- Having keys to premises other than those known about;
- Low self-image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity;
- Truancy / disengagement with education;
- Entering or leaving vehicles driven by unknown adults;
- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

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

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

Technologies[17]

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

Online Safety[18] and Social media[19]

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

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[17] *http://4lscb.proceduresonline.com/chapters/p_ca_information.html*

[18] *https://www.thinkuknow.co.uk/Teachers/*
http://www.saferinternet.org.uk/

[19] *https://www.thinkuknow.co.uk/Teachers/Resources/*
http://www.saferinternet.org.uk/search-results?keywords=social%20networking
http://www.childnet.com/search-results/?keywords=social%20networking
http://www.kidsmart.org.uk/socialnetworking/
http://www.lgfl.net/esafety/Pages/Primary-resource-matrix.aspx

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

- Acceptable use agreements for children and staff
- PSHE activities involving raising awareness around staying safe online
- Discussions between pastoral staff and pupils
- Information included in emails, letters/bulletin and the Parent Portal
- Pastoral sessions for parents evenings
- Building awareness around information that is held on relevant web sites and or publications

Cyberbullying[20]

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

The schools respond to all bullying perpetrated in and outside school and so we will respond to any cyber-bullying we become aware of carried out by or against 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(s) will pass on information to the police if it feels that it is appropriate or are required to do so. We will always inform parents beforehand unless this would present a risk to the pupil(s).

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374850/Cyberbullying_Advice_for_Heads_and_School_Staff_121114.pdf
http://www.hampshire.police.uk/internet/asset/f0db2eea-0e3c-4fb4-b98c-e3fa681b860P/primary-social-networking-cyber-bullying

Sexting[21] and indecent images

Pupils are not permitted to have/make/share/take an image in any medium of themselves or another pupil at school or anyone-else under the age of 18 for use in school or on the school network which shows breasts or genetalia or suggests a sexual act. This is because the images may be indecent and thus illegal. If staff are concerned that this has happened or view such an image, unintentionally or otherwise, they inform the DSL or DDSL immediately and within 24 hours at the latest. Pupils should discuss any work that may involve a state of undress with the relevant teacher, usually within Art and Design.

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and the internet. It also includes underwear shots, sexual poses and explicit text messaging.
While sexting often takes place in a consensual relationship between two young people, the use of sexted images in revenge following a relationship breakdown is becoming more commonplace. Sexting can also be used as a form of sexual exploitation and take place between strangers.

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

The schools will use age appropriate educational material to raise awareness, to promote safety and deal with pressure and work with parents in any instances relating to their child and the schools work to help all parents understand the risks and provide advice. Sanctions are used when appropriate, including suspension or expulsion, in very serious cases, and police are informed if sexting is not believed to have taken place as part of an age appropriate consenting relationship.

The following advice is provided to parents and professionals by Hampshire Safeguarding Children's Board:

For professionals and parents finding out that images and videos of abuse are being circulated by young people and adults on social media, it can be a stressful time and difficult to know what course of action to take immediately. Here are some clear steps to take and important things to remember:

1. Please never share a video or image depicting any kind of abuse involving children
2. Each time a video or image of abuse is shared it re-victimises the child and increases the likelihood of blackmail, feelings of self-blame and powerlessness
3. Report it to the platform it has been shared on e.g YouTube, Facebook, Snapchat, Instagram etc
4. Report it to CEOP if it is an image or video of sexual abuse involving a child with a link to where the video or image is hosted e.g YouTube, Facebook.
5. If it is not on a public platform and only exists on a device ie. Phone, tablet. Once reported, with authorisation of CEOP or the Police, delete it from the device it has been sent to (if offender usernames are visible make note of them)
6. Encourage other people to report if it is being shared publicly

[21] *https://www.thinkuknow.co.uk/Teachers/Resources/*
http://www.hampshire.police.uk/internet/advice-and-information/safe4me/Safe4me+%27Sexting%27
https://www.ceop.police.uk/Media-Centre/Press-releases/2009/What-does-sexting-mean/
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/609874/6_2939_SP_NCA_Sexting_In_Schools_FINAL_Update_Jan17.pdf

Gaming[22]

Online gaming is an activity that the majority of children and many adults get involved in. The schools 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 of safeguarding their children by using parental controls and child safety mode.
- By communicating to parents about setting boundaries and time limits when games are played.
- By highlighting relevant resources.

