Fareham Academy

Child Protection and Safeguarding Policy

September 2020

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1. Policy Statement

1.1. We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children (Keeping Children Safe in Education 2020). We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, are able to talk and believe that they are being listened to. We maintain an attitude of "it could happen here" where safeguarding is concerned. The purpose of this policy is to provide staff, volunteers 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. Specific guidance is available to staff within the procedure documents.

1.2. Keeping Children Safe in Education (KCSIE) remains in force throughout the response to coronavirus (COVID-19). The department has issued non-statutory interim guidance on safeguarding in schools, colleges and other providers during the coronavirus outbreak. This guidance supports governing bodies, proprietors, senior leadership teams and designated safeguarding leads to continue to have appropriate regard to KCSIE and keep their children safe. It suggests where schools and colleges might consider safeguarding policy and process differently when compared to business as usual.

2. Definitions

Within this document:

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

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.
- children includes everyone under the age of 18.

2.2. **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.

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

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

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

2.6. **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.

3. Aims

3.1. To provide Staff with the framework to promote and safeguard the wellbeing of children and in doing so ensure they meet their statutory responsibilities.

3.2. To ensure consistent good practice across the school.

3.3. To demonstrate our commitment to safeguarding children.

4. Principles and Values

4.1. Children have a right to feel secure and cannot learn effectively unless they do so.

4.2. All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.

4.3. 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.

4.4. 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.

4.5. 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.

4.6. Staff within the school has access to information to support them to be able to recognise and report the signs, indicators or risks of radicalisation, child sexual exploitation or female genital mutilation. The Designated Safeguarding Lead (DSL) will follow the established recording and referral processes including the use of the sexual exploitation risk assessment form (SERAF) for suspected exploitation.

5. Leadership and Management

5.1. 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.

5.2. The Designated Safeguarding Lead (DSL) is the Senior Assistant Headteacher, David Butterworth. All staff must ensure they understand the role of the DSL and should contact David Butterworth if they have any questions. The DSL has all contact information for Looked After Children (LAC). The Deputy Headteacher oversees LAC in the school and liaises with Virtual School Heads.

5.3. In this school any individual can contact the Designated Safeguarding Leads (DSL) if they have concerns about a young person. The DSL, Fareham Academy is David Butterworth. The Deputy DSLs are all Heads of Year and Head of Students Support Services and there is a nominated Safeguarding Governor who will receive reports of allegations against the Headteacher and act on the behalf of the Governing Body.

5.4. Multi Agency management and leadership is fully described in Keeping Child Safe in Education 2020. The school will work with social care, the police, health services and other services to promote the welfare of children and protect them from harm. This includes providing a coordinated offer of early help when additional needs of children are identified, and contributing to inter-agency plans to provide additional support to children subject to child protection plans.

5.5. The local authority should share information on children at greater risk of harm including those who may need a social worker or welfare needs so decisions can be made which are in the best interest of the child.

6. Training

6.1. All frontline staff in Education should be aware of the signs and symptoms of abuse and be able to respond appropriately. Refresher training is provided each year to all staff and to all new staff on appointment. The DSL will attend initial training for their role and then refresh every two years. This is by attending refresher training after the first two years then demonstrating evidence of Continuing Professional Development thereafter.

6.2. Updates will be provided when necessary. Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training.

6.3. All staff will read this policy and sign to evidence this.

7. Staff Responsibilities

7.1. School staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating.

7.2. Listening and responding:

7.2.1. All staff receive training (each year and on induction) in how to listen and respond to children. They will allow the child to speak and only ask open questions to aid clarification.

7.3. Record keeping:

7.3.1. Any member of staff who has concerns about the welfare of a child must share this information with the DSL immediately.

7.3.2. Staff make a brief accurate verbatim record of the concerns including the child's own words (if a disclosure) or the evidence that has lead to the concerns.

7.3.3. This report is given to the DSL who will store the record securely and away from the main student records.

7.3.4. Referrals where urgent action is required should never be delayed in order for a full record to be written.

7.4. Confidentiality

7.4.1. We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' guidance.

7.4.2. 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'.

7.4.3. All staff are aware that they cannot promise a child that they will keep a secret.

7.4.4. Disciplinary action will be considered for any breach of confidentiality.

7.5. Reporting

7.5.1. Staff will notify DSL of any child on a Child Protection Plan who is absent for two or more days unless there are reasons why this should be reported sooner.

7.5.2. Staff will report to DSL any additional concerns, disclosures or observations after the initial referral, not assuming that a referral in itself will protect children.

8. The Prevent Duty

8.1. The Academy receives updates from the local Police on the risk of radicalisation in the local context. The Senior Assistant Headteacher liaises with local law enforcement officers regularly.

8.2. Staff are aware of the risks of radicalisation including online radicalisation and terrorist organisations. All staff have completed the government's Channel Guidance Training online.

8.3. Staff should report any radicalisation related issues immediately to the DSL (procedures no different to the safeguarding reporting issues). DSLs will use professional judgement in identifying radicalisation. They will understand when it is appropriate to refer to the Channel Programme and contact the police.

8.4. The Local Authority are expected to use counter-terrorism local profiles produced for each region by the police to assess the risk of individuals drawn into terrorism. The Local Authority will complete risk assessments and engage Prevent co-ordinators where necessary. The Local Authority and Police will inform schools of any profiles of radicalisation or terrorist activity.

8.5. In conjunction with the Academy's IT and Communication Systems Policy the Academy will ensure that appropriate security systems are in place.

8.6. All year groups at the Academy have been informed of Internet Safety through assemblies led by the Deputy Headteacher. The Academy will continue to update these assemblies to include radicalisation, extremism, gang culture and FGM.

8.7. The Prevent Duty is explained to students in the IT and computing curriculum and including within the SMSC and PSHE scheme of work during tutor time. Students need to be aware of the threat of radicalisation and need to know that they must report any suspected incidents to a teacher or responsible adult, in line with any safeguarding concerns.

9. Female Genital Mutilation (FGM)

9.1. Fareham Academy has robust and rigorous safeguarding procedures and takes its responsibilities of child protection seriously. Female Genital Mutilation is a form of child abuse and as such is dealt with under the Academy's Child Protection/Safeguarding policy. At Fareham Academy the Headteacher and Governors expect Safeguarding to be everybody's responsibility and expect all staff to adhere to and follow these policies. The school uses the World Health Organisation definition as written below.

9.2. Definition of FGM: "Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons." (World Health Organisation-1997)

9.3. Fareham Academy has decided to take proactive action to protect and prevent our girls being forced to undertake FGM. The Headteacher and Governors do this in 3 ways:

9.3.1. A robust attendance policy that does not authorise holidays, extended or otherwise.

9.3.2. FGM training for Child Protection officers and disseminated training for all staff at the front line dealing with the students.