Online reputation[23]

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

Grooming[24]

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

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

That parents should:

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

The schools will raise awareness by:

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

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[22] *http://www.saferinternet.org.uk/search-results?keywords=gaming*
http://www.childnet.com/search-results/?keywords=gaming
http://www.kidsmart.org.uk/games/
http://www.lgfl.net/esafety/Pages/Primary-resource-matrix.aspx

[23] *http://www.childnet.com/resources/online-reputation-checklist*
http://www.saferinternet.org.uk/search-results?keywords=online%20reputation
http://www.kidsmart.org.uk/digitalfootprints/

[24] *http://www.saferinternet.org.uk/search-results?keywords=grooming*
http://www.childnet.com/search-results/?keywords=grooming
http://www.internetmatters.org/issues/online-grooming/

Part 3: Safeguarding issues relating to individual pupil needs

Pupils with medical conditions (in school)[25]

Each school has a medical policy which is available on request.

We will make sure that sufficient staff are trained to support any pupil with a medical condition. All relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child.
An individual healthcare plan may be put in place to support the child and their medical needs.

Pupils with medical conditions (out of school)[26]

There will be occasions when children are temporarily unable to attend our school(s) 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 pupil's local Education and Inclusion Service will be contacted to support with the pupil's education.

Pupils with special educational needs and disabilities

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

As a school we will respond to this by:

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

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[25] *www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3*

[26] *www3.hants.gov.uk/education/parents-info/inclusion-service.htm*

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

Intimate care[27]

Intimate care can be defined as care tasks of an intimate nature associated with bodily functions (examples include care associated with continence or menstruation). There are currently no pupils at the schools who require intimate care in Bedales or Dunhurst. The schools adhere to the good practice set out in appendix 9 (adapted from the Chailey Heritage centre). Dunannie has a physical handling policy, available on request, relating to care of children in EYFS setting. We hold to the guiding principle that every child's privacy, dignity and autonomy should be respected at all times.

Fabricated or induced illness[28]

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

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

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

Mental Health[29]

House staff and matrons, tutors and class teachers see pupils throughout the day and evening. 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.

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27 *http://4lscb.proceduresonline.com/chapters/g_int_care.html*

28
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf
http://4lscb.proceduresonline.com/chapters/p_fab_ind_ill.html

29
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf
http://www.youngminds.org.uk/
https://www.gov.uk/government/publications/the-mental-health-strategy-for-england

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

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

When concerns are identified, school staff will provide opportunities for the child to talk or receive support within the school environment, including with the school counsellor. 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. This will be with the parent's agreement and/or child's if they are competent as per Fraser guidelines The only occasions a parent will not be notified before a referral is when it is felt not to be in the child's interests to do so.

Part 4: Other safeguarding issues impacting on pupils

Bullying[30]

The schools work to separate bullying policies that can be found on our website.

Prejudice based abuse

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

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

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

This can be evidenced by:

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

The three Schools respond by:

- clearly identifying prejudice based incidents and hate crimes and monitor the frequency and nature of them within the school(s)
- taking preventative action to reduce the likelihood of such incidents occurring
- recognising the wider implications of such incidents for the school(s) 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 involved with supporting pupils in these instances are familiar with a range of restorative practices to address bullying and prevent it happening again

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[30] *http://4lscb.proceduresonline.com/chapters/p_bullying.html*
https://www.gov.uk/government/publications/preventing-and-tackling-bullying
http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/bullying.htm

Drugs and substance misuse[31]

The schools work to a separate drug policy that can be provided on request.

Faith Abuse[32]

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

Gangs and Youth Violence[33]

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

In the three Schools 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; and

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31 *https://www.gov.uk/government/publications/drugs-advice-for-schools*
http://www3.hants.gov.uk/education/hias/drug-and-alcohol/resources-for-schools.htm

32 *https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief*
http://4lscb.proceduresonline.com/chapters/p_ca_religion.html

33 *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/Preventing_youth_violence_and_gang_involvement_v3_March2015.pdf*
http://4lscb.proceduresonline.com/chapters/p_safeg_gang_activity.html

- work with local partners to prevent anti-social behaviour or crime.

Private fostering[34]

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.

Private fostering includes:

- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
- Asylum-seeking and refugee children;
- Teenagers who, having broken ties with their parents, are staying in short-term arrangements with friends or other non-relatives;
- Children who stay with another family whilst their parents are in hospital, prison or serving overseas in the armed forces;
- Language students living with host families

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

If the school(s) 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. Our overseas pupils are required to have an Educational Guardian during term-time, arranged by parents, and the school provides a policy setting out expectations of the role so that young people are appropriately cared for. An Educational Guardian is not a private fosterer because of they do not have day to day responsibility for the child; the school does.

Looked after children

The most common reason for children becoming looked after is as a result of abuse and/or neglect. The Governing Body should ensure that staff have the skills, knowledge and understanding necessary to keep looked after children safe.

Information is shared with appropriate staff to ensure their welfare is prioritised. This includes a child's looked after legal status (eg whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. The child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her are also shared appropriately. The designated safeguarding lead oversees the educational achievement of the child and holds details of the child's social worker and the name of the virtual school head in the authority that looks after the child. The virtual head is in charge of promoting the educational achievement of the children looked after by the authority

[34] *https://www.gov.uk/government/publications/children-act-1989-private-fostering*
http://www3.hants.gov.uk/private-fostering

Details about Hampshire's virtual head and school are available[35]and the school works with other authorities when required. The virtual school advisor for our district: anwen.foy@hants.gov.uk

A previously looked after child potentially remains vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, the school works with other agencies and takes prompt action when necessary to safeguard these children, who are a particularly vulnerable group. The DSL holds details of an personal adviser allocated to care leavers.

Parenting

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it makes them human and provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren). Some children have medical conditions and/or needs e.g. Tourette's, some autistic linked conditions, ADHD; that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

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

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

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

- working as a team with parents, discussing any issues openly with the parent, and the child(ren) when appropriate, and supporting families in making their own plans of how to respond differently
- providing details of community based parenting courses[36]
- linking to web based parenting resources[37]
- Considering appropriate early help services via the local authority if concerns are considered to be at levels 1 to 3 on the Hampshire thresholds chart.[38]

[35] http://www3.hants.gov.uk/cic-virtual-school
[36] http://www3.hants.gov.uk/childrens-services/familyinformationdirectory.htm
[37] http://www.familylives.org.uk/
- [38] http://documents.hants.gov.uk/childrens-services/ThresholdChartJuly2015.pdf
http://www3.hants.gov.uk/childrens-services/childrens-trust/earlyhelp.htm

Part 5: Safeguarding processes

Safer Recruitment[39]

The school operates recruitment under a separate Safer Recruitment Policy.

Tutoring, trips and work experience

The school cannot carry out recruitment checks on people who are not employees so parents are advised to ensure that they are satisfied themselves that their children are adequately safeguarded during tutoring or work experience. When the school organises trips that entail students staying in other schools or host families, it establishes that appropriate safeguards are in place and notifies parents of the arrangements; details are set out in the school's Educational Visits Policy.

Health and Safety[40]

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

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

Site Security[41]

Although Bedales Schools have a relatively relaxed atmosphere, the safety of our pupils is of paramount importance. Uniform is limited to some members of the Facilities and Catering Departments and staff do not wear lanyards. All visitors are required to report reception, to wear a badge and be accompanied by an adult member of the school, unless they are attending a publicised event or are on a tour with pupils, in which case there should always be two pupils present. If they are visiting the school at a time when reception is closed, they should be met and be accompanied by a member of staff. Staff are required to ensure that all visitors, whether or not they are known, comply with these requirements. Pupils are encouraged to be polite and welcoming but also to enquire who visitors are and to tell them to report to reception if they are not accompanied by staff.

Boarding houses are only accessible by keypad to the pupils in the house and staff. If the code is breached, it should be changed within 12 hours.

The three schools are situated in an open, rural site but with easy access to a train station and the main A3 (London to Portsmouth). One public footpath runs along the boundary of the school and another runs through it. Signage and fencing helps to keep people on appropriate paths and areas.

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[39] *www.gov.uk/government/publications/keeping-children-safe-in-education--2*

[40] *www.gov.uk/government/publications/health-and-safety-advice-for-schools*
http://www.hse.gov.uk/services/education/

[41] *www.gov.uk/government/publications/school-security*

Bedales students are permitted to leave the site unaccompanied by an adult by arrangement with parents/guardians. Unless agreed with parents/guardians, they must be accompanied by other students or staff and use the signing in/out process. If a student does not wish for the parents to be informed they are leaving the site (for example, older students with confidential medical appointments) then house staff may give permission for absence but a member of staff should accompany them if they are under 18.