9.3.3. Comprehensive PSHE and Relationship and Sex Education delivered to KS3 and KS4 students with a discussion about FGM.

9.4. Indications that FGM has taken place:

9.4.1. Prolonged absence from school with noticeable behaviour change – especially after a return from holiday.

9.4.2. Spend long periods of time away from the class during the day.

9.4.3. A child who has undergone FGM should be seen as a child protection issue. Medical assessment and therapeutic services to be considered at the Strategy Meeting

9.5. Indications that a student is at risk of FGM:

9.5.1. The family comes from a community that is known to practice FGM – especially if there are elderly women present.

9.5.2. In conversation a student may talk about FGM. A student may express anxiety about a special ceremony. The student may talk or have anxieties about forthcoming holidays to their country of origin.

9.5.3. Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.

9.5.4. If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate.

9.5.5. If we have concerns that children in our Academy community are at risk or victims of Female Genital Mutilation (FGM). We may;

- Ask students to talk about their holiday.
- Sensitively and informally ask the family about their planned extended holiday ask questions like;
  - Who is going on the holiday with the student?
  - How long they plan to go for and is there a special celebration planned?
  - Where are they going?
  - Are they aware that the Academy cannot keep their child on roll if they are away for a long period?
  - Are they aware that FGM including Sunna is illegal in the U.K even if performed abroad?
  - Your family is originally from a country where girls or women are circumcised – Do you think you have gone through this?
  - Has anything been done to you down there or on your bottom?
  - Do you want to talk to someone who will understand you better?
  - Would you like support in contacting other agencies for support, help or advice?

9.5.6. These questions and advice are guidance and each case should be dealt with sensitively and considered individually and independently. Using this guidance is at the discretion of the Headteacher. All interventions should be accurately recorded and personally reported to the police, in addition to liaising with the DSL. Prior to a police referral, refer to Child Protection Officer or Headteacher who will need to seek advice about making referrals to Social Services.

10. Referral

10.1. The DSL 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 call children's social care.

10.2. Generally, the DSL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.

10.3. The DSL follows Annex 2, page 18 of this policy and/or page 13 "Actions where there are concerns about a child" (Keeping Children Safe in Education) 2020.

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

11.1. The content of the curriculum.

11.2. A school ethos of the RAP (respect, accountability and responsibility) which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

11.3. Assemblies' specific to local/national issues related to safeguarding.

11.4. Relationships Education and Relationships and Sex Education will be delivered as part of the PSHE programme. The Government has made regulations which will make the subjects mandatory from September 2020.

11.5. The school will use the DfE guidance Teaching Online Safety in Schools (June 2019) to support students in staying safe online.

12. Dealing with Allegations against Staff

12.1. If a child, parent or staff member should raise concerns about the practice or behaviour of a member of staff (using the policy definition) this information will be recorded and passed to the Head Teacher. The Local Authority Designated Officer will be contacted and the relevant guidance will be followed

12.2. If the allegation is against the Head Teacher, the LADO should be contacted directly so that they can liaise with the governing body's nominated governor.

13. The Responsibilities of the Governing Body

13.1. The Governing body is responsible for ensuring:

13.1.1. The school has effective safeguarding policies and procedures in place.

13.1.2. That the school has a broad and balanced curriculum that incorporates safeguarding.

13.1.3. That national and local guidance is followed including Working together, Keeping Children Safe (particularly the safer recruitment section) and HSCB procedures.

13.1.4. There is a member of the schools' leadership identified as DSL.

13.1.5. That training is undertaken at the required frequency.

13.1.6. There is a nominated governor for dealing with allegations against the Headteacher and a governor with safeguarding lead.

13.1.7. An annual audit of safeguarding is carried out and any concerns are remedied without delay.

14. Legal context

14.1. Section 175 (maintained schools) or Section 157 (independent schools and academies) of the Education Act 2002.

14.2. Children Act 2004 & 1989

15. Guidance

15.1. Hampshire Safeguarding Children's Partnership (HSCP) protocols and guidance and their procedures (from Working Together to Safeguard Children 2013).

15.2. Keeping Children Safe in Education 2019.

15.3. Dealing with allegations of abuse against teachers and other staff 2012.

16. Annual Review

16.1. As a school, we review this policy annually in line with DfE, HSCB and HCC guidance.

17. Training

17.1. Whole safeguarding training is carried out annually on the first inset day of the academic year. New members of staff receive safeguarding training as part of their induction.

18 Specific Safeguarding Issue

18.1 All staff have an awareness of safeguarding issues. Staff are aware through yearly training and weekly briefings of the behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting which can put children in danger.

PEER ON PEER ABUSE

18.2 All staff are regularly made aware of instances of peer on peer abuse such as bullying/ cyber bullying, gender based violence/sexual assaults and sexting. Staff are clear on the Reporting procedures for instances of:

- Peer on peer abuse
- Bullying including cyberbullying
- Children missing education
- Child missing from home or care
- Child sexual exploitation (CSE) and Child Criminal Exploitation (CCE) (see KCSiE for definitions).
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls (VAWG)
- Hate
- Mental health
- Missing children and adults
- Private fostering
- Preventing radicalisation
- Relationship abuse
- Sexting/youth produced sexual imagery
- Trafficking
- Sexual violence and harassment
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm.
- Initiation/hazing type violence and rituals
- Upskirting is a criminal offence and is a form of peer on per abuse. Upskirting is typically when a photograph is taken under a person's clothing without them knowing, for sexual gratification or to cause the victim, humiliation, distress or alarm.

18.3 DSLs should consider contextual safeguarding which means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety or welfare. Annex A, in Keeping Children Safe in Education September 2019 provides forms additional information on forms of abuse.

18.4 Peer on peer abuse is taken very seriously and is dealt with as per the school's behaviour policy alongside "bullying".

18.5 Students suffering from peer on peer abuse will be supported by referral to the school's students support services team.

19 Children with Special Educational Needs and Disabilities

19.1 Children with an SEND may face additional safeguarding challenges.

19.2 The SENCo and the DSL meet regularly to ensure safeguarding procedures are met for these students

Mental Health

20.1 All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

20.2 Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

20.3 Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

20.4 If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following the child protection policy and speaking to the designated safeguarding lead or a deputy.

20.5 The Department for Education has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools (which may also be useful for colleges). In addition, Public Health England has produced a range of resources to support secondary school teachers to promote positive health, wellbeing and resilience among young people including its guidance Promoting children and young people's emotional health and wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol. See Rise Above for links to all materials and lesson plans.

20. Child on child sexual violence and sexual harassment

Sexual violence and sexual harassment is not acceptable and will not be tolerated. Sexual violence and sexual harassment will not be passed off as 'banter', 'part of growing up' or 'having a laugh'. The DfE has published detailed advice to support schools and colleges (this can be found on the DfE website under *Sexual Violence and Sexual Harassment Between Children in Schools and Colleges.*

20.1 The Academy takes reports of sexual violence and sexual harassment seriously. All reported incidents are immediately managed by a member of the Senior Leadership Team (SLT) and a Designated Safeguarding Lead (DSL).

20.2 Each report is taken on a case by case basis and the DSL and member(s) of SLT will take a leading role using their experience, training and professional judgement supported by other agencies such as social care and the police if required.

20.3 All staff are aware of the indicators which may signal that children are at risk from, or are involved in serious violent crime. These may include increased absence from school, a change in friendships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

20.4 Staff should report concerns to a DSL who will make informed decisions with the information presented. In extreme circumstances it may be relevant for the member of staff to immediately contact the Police

21 **Responding to a report**

The Academy will follow its usual safeguarding procedures when dealing with a report of this nature. All victims are reassured they are being taken seriously and that they will be supported and kept safe (Please refer to Annex 5 Dealing with Disclosures).

If the report includes an online element the Academy may seek to get advice from the DfE document *Searching and Screening and Confiscation* and the *UKCCIS Sexting* document. The key consideration is for staff not to view or forward illegal images of a child.

The Academy will where possible manage reports with two members of staff present preferably one being a DSL or Deputy DSL. If not possible the DSL or Deputy DSL must be informed as soon as reasonably practical.

22 **Risk Assessment**

When there has been a report of sexual violence the DSL or Deputy DSL should make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case by case basis. The Academy uses a student risk assessment pro forma which considers the risk and needs for the victim, alleged perpetrator and other children or adults in the Academy.

22.1 Risk assessment are recorded either written or electronically by the DSL or Deputy DSL and if necessary engaging with social care and specialist services if required. Where there has been a report of sexual violence, it is likely that a professional risk assessment by social workers and or sexual violence specialist will be required.

22.2 Actions Following a Report of Sexual Violence and/or Sexual Harassment

The DSL or Deputy DSL will be the person to advise on the Academies initial response paying careful consideration to the wishes of how the victim wants to proceed. Victims will be given as much control as is reasonably possible over decisions regarding how any investigation is progressed and what support is offered.

22.3 Consideration will be made to the following;

- The nature of the alleged incident(s), including; whether a crime may have been committed and consideration of harmful sexual behaviour;
- The ages of the children involved;
- The developmental stages of the children involved;
- Any power imbalance between the children. For example, is the alleged perpetrator significantly older, more mature of more confident? Does the victim have a disability or learning difficulty?;
- If the alleged incident is a one-off or a sustained pattern of abuse;
- Are there ongoing risks to the victim, other children, adult students or Academy staff; and
- Other related issues and wider context.

22.4 When concerned about the welfare of a child, all Academy staff should act in the best interests of the child.

22.5 Any reports of rape or assault by penetration are likely to be especially difficult with regard of the victim being in close proximity to the alleged perpetrator. Whilst the Academy and

other professionals establish the facts of the case the alleged perpetrator will be removed from any classes that they share with the victim. The Academy will consider how best to keep the victim and alleged perpetrator safe and to keep a reasonable distance apart on school premises and on transport to and from the school where appropriate. This is in the best interest of both children and should not be perceived to be a judgement on the guilt of the alleged perpetrator.

23 **Options to Manage the Report**

The Academy will make the decision on when to inform the alleged perpetrator of the report. If social care or police are to be involved, then a joint decision will be made between the Academy and other agencies. The Academy will make an informed decision but this won't stop immediate action being taken to safeguard children as part of our professional responsibilities. Here are the four likely scenarios that the Academy will consider when managing any reports of sexual violence and/or sexual harassment.

23.1 Manage internally through the Academies behaviour and bullying policies and by providing pastoral support. In this instance the Academy has decided that no statutory interventions are necessary and the students are not in need of early help.

23.2 The Academy may feel that the students require early help (section 3 of this policy Fareham Academy Child Protection Procedures).

23.3 If the Academy feels that the student has been harmed, is at risk of harm or is in immediate danger it will make a referral to the local children's social care. In this instance the Academy will work closely with the social worker. The Academy will not wait for the outcome of a referral but will ensure safeguarding procedures and in place immediately.

23.4 The Academy may report any reported incident to the police, in most cases this will generally run parallel with a referral to children's services.

Where a report of rape, assault by penetration or sexual assault is made, the Academy will inform the police and seek their advice. The Academy will generally inform parents or carers unless there are compelling reasons not to, for example, if informing a parent or carer is likely to put a child at additional risk.

24 **Managing Any Delays in the Criminal Process**

The Academy will not wait for the outcome of a police investigation before protecting the victim, alleged perpetrator and other children in the Academy. The DSL or Deputy DSL will work closely with the police throughout the investigation.

25 **The End of the Criminal Process**

If a child is convicted or receives a caution for a sexual offense the Academy will update its risk assessment and ensure relevant protections are in place for all the children in the school. When there is verdict of no further action or not guilty verdict then the Academy will continue to put support measures in place for all children involved. This includes safeguarding support for the victim through pastoral means (KCSiE Sept 2018 section 250 offers a range of different support networks).

If the perpetrator is found guilty of rape or assault by penetration and leads to conviction or caution the Academy will take suitable action and in all but the most exceptional circumstances the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the perpetrator to remain in the same school would seriously harm the education or welfare of the victim. The Academies Behaviour Policy will be enforced including consideration for permanent exclusion.

Fareham Academy Child Protection Procedures

1. Definitions

Throughout this procedure document:

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

1.2. **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.

1.3. The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity including Governors. If Governors are mentioned it is a specific role of theirs.

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

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

2. Overview

2.1. These procedures apply to all staff working in the school. Additional information which is specific to particular roles within the school is included within the Annex. It is important that staff are aware of all the content even if it does not apply to them.

2.2. The aim of our procedures is to prevent children from being abused, and to safeguard and promote the welfare of students at this school in the following ways:

2.2.1. Raise awareness of child protection and safeguarding roles and responsibilities with staff and governors.

2.2.2. Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.

2.2.3. Support students who have been abused in accordance with their agreed child protection plan.

2.2.4. Support children with additional needs through early help and external agencies.

2.2.5. Ensure the practice of safe recruitment in checking and recording the suitability of staff and volunteers to work with children. Also, checking that the verification of an agency worker presented is the same person for whom the agency has provided checks.

2.2.6. Establish a safe environment in which children can learn and develop.

2.2.7. Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE), Hampshire Safeguarding Children's Board (HSCB) and Hampshire County Council (HCC).