Pupils at Dunhurst are not permitted to leave the site during the school day (except in Block 1 and 2 when they take part in the weekly organised trip to Petersfield). At the end of their school day, Pupils are permitted to leave the site unaccompanied, providing that this has been agreed with parents and the pupil signs out at the Dunhurst Reception prior to departure.

Children at Dunannie are not permitted to leave the site during the school day unless they are with staff on a trip. Missing child policies operate across the three schools and are available on request.

Parents of Dunannie are given a keypad number to access the school during pick up and drop off times. The keypad does not operate outside these times.

***Off site visits*[42]**

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. Bedales has an educational visits coordinator (EVC) who helps colleagues in school to manage risks and support with off site visits and provides training in the management of groups during off site visits, as well as First Aid in an outdoor context.

***First Aid*[43]**

There is a separate First Aid policy on our website.

***Physical Intervention (use of reasonable force)*[44]**

We have a separate policy outlining how we will use physical intervention. This is an appendix to the staff code of conduct and details of when reasonable use may be used are given in our behaviour policy which is on our website.

***Taking and the use and storage of images*[45]**

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[42] *www.hants.gov.uk/outdoor_education*
www.hampshireoutdoors.com
http://oeapng.info/evc/

[43] *www.gov.uk/government/publications/first-aid-in-schools*

[44] *https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools*
guidelines for the use of restrictive physical intervention in Hampshire maintained schools

[45] *https://ico.org.uk/for-the-public/schools/photos*

The schools have a separate policy which is available on request.

Transporting pupils

Only school staff or drivers from commercial bus companies/taxi firms may drive pupils on trips.

Visitors

All visitors are required to adhere to the visitor policy on the school website.

Anyone wishing to use the school's facilities, as a either a paid for or free facility, is required to adhere to our school procedures, including for safeguarding and health and safety. They should make arrangements via Caz Hulbert, who is responsible for external lets; chulbert@bedales.org.uk.

Disqualification under the Childcare Act[46]

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

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

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

The legislation also applies to any staff directly concerned in the management of such early or later years' provision. (Later Years refers to children under the age of 8.)

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

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

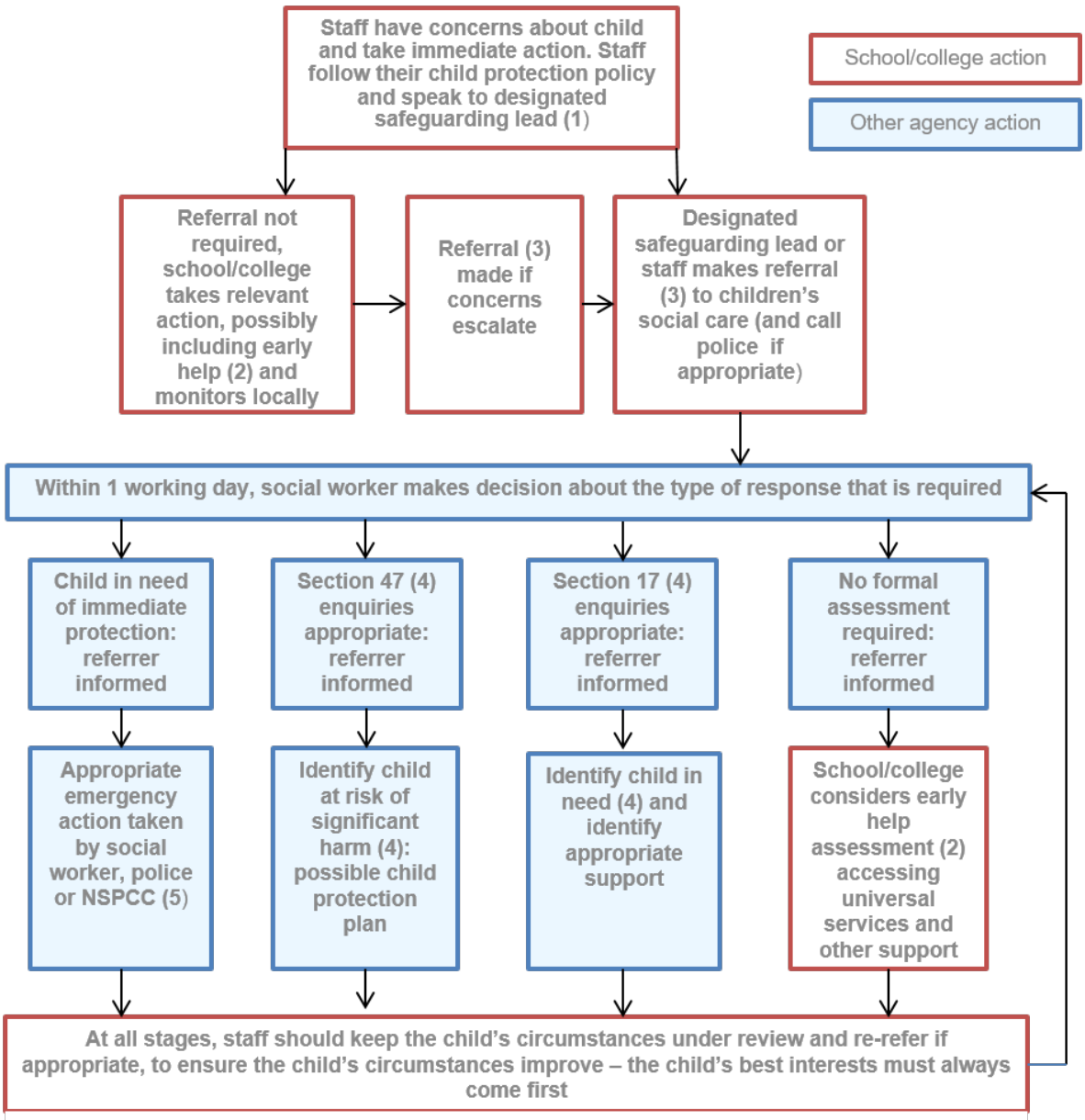
If a member of staff is impacted by the disqualification by association provisions we will ask them to apply for a waiver from Ofsted and put in place appropriate risk management plans while the waiver is being processed.