3. The role of staff

3.1. Staff will:

3.1.1. Establish and maintain an environment where children feel secure, are encouraged to talk and are heard.

3.1.2. Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.

3.1.3. Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.

3.1.4. Attend training in order to be aware of and alert to the signs of abuse.

3.1.5. Maintain an attitude of "it could happen here" with regards to safeguarding.

3.1.6. Record their concerns if they are worried that a child is being abused and report these to the relevant person immediately.

3.1.7. If the disclosure is an allegation against a member of staff they will follow the allegations procedures (Annex 6).

3.1.8. Follow the procedures set out by the HSCB and HCC and take account of guidance issued by the DfE.

3.1.9. Treat information with confidentiality but never promising to "keep a secret".

3.1.10. Notify DSL of any child on a Child Protection Plan who is absent for two or more days unless there are reasons why this should be reported sooner.

3.1.11. In the context of early help, staff should identify children who would benefit from early help. Staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with or signpost them to opportunities to change the situation.

3.1.12. Liaise with other agencies that support students such as Child and Adolescent Mental Health Service, Education Inclusion Service; Primary Behaviour team, Locality Team and the Educational Psychology Service through normal referral routes or the CAF or early help process.

3.1.13. Ensure they know who the Designated Safeguarding Lead (DSL) and a deputy DSL are and know how to contact them.

3.1.14. Ensure that anyone responsible for driving students', including the mini buses, sign an annual declaration to say that they have a clean driving license and declare any endorsements they have.

3.2. Senior management team (including DSL):

3.2.1. Contribute to inter-agency working in line with guidance (Working together 2013).

3.2.2. Provide a co-ordinated offer of early help when additional needs of children are identified.

3.2.3. Working with children's social care, support their assessment and planning processes including the school's attendance at conference and core group meetings.

3.2.4. Carry out tasks delegated by the governing body such as training of staff; safer recruitment; maintaining a Single Central Register.

3.2.5. Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.

3.2.6. Treat any information shared by staff or students with respect and follow procedures.

4. Governing Body

4.1. The full role of the Governing body is set out in Annex 13. In Summary, the governing body has leadership responsibility to safeguarding arrangements ensuring that:

4.1.1. The school has effective safeguarding policies & procedures including a child protection policy and a staff behaviour policy (code of conduct).

4.1.2. HSCB is informed annually about the discharge of duties (audit).

4.1.3. Recruitment, selection and induction follow safer recruitment practice. At least 1 person conducting the interview should have safer recruitment training.

4.1.4. Allegations against staff are dealt with by the Head Teacher.

4.1.5. A member of senior leadership team is designated as Designated Safeguarding Lead (DSL).

4.1.6. Staff have been trained appropriately and within the refresh schedule.

4.1.7. Any safeguarding deficiencies or weaknesses are remedied without delay.

4.1.8. They have identified a nominated governor for allegations against Head.

4.1.9. Where reasonably possible the Academy should hold more than one emergency contact number for the students.

4.1.10. Children are taught about safeguarding including online safety.

5. DSL Responsibilities

5.1. In this school the DSL is David Butterworth.

5.1.1 Deputy DSLs are all Heads of Year and Head of Students Support Services.

5.2. In addition to the role of staff and senior management team the DSL will:

5.2.1. Assist the Governing Body in fulfilling their responsibilities under Section 175 or 157 of the Education Act 2002.

5.2.2. Attend initial training for the role and refresh every two years. This is by attending refresher training after the first two years and then demonstrating evidence of continuing professional development thereafter.

5.2.3. Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details.

5.2.4. 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.

5.2.5. Ensure that whole school training occurs every year so that every member of staff, governors and volunteers can fulfil their child protection responsibilities effectively.

5.2.6. Ensure any members of staff joining the school outside of this training schedule receive a training update prior to commencement of their duties.

5.2.7. Keep written records of child protection concerns securely and separately from the main student file and use these records to assess the likelihood of risk.

5.2.8. Ensure that copies of safeguarding records are transferred accordingly (separate from student files) when a child transfers school as soon as possible, ensuring safe transit and confirmation of receipt should be obtained.

5.2.9. Ensure that where a student transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the child's social worker is informed. The DSL will when appropriate share any information prior to the child leaving.

5.2.10. Link with the HSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

6. Child Protection Procedures

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

6.2. These procedures should be read in conjunction with the flow chart (Annex 2).

6.3. If a member of staff suspects abuse e.g. through physical injury etc. or they have a disclosure of abuse made to them they must:

6.3.1. Record their concerns.

6.3.2. Report it to the DSL / Head teacher immediately.

6.3.3. The DSL or Headteacher will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or Head teacher are not immediately available and professional assistance should be sought. (see point 8 below).

6.3.4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:

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

6.3.5. The records must be signed and dated by the author.

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

6.4.1. 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.

6.4.2. 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.

6.4.3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they 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

6.4.4. If the DSL feels unsure about whether a referral is necessary, they can phone Children's Social Care (CRT) to discuss concerns. To do so will not constitute a child abuse referral and may well help to clarify a situation.

6.4.5. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or instigate the Common Assessment Framework (CAF) or Early Help process.

6.4.6. The 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 which will provide Children's Social Care with the supplementary information required about the child and family's circumstances.

6.4.7. If a child is in immediate danger and urgent protective action is required, the police should be called https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf

6.4.8. The DSL should also notify Children's Social Care of the occurrence and what action has been taken.

6.4.9. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. Where appropriate, the DSL should help the parents understand that a referral is in the interests of the child and that the school will be involved in the S 47 enquiry as per the Children Act 1989 or a police investigation.

6.4.10. When a student is in need of urgent medical attention and there is suspicion of abuse the DSL or Head Teacher should take the child to the Accident and Emergency Unit at the nearest hospital, having first notified Children's Social Care. The 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. If the suspected abuse is sexual then the medical examination should be delayed until Children's Social Care and/or the police can liaise with the hospital, unless the needs of the child are such that medical attention is the priority. If a decision is made not to inform the parents there must be a responsible adult with the child at all times, whether from the school, Children's Social Care or the police.

7. When dealing with allegations against staff, governors, supply staff and volunteers:

7.1. The procedure for dealing with allegations can be found in Annex 6 (pg. 22).

7.2. Only the Headteacher or nominated Governor deal with allegations and so all other staff or governors should:

7.2.1. Report any concerns about the conduct of any member of staff to the Head teacher as soon as immediately as possible and within 24 hours. 'Staff' does include adults in the school from external agencies; those in a temporary, supply or locum basis within the school; and adults not directly involved in face to face work within the school environment.

7.2.2. If the allegation concerns the Headteacher, the information needs to be passed to the LADO immediately so that they may liaise with the nominated Governor for dealing with such matters.

7.2.3. The KCSiE 2020 guidance paragraph 211 specifies the transferable risk behaviours which may require investigation by the Headteacher for staff working with children.

7.2.4. The Academy will follow internal procedures for dealing with allegations against supply staff but will consider guidance from the KCSiE 2020 'Supply Teachers'.

8. The use of "reasonable force" in school

8.1 The Academy follows advice from section 2, of Keeping Children Safe in Education September 2020 regarding using reasonable force to safeguard children and young people.

Annex 1

Resources for responding to Safeguarding Issues

(in line with Ofsted Briefing for section 5 Inspectors on Safeguarding)

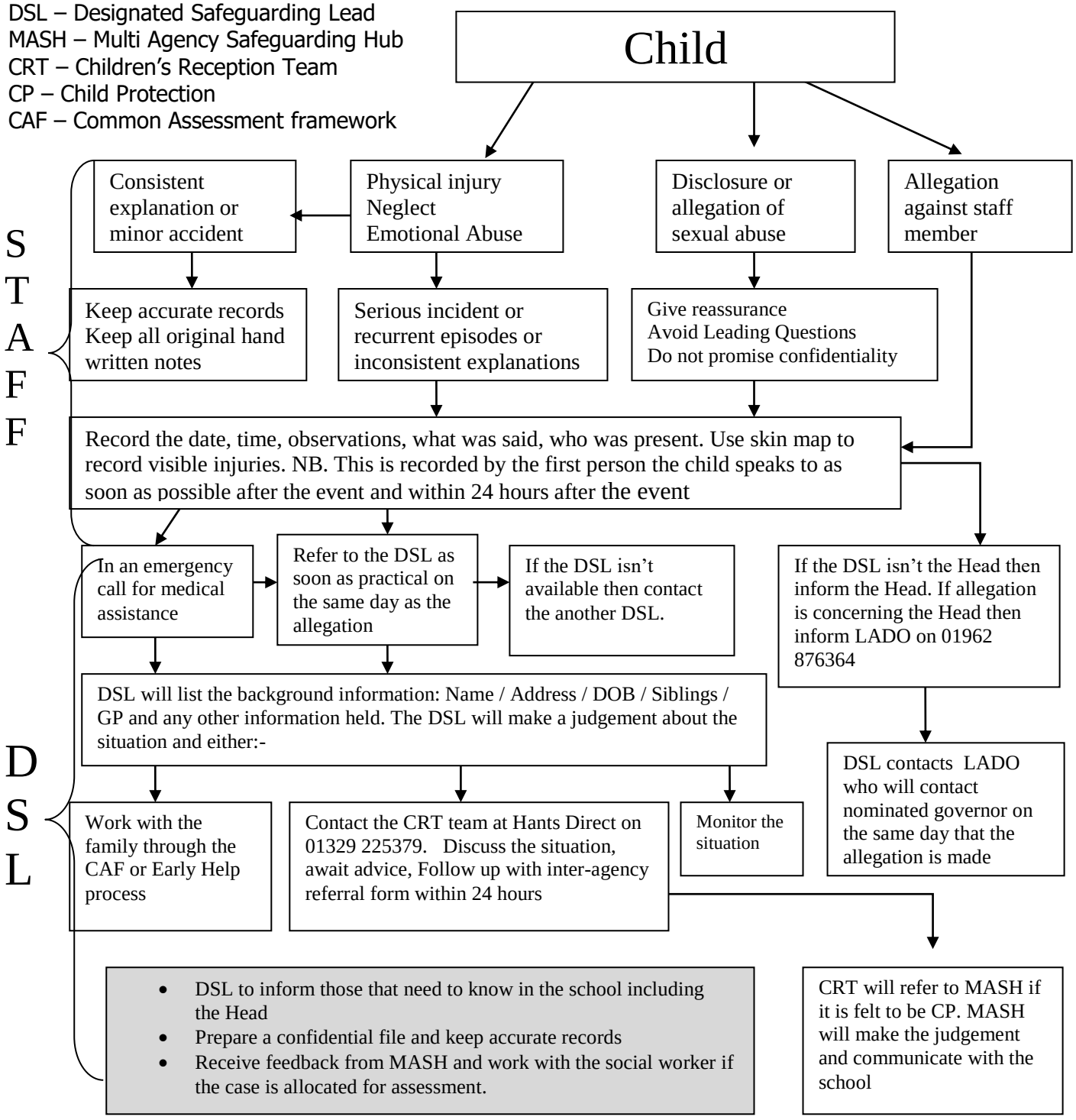
Issue	Links to Useful Resources
Health and Safety	http://intranet.hants.gov.uk/childrens-services/cs-healthandsafety.htm https://www.gov.uk/health-safety-school-children
Anti – Bullying and Harassment & Discrimination	http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/bullying.htm http://www3.hants.gov.uk/education/hias/healthyschools/themedareas/theme-ehwb.htm#section261481-2
Anti-Racism	http://www3.hants.gov.uk/education/ema/ema-service.htm http://www.cps.gov.uk/northwest/tackling_crime/hate_crime/schools_project_racist_and_religious_hate_crime/
Physical Intervention	http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/educational-psychology/heps/heps-policies.htm
Meeting the needs of students with medical conditions	See Annex 8 for procedure and safer schools webpage where model policy can be downloaded HSCB bruising protocol http://www.hampshiresafeguardingchildrenboard.org.uk/user_controlled_lcms_area/uploaded_files/4LSCB%20protocol%20brusing%20in%20infants%20who%20are%20not%20independently%20mobile%20revised%20dec%202013.pdf
First Aid	http://intranet.hants.gov.uk/firstaidpolicytemplate_csh_steam_-14.doc https://www.gov.uk/government/publications/first-aid-in-schools
Drug and Substance Misuse	http://www3.hants.gov.uk/education/hias/drug-and-alcohol/supporting-young-people.htm https://www.gov.uk/government/publications/drugs-advice-for-schools
Educational Visits	http://www3.hants.gov.uk/education/outdoor-education.htm
Intimate Care	See Annex 7 for procedure and link to 4LSCB guidance http://4lscb.proceduresonline.com/chapters/g_int_care.html

Internet Safety	http://www3.hants.gov.uk/childrens-services/schoolsandcolleges/esafety http://ceop.police.uk/
School Site Security	http://intranet.hants.gov.uk/childrens-services/cs-healthandsafety/cs-healthandsafetyschools.htm
Safer Recruitment Policy (Safer recruitment is not listed in the Ofsted briefing document, but has been included for ease of reference)	Safer Recruitment Toolkit and Allegations Guidance http://www3.hants.gov.uk/education/eps/child-protection-introduction.htm DBS Guidance http://intranet.hants.gov.uk/eps/eps-crb-guidance.htm & https://www.gov.uk/government/policies/helping-employers-make-safer-recruiting-decisions Single Central Record Guidance http://intranet.hants.gov.uk/eps/single-central-record.htm
Issues specific to a local area or population,	https://www.gov.uk/government/publications/safeguarding-children-and-young-people-who-may-be-affected-by-gang-activity DfE safeguarding children https://www.gov.uk/childrens-services/safeguarding-children