[46] *https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006*

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

Appendix 1: Actions where there are concerns about a child

Actions where there are concerns about a child



(1) In cases which also involve an allegation of abuse against a staff member, see Part Four of this guidance.

(2) Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of Working together to safeguard children provides detailed guidance on the early help process.

(3) Referrals should follow the local authority's referral process. Chapter one of Working together to safeguard children.

(4) Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include section 17 assessments of children in need and section 47 assessments of children at risk of significant harm. Full details are in Chapter One of Working together to safeguard children.

(5) This could include applying for an Emergency Protection Order (EPO).

Appendix 2: Logging a confidential safeguarding record of concern

Staff should provide details of any safeguarding concerns via CPOMS. Pass this form to the DDSL (Dunannie) or DDSL (Dunhurst), DDSL (Bedales) or DSL(Bedales) immediately or before leaving work if it is not urgent.

https://intranet.bedales.org.uk/safeguarding-and-child-protection-1/report-a-concern---safeguarding-and-child-protection-and-bullying---ask-the-dsl-team-for-assistance

State the concern (eg physical, sexual, emotional abuse or harm, neglect or other concern).

Describe the concern/incident as factually as possible. If you received information from another person, including a child, use their words as much as possible.
Include: who was involved, where it happened, exactly what happened etc. Remember to describe clearly any behavioural or physical signs you have observed.

Appendix 3: Dealing with disclosures

All staff should:

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

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

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

Guiding principles, the seven R's

Receive

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

Reassure

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

Respond

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

Report

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

Record

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

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

Remember

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

Review (led by DSL)

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

What happens next?

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

If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school, Avril Hardie, and/or may ultimately contact the children's services department.

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

In some cases additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

Appendix 4: Allegations against staff

Procedure

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school has:

- **behaved in a way that has harmed a child, or may have harmed a child;**
- **possibly committed a criminal offence against or related to a child; or**
- **behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children**

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

- Report any concerns about the conduct of any member of staff or volunteer to the Head of the relevant school (or the DSL or Deputy in their absence)as soon as possible on the same working day
- If an allegation is made against the Headmaster, the concerns need to be raised with the DO or Chair of governors, Matthew Rice, as soon as possible
- Once an allegation has been received by the Headmaster (or nominated governor if allegation is against the Headmaster) they will contact the Local Authority Designated Officer on 01962 876364 as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to

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

If the matter is investigated internally, the DO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in 'keeping children safe in education' (2018) and the HSCB procedures.

Appendix 5: Managing allegations against other pupils

Policy & procedure

This policy follows the DfE guidance KCSIE (2018) which says that 'governing bodies should ensure that there are procedures in place to handle allegations against other children'. The guidance also states the importance of minimising the risks of peer-on- peer abuse.