Annex 2

Flowchart for Child Protection Procedures

DSL – Designated Safeguarding Lead
MASH – Multi Agency Safeguarding Hub
CRT – Children's Reception Team
CP – Child Protection
CAF – Common Assessment framework



Annex 3

Model Recording Form

Child's Name: **D.o.b.**

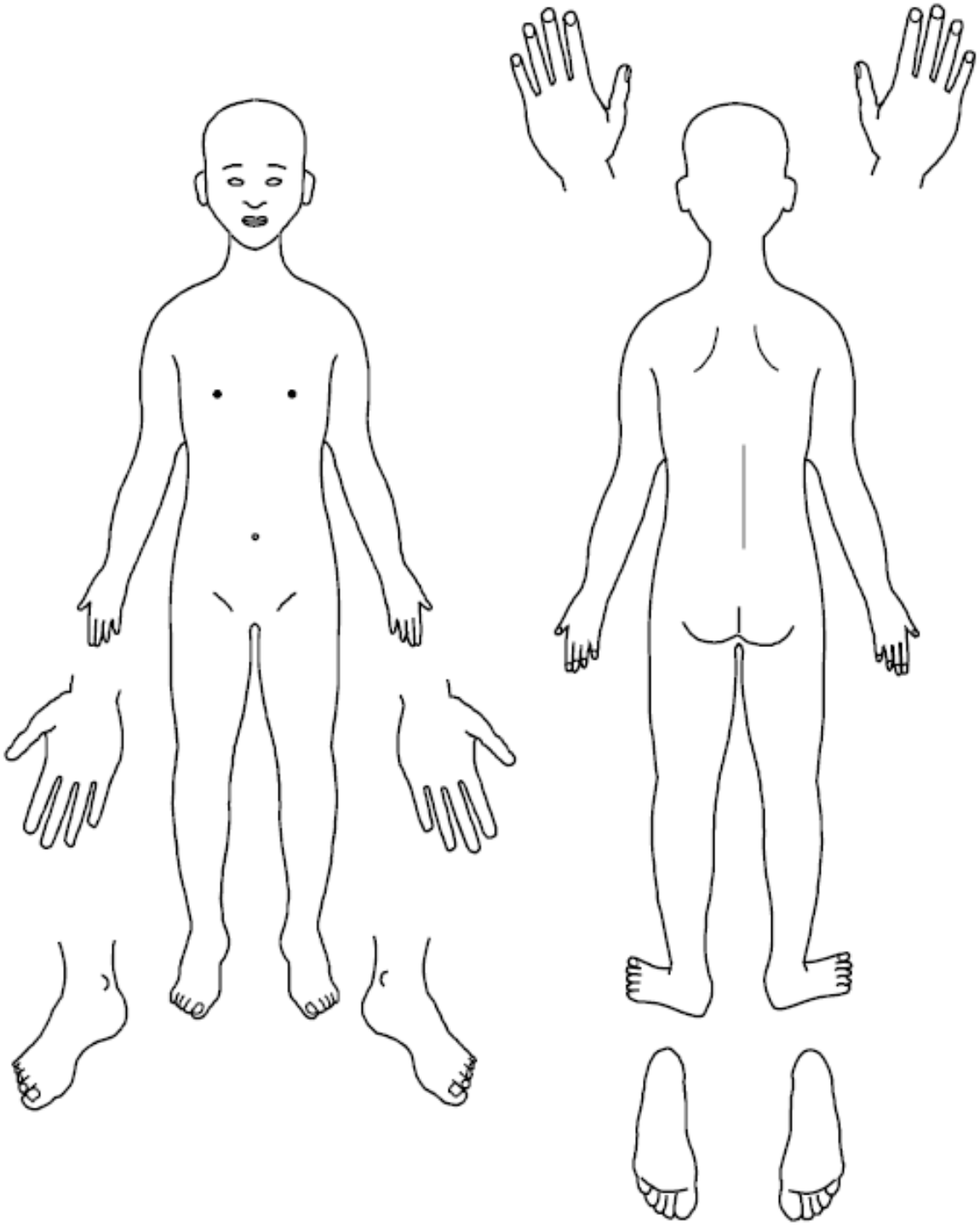
Name/title of person raising concern:

Date and Time	Details of concern	Action taken – To whom and organisation (Has a CAF or referral to Children's Social Care been considered?)	Outcome of action	Further actions required by whom and when	Review Date	Name and signature of person completing entry

Name:

Designation: **Copied to:**

Annex 4



Skin Maps

Name of Child: -

_____

Name of Child:

_____

Date of birth: _____ Date of recording: _____

Name of completer: _____

Any additional information

Annex 5

Dealing with Disclosures

1. The Guiding Principles

1.1. All staff should:

1.1.1. Always act where there are concerns.

1.1.2. Seek advice and refer to the DSL – do not promise complete confidentiality.

1.1.3. Do not investigate but do listen and reassure.

1.2. 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.

1.3. Additional consideration needs to be given to children with communication difficulties (hearing impaired students) 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.

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

1.5. These procedures are the same for the reporting of peer on peer abuse (see page 9, section 18).

2. Three Stages of Action

2.1. The actions that a member of staff should take can be divided into three stages:

2.1.1. **Stage 1:** Dealing with the disclosure as it happens; ensuring that the child's immediate needs are met and that they feel supported.

2.1.2. **Stage 2:** Ensuring that the DSL is immediately informed.

2.1.3. **Stage 3:** Ensuring that details are recorded as soon as possible; that they feel satisfied that the disclosure has been followed up and is acted upon appropriately.

2.2. Stage 1

2.2.1. When a disclosure is made to a member of staff it is most important that they understand that they do not investigate the disclosure themselves. The disclosure must always be taken seriously and dealt with according to procedures even if the truth of the disclosure is uncertain.

2.2.2. The member of staff should:

- Listen to the student, keeping calm and offering reassurance.
- Describe bruises, their colour and size and mark their location on a body map but do not ask a child to remove or adjust their clothing or photograph the injury.

- Allow the child to lead the discussion and to talk freely if a disclosure is made.
- Listen to the child without investigating.
- Avoid using questions such as 'Is there anything else you'd like to tell me?' (which could be construed as a leading question)
- Accept what the student says without challenge.
- Reassure them that they are doing the right thing in telling and that they recognize how hard it is for them to tell.
- Seek support for them if appropriate.