Peer-on-peer abuse may include:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

The school is particularly aware of the vulnerability of children in the boarding environment. Duty staff are trained in their responsibilities to prevent inappropriate behaviour that could escalate to abuse. They intervene to stop inappropriate behaviour and report any concerns about a boarder's behaviour or mood to the house staff, or to the DSL on the same day in the case of a safeguarding concern. The weekly pastoral meetings of house staff and the DSL enable a central record and monitoring of any concerns to be carried out. Parents are informed of pastoral concerns.

In most instances, the conduct of pupils towards each other will be covered by the school's behaviour policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns. These allegations are most likely to include possible or actual physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is also likely that incidents dealt with under this policy will involve older pupils and their behaviour towards younger pupils or those who are vulnerable.

At the senior school, older students are trained and supervised in their role as 'dorm mentors' and there are clear expectations of the role. In addition, students aged 18 or over do not share dorms with students aged under 16.

The safeguarding implications of sexual activity between young people

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

Decisions about whether or not to refer a matter to children's services will be made on a case by case basis, and always following an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. As part of decision-making, the following key specific considerations will be included:

The age, maturity and understanding of the children;

Any disability or special needs of the children;

Their social and family circumstance;

Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;

Any evidence of pressure to engage in sexual activity;

Any indication of sexual exploitation;

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

Policy:-

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

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

Prevention

We will minimise the risk of allegations against other pupils by:-

- Providing a developmentally appropriate well-being (PSHE) syllabus which develops pupils understanding of acceptable behaviour and keeping themselves safe
- Having systems in place for any pupil to raise concerns with any member of staff, knowing that they will be listened to, believed and valued
- Delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

Allegations against other pupils which are safeguarding issues

Occasionally, allegations may be made against pupils by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. Peer on peer abuse will be treated as a child protection concern when there is 'reasonable cause to the suspect that the child is suffering or likely to suffer, significant harm'. In such cases, the school's procedures will be followed, as set out in this safeguarding and child protection policy.

It is likely that, to be considered a safeguarding allegation against a pupil, some of the following features will be found.

If the allegation:-

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

Examples of safeguarding issues against a pupil could include:

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

Emotional Abuse
• Blackmail or extortion
• Threats and intimidation

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

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

Procedure:-

- When an allegation is made by a pupil against another pupil, members of staff should consider whether the complaint raises a safeguarding concern. If one child is more than one year older than another or there is or may be a safeguarding concern the designated safeguarding lead (DSL) should be informed.
- A factual record should be made of the allegation and any related communications and meetings, but no attempt at this stage should be made to investigate the circumstances
- The DSL should contact the children's reception team (CRT) to discuss the case
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate. A referral will be immediate, or the police will be contacted, if a child is felt to be in immediate danger or is at risk of harm.
- If the allegation indicates that a potential criminal offence has taken place, CRT will refer the case to the multi-agency agency safeguarding hub where the police will become involved
- Parents, of both the pupil being complained about and the alleged victim, should be informed and kept updated on the progress of the referral
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan. Such a plan may include changes to sleeping arrangements, contact with certain individuals being prevented or supervised, counselling arrangements and improvements for children to be listened to.
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned

Appendix 6: Briefing sheet for temporary and supply staff

For supply staff and those on short contracts in Bedales Schools

While working at Bedales Schools, you have a duty of care towards the pupils here. This means that at all times you should act in a way that is consistent with their safety and welfare.
In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL) or Deputy DSLs (contact details are on page 67).

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

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

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

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

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

The school has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff, on our website.

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

Appendix 7: What is abuse and neglect?

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

Physical abuse

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

Emotional abuse

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

Sexual abuse

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

Neglect

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

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

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

Indicators of abuse

Neglect[47]

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

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

Neglect can include parents or carers failing to:
- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children under 12:
- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

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

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

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

Indicators of neglect
The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate

[47] http://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2016/11/HSCB-Neglect-Strategy-2016-2018.pdf

persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Physical indicators of neglect

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

Behavioural indicators of neglect

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

Emotional abuse

The nature of emotional abuse

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.
Emotional abuse is difficult to define, identify/recognise and/or prove.
Emotional abuse is chronic and cumulative and has a long-term impact.
All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.
Children can be harmed by witnessing someone harming another person – as in domestic violence.

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

Indicators of emotional abuse
Developmental issues

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

Behaviour

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out

- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

Social issues
- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

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

Physical abuse

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

A body map (annex 3*)* can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

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

- Recurrent injuries or burns
- Bald patches.

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

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adults words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

Sexual abuse

The nature of sexual abuse

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

Characteristics of child sexual abuse:

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

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

Indicators of sexual abuse

Physical observations

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

Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Appendix 8: Brook[48] sexual behaviours traffic light tool

Behaviours: age 0 to 5
All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

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

What can you do?
Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours
- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies,
- doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

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

What can you do?
Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours
- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

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

What can you do?
Red behaviours indicate a need for immediate intervention and action.

Red behaviours
- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

[48] Brook is a charity which specialises in working with young people to promote their sexual health in the wider context of health and wellbeing

Behaviours: age 5 to 9 and 9 to 13

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

What is a green behaviour?

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

What can you do?

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

Green behaviours 5-9

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

Green behaviours 9-13

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

What is an amber behaviour?

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

What can you do?

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

Amber behaviours 5-9

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

Amber behaviours 9-13

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

What is a red behaviour?

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

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours 5-9

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

Red behaviours 9-13

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children

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

Behaviours: age 13 to 17

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

What is a green behaviour?

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

What can you do?

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

Green behaviours

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

What is an amber behaviour?

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

What can you do?

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

Amber behaviours

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

What is a red behaviour?

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

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there
- is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

Appendix 9: Intimate Care

Guidelines for good practice adapted from the Chailey Heritage centre

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

2. Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

3. Be responsive to a child's reactions. It is appropriate to "check" your practice by asking the child - particularly a child you have not previously cared for - "Is it OK to do it this way?"; "Can you wash there?; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.

4. Make sure practice in intimate care is as consistent as possible. Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?

5. Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories or intermittent

catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

6. If you are concerned that during the intimate care of a child:
   - You accidentally hurt the child;
   - The child seems sore or unusually tender in the genital area;
   - The child appears to be sexually aroused by your actions;
   - The child misunderstands or misinterprets something;
   - The child has a very emotional reaction without apparent cause (sudden crying or shouting).

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

7. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.

8. Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

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

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

Appendix 10: Community Partnership Information

Guidance: This form is for the sharing of non-urgent information by partner agencies that relates to the **Missing**, **Exploited** and **Trafficked** agenda and inter-connecting issues, such as **Modern Slavery**. This information may be sanitised and used in subsequent partnership forums for the purposes of identifying and mitigating risk. Completed forms should be sent electronically to 24/7-Intel@hampshire.pnn.police.uk. Any questions or concerns regarding this

Your name:

Your organisation:

Your telephone number:

Your email address:

Information (including date & location):

Information Source:

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

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

How did they find this information out?

When did they find this information out?

Appendix 12: Suitability self-declaration form: This form is to be completed by all workers and employees as part of pre-employment checks AND annually thereafter.For information only and not to be completed

Personal Information

Title
(Mr, Mrs, Miss, etc.)

Date of Birth

Forenames

Surname

Full Postal Address

Postcode

Please respond to the questions listed below and sign the declaration to confirm that you are safe to work with children. If you are unable to meet any of the following aspects, please disclose this immediately in confidence to a member of the HR Team. Please tick YES or NO to each point.

1	Have you ever been cautioned, subject to a court order, bound over, received a reprimand or warning or been found guilty of committing any offence since the date of **your most recent enhanced DBS Disclosure**?	Yes ☐	No ☐
2	Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or been found guilty of committing any offence **either before or during your employment at this school**?	Yes ☐	No ☐
3	Are you "Disqualified from Caring for Children"?	Yes ☐	No ☐
4	Have you committed any offences against a child?	Yes ☐	No ☐
5	Have you committed any offence against an adult (e.g. sexual assault, murder, indecent assault, actual bodily harm etc.)?	Yes ☐	No ☐
6	Have you been barred from working with children (DBS)?	Yes ☐	No ☐
7	Have your own children been taken into care?	Yes ☐	No ☐
8	Have / are your own children the subject of a child protection order?	Yes ☐	No ☐
9	Has your name been published on the DBS barring list?	Yes ☐	No ☐

If you have answered 'YES' to questions 1 to 9 above, please provide information below.

Before answering 'YES' to question 10 and/or 11 below, please read the information provided at the end of this form regarding the declaration of medication. In the event that you give a 'YES' response you will be required to provide additional information in the box provided.			
10	Do you have any medical conditions that could affect your ability to care for children?	Yes ☐	No ☐
11	Are you taking medication on a regular or routine basis, or any other substances, that could affect your ability to care for children? (*please consult attached information before answering)	Yes ☐	No ☐

If you have answered 'YES' to questions 10 and / or 11 above, please provide information below.