2.2.3. They should not:

- Press for details by asking questions such as 'What did they do next?'
- Lay blame or criticise either the child or the perpetrator.
- Ask the child to repeat what they said to a colleague.
- Promise confidentiality – but they should explain that the child has done the right thing and who will need to be told and why.

2.3. Stage 2

2.3.1. As soon as possible, once the immediate comfort and safety of the child is secured, the member staff should inform the DSL of the disclosure. If the DSL is not available, then another DSL or the most senior member of staff available should be informed.

2.3.2. It can be particularly difficult to handle a disclosure which involves another member of staff. Staff should be given guidance in case of this possibility, including instances where the allegation is against the DSL. In such a case the Head Teacher should be informed. Where the designated person is also the Head Teacher then the LADO should be contacted.

2.3.3. The member of staff can make a referral themselves directly if they are concerned about the child's immediate safety and are having difficulty contacting the designated person or their delegate.

2.4. Stage 3

2.4.1. The member of staff receiving the disclosure should note down details as soon as possible. What is clearly etched at the time can become blurred after a few hours. Staff should understand that it is vital that they make clear and concise notes soon after the disclosure in order to complete a more detailed record and incident sheet later. Immediate notes should include:

- date and time
- place and context of disclosure or concern
- important facts provided, e.g. names mentioned

2.4.2. Wherever possible, staff should record information as it was told to them using the language of the child rather than their own interpretation of it. The school will need to have an agreed format for recording significant incidents like this.

2.4.3. In the case of bruises or observed injuries a body map (a drawing of a body outline, upon which the location of bruises/injuries can be indicated)

might be completed. Any records should be copied to the designated person and will be used by them during the referral process.

2.4.4. It is important that staff are instructed to report factual information rather than assumption or interpretation. They might convey their intuitive thoughts but these should be recognised as such and should not form part of the record.

3. What happens next?

3.1. 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.

3.2. If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the Children's Services Department.

3.3. 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.

3.4. 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.

3.5. For victims of peer on peer abuse (see page 9, section 18) students will be supported by Student Support Services and Heads of Year. Sanctions will be put in place as per the School's Behaviour Policy. When this abuse comes through social media or sexting appropriate support will be given to the victim and mobile devices may be confiscated as per the School's Behaviour Policy.

Annex 6

Statement of Procedures for Dealing with Allegations against Staff

1. Principles

1.1. All allegations should be reported straight away to the Head Teacher, principal or proprietor.

1.2. See KCSiE part four where a concern might meet the harm threshold.

1.3. In the absence of the Head Teacher or principal, or in cases where the Head Teacher or principal themselves are the subject of the allegation or concern the report should be made to the LADO.

1.4. Once an allegation is made the Head Teacher will contact the local authority designated officer (LADO) on 01962 876364 and the LADO will contact the nominated governor.

2. Procedure

2.1. This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school or education setting for under 18s:

2.1.1. Behaved in a way that has harmed a child, or may have harmed a child;

2.1.2. Possibly committed a criminal offence against or related to a child; or

2.1.3. Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.

2.2. All staff, governors and volunteers working in schools are expected to pass on any concerns about the safety of children.

3. In dealing with allegations or concerns against an adult in the school all staff, governors and volunteers must:

3.1. Report any concerns about the conduct of any member of staff or volunteer to the Headteacher as soon as possible and within 24 hours.

3.2. If an allegation is made against the Head teacher, the concerns need to be raised with the LADO, as soon as possible and within 24 hours.

3.3. In either event the Local Authority Designated Officer should be contacted on 01962 876364

Annex 7

1. Safe Working Practice

1.1. All members of staff and volunteers will be asked to sign this code of practice as part of their induction. They will be expected to abide by it at all times. It is important that adults conduct themselves in a way which minimises the risk of finding themselves the subject of a child protection or criminal allegation.

2. All Staff, Governors and Volunteers Should:

2.1. Work in an open and transparent way, avoiding any actions that would lead a reasonable person to question their motivation and/or intentions.

2.2. Dress appropriately for your role.

2.3. Avoid unnecessary physical contact with children. If physical contact is made:

2.3.1. Ensure you are aware of and understand the rules concerning physical restraint.

2.3.2. Where it is essential for educational or safety reasons, gain student's permission for that contact wherever possible.

2.3.3. To remove a student from a dangerous situation or an object from a student to prevent either harm to themselves or others, then this should be recorded on the correct form and reported to the Head Teacher.

2.3.4. It should not be secretive, even if accidental contact was made, it should be reported.

2.4. Understand their position of power and influence over children and not misuse it in any way. This includes but is not limited to;

2.4.1. Accepting regular gifts from children.

2.4.2. Giving personal gifts to children.

2.5. Recognise their influence and not engage in activities out of school that might compromise their position within school,

2.6. Not establish or seek to establish social contact with students outside of school. This includes;

2.6.1. Communication with students in inappropriate ways, including personal e-mails and mobile telephones.

2.6.2. Passing your home address, personal phone numbers, e-mail address or other personal details to students/children.

2.6.3. The transportation of students in your own vehicle without prior management approval.

2.6.4. Contact through social networking sites or other internet based communications.

2.7. Avoid volunteering to house children overnight.

3. All staff, volunteers and governors should:

3.1. Only use e-mail contact with students via the school's system.

3.2. Be careful about recording images of children and do this only when it is an approved educational activity. This can only be done on a device owned by the school when parents have given their express permission.

3.3. Ensure that areas of the curriculum that may involve sexually explicit information are taught in accordance with school policies.

3.4. Allow children to change clothes with levels of respect and privacy appropriate to their age, gender, culture and circumstances.

3.5. Avoid working in one-to-one situations or conferring special attention on one child unless this is part of an agreed school plan or policy.

3.6. Only arrange to meet with students in closed rooms when senior staff have been made aware of this in advance and given their approval.

3.7. Not access inappropriate material via the internet.

3.8. Not allow boundaries to become blurred and unsafe in more informal settings such as trips out, out of school activities etc.

3.9. Never use a physical punishment of any kind.

3.10. Not attribute touch to their teaching style.

4. Informing the Headteacher

4.1. All staff, volunteers and governors should inform the Headteacher if:

4.1.1. There are any incidents or issues that might lead to concerns being raised about your conduct towards a child.

4.1.2. There is any suggestion a student may be infatuated with you or taking an above normal interest in you.

4.2. If a member of staff is the subject of concerns or allegations of a child protection nature they should contact their professional association or trade union for support.

4.3. For more information on safe working practice see "Guidance for Safer Working Practices for Adults who Work with Children and Young People" (AMA 2009).