For completion by all staff at Dunannie School, plus any other staff that have been engaged to provide childcare services for children under 8 years of age

If the above criteria does not apply to you please mark the answers as N/A – Not applicable.
If you are unsure if the questions apply to you please contact the Human Resources Team for guidance.

12	Are you living with someone who has been barred from working with children (DBS)?	Yes ☐	No ☐	N/A ☐
13	Are you living in the same household as someone who has been disqualified from working with children under the Childcare Act 2006?	Yes ☐	No ☐	N/A ☐

If you have answered 'YES' to question 12 and/or 13, you will be invited to a private and confidential discussion with the School Designated Safeguarding Lead (DSL) in the first instance to discuss your circumstances.

Declaration	
A	I understand my responsibility to safeguard children and I am aware that I must notify the School immediately of anything that may affect my continued suitability to work with children.
B	I will ensure that I notify the School immediately of any convictions, cautions, court orders, reprimands or warnings I may receive.
C	I am aware that if I am taking medication on a regular or routine basis, or any other substances, that could affect my ability to care for children I must notify the School immediately, and must keep the medication in a safe place, out of reach of children.
D	I will ensure I notify the School immediately if I experience any health concerns which could impact on my ability to work with children.
E	I give permission for you to contact my previous employer, local authority staff, the police, the DBS, or any medical professionals to share information about my suitability to care for children.

Employee Signature		Date	

For School use only:

Reviewed by Signature Post		Date	

Record of follow up action taken, where relevant.

Signature Post		Date of Action	

Information and Guidance Regarding the Declaration of Medication *(in relation to questions 10 and 11 - this page does not need to be returned)*

You are required to disclose to the school any medication you are taking on a routine or regular basis that could affect or impair your ability to care for children due to the side effects caused or potentially caused by taking that medication. You are only required to disclose any medication that falls into this category or any new / additional medication that you have not previously disclosed to the school either as part of a pre-employment medical or a previous Suitability Self Declaration.

Medication is defined as a drug or other form of medicine that is used to treat or prevent disease.

Regular means recurring at uniform intervals.

Routine means taken as part of a regular procedure.

Below is a list of known side effects caused by taking certain medication. This list is not exhaustive but is indicative of the nature and type of side effect that would be regarded as affecting or impairing your ability to care for children and would therefore require disclosure of the medication.

You are not required to disclose any medication you are taking on a regular or routine basis that does not affect or impair your ability to care for children.

If you are unsure whether the medication you are taking needs to be disclosed then please consult your GP or Medical Practitioner for advice and guidance before completing this declaration form.
Please note any information retained on file is subject to regulation and management under the Data Protection Act 1998.

Violent behaviour	Aggression
Suicidal thoughts	Akathisia (extreme restlessness / agitation and an inability to sit still)
Hypomania/mania	Insomnia
Nervousness	Anxiety
Agitation	Central nervous system stimulation
Frequent emotional changes	Tremor
Sweating	Palpitations
Paranoia	Psychosis
Hostility	Euphoria
Dizziness	Drowsiness

Appendix 13: Important contacts

Key Personnel	Name (s)	Telephone No.
DSL	Jen Moore	01730300100
Deputy DSL(s)	Aaron Gardner (Dunhurst) Sharon Rose (Dunannie)	07810 860825 srose@bedales.org.uk
Schools' named "Prevent" lead	Jen Moore	07884665434 01730300100
Nominated governor / chair of governors	Avril Hardie/Matthew Rice	Contact via the Bursar's Office
Children's referral team (CRT) who will also refer to MASH if they feel this is necessary		0300 555 1384
Out of hours social care		0300 555 1373
Police		101 or in emergencies 999
Prevent	DfE helpline for non-emergency advice on extremism for staff and governors	02073407264 (Mon-Fri 9am-6pm) Counter.extremism@education.gov.uk
Local authority designated officers (LA)DOs)	Barbara Piddington Mark Blackwell Fiona Ampfield	HCC Safeguarding Unit 01962 876364
Bedales Health Centre	Claire De Menezes	01730 711620 07798903497
NSPCC	Confidential referral/whistleblowing	0800 028 0285

All School

[i] http://4lscb.proceduresonline.com/hampshire/amendments.html