Annex 8

Intimate Care

As a school we follow the guidance for good practice set out by Hampshire Safeguarding Childrens Board below;

1. Guidelines for Good Practice

1.1. 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 school 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. 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.

1.2. 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.

1.3. 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?" 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.

1.4. 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.

1.5. 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 must only be carried out by nursing or medical staff.

1.6. 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).

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

1.8. 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.

1.9. 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.

2. Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. Children who experience intimate care may be more vulnerable to abuse:-

2.1. 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.

2.2. 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.

2.3. 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.

2.4. 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.

2.5. 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

3. The above is taken largely from the publication 'Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability, 1993'.

This guidance can be read in full at
http://4lscb.proceduresonline.com/chapters/g_int_care.html

Annex 9

Young People with Medical Needs

1. Introduction

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

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

1.2. The school uses the phrase "long-term" to define any period exceeding 15 continuous school days of absence from school because of medical needs.

1.3. Where it is clear that an absence will be for more than 15 continuous school days then the Education and Inclusion Service provision should begin at the earliest possible date and should not automatically be delayed until the 16th day of absence.

1.4. It is important that the referring school must notify the School Nurse service at the point it is identified that the child or young person's medical need is preventing their attendance at school.

1.5. At all times during the period of Education and Inclusion Service provision the young person will remain on the roll of their home school and the home school will retain ultimate educational responsibility for the young person.

2. Referral to the Education and Inclusion Service:

2.1. Referral to the Education and Inclusion Service (EIS) must be made by the young person's home school and must be made via the Education and Inclusion Service referral form. Referrals should normally be supported by either:

- a Hospital Consultant
- a Senior Clinical Medical Officer
- a Consultant Child Psychiatrist
- a General Practitioner (GP)
- a member of the Hampshire Education Psychology Service (HEPS)

Advice and support in making a referral can be found on the education website and by contacting your area EIS team

Annex 10

Briefing Sheet for Temporary and Supply Staff

1. For supply staff and those on short contracts at Fareham Academy

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

1.2. 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 Leads (DSLs), who are the Senior Assistant Headteacher, Head of Student Support Services and all Heads of Years.

1.3. 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.

1.4. 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.

1.5. 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.

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

Annex 11

Parents & volunteers assisting with transporting children on school activities

1. Introduction

1.1. The issue of transporting children has become a sensitive issue for some schools. Many schools argue that after school activities could not operate without the goodwill of volunteers and parents ensuring that children are returned home or transported to events in a private car. To this end a standard letter and declaration form that you may find useful when considering the safeguarding elements of transporting children has been developed and can be downloaded from the safeguarding children in education webpages.

2. General Principles

2.1. The general principles that are covered in this letter are:

2.1.1. All drivers must**:**

- Hold a valid driving licence for the type of vehicle being driven
- Be fit to drive
- Have no medical condition which affects their ability to drive
- Have a valid MOT for any vehicle older than 3 years' old
- Ensure that any vehicle is roadworthy, including brakes, lights, tyres, bodywork, wipers, mirrors etc.
- Ensure that any vehicle used has current road tax
- Ensure that they adhere to the appropriate speed limit
- Ensure that all seat belts are working and worn by everybody in the vehicle

2.1.2. Insurance:

- Maintain valid insurance, as a minimum, for third part liability
- Check with their insurance company and inform them that the driver occasionally conveys children on school activities. (This is unlikely to affect the cost of your insurance premium.)

2.1.3. Safety:

- Be familiar with, and drive in accordance with, the Highway Code at all times
- Drive safely and observe the speed limit
- Before driving not to consume alcohol or drugs which may impair driving
- Ensure that all passengers wear seat belts as appropriate
- Use child proof locks on rear doors where necessary
- Child seats such as booster seats are to be used at all times according to the height of each child in the vehicle

Annex 12

Legislative framework

This is a brief overview of the Legislation and Guidance that staff can refer to if they want more information

1. United Nations Convention on the Rights of the Child (1989)

1.1. This is an international agreement setting out the minimum standards for protecting children's rights. It was incorporated into the law in the Children Act 1989. The Convention refers to all children up to the age of 18 years. In relation to safeguarding children, it states that:

- the best interests of the child should be a primary consideration when action is taken concerning them
- children are to be protected from all forms of discrimination
- every child has the inherent right to life, survival and development
- children should not be punished cruelly or in a way that belittles them
- children have the right to be protected from all forms of abuse and neglect and be given proper care by those looking after them
- children who are victims of abuse are entitled to the care and treatment needed to recover from the effects of their mistreatment

2. Children Act 1989

2.1. The Children Act 1989 came into force in October 1991. It brought together legislation on caring for and protecting children and is still the framework for safeguarding children and promoting their welfare. The Children Act 1989 is underpinned by the following principles:

- **welfare principle** – the child's welfare is the paramount consideration in any decision which affects them.
- **parental responsibility** – replaces parental rights. Parents share parental responsibility with the local authority for a child in care.
- **partnership** – professionals and families must work together for the welfare of children
- **the child's voice** – a child's wishes and feelings should be sought and taken into account in making decisions affecting them (if they are old enough to understand).
- **family is best** – a child's own family is the best place for a child to be brought up.
- **no order principle** – a court order should not be made unless it is needed to improve the child's life.
- **diversity issues** – racial, cultural, religious and linguistic background must be taken into account in all decisions.

2.2. The main safeguarding provisions of the Act are:

- **child protection** (s47) – a local authority has a duty to investigate if a child is thought to be suffering, or is likely to suffer, significant harm.
- **children in need** (s17) – a local authority has a duty to assess and provide services for a child in need if parents wish it.

- **inter-agency working** – health, education and other public sector agencies are required to assist children's social care in safeguarding and promoting the welfare of children.
- **court orders** – a court can order a child to be taken into care or to be under a supervision order. It can also order a child to be given emergency protection or to be assessed.

3. Adoption and Children Act 2002

3.1. Section 120 extends the definition of significant harm so that actually witnessing violence can also constitute harm.

4. Children Act 2004

4.1. The Act puts into practice the proposals for legislation set out in the Green paper Every Child Matters (Cm 5860, 2003), including the creation of a Children's Commissioner for England. It proposed a national framework of change for children focusing on five outcomes:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

4.2. The Act made it statutory to safeguard and promote the welfare of children across all statutory agencies except education (where it was already statutory – Education Act 2002, s175 and s157). It set up local safeguarding children boards (LSCBs) to oversee the safeguarding of children, and required local authorities to produce annual children and young people's plans and appoint directors and lead members of children's services.

5. Human Rights Act 1998

5.1. The Human Rights Act applies the European Convention on Human Rights to UK law. Article 8, which covers respect for private and family life, limits state intervention in family life, which must be "…in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others." This ensures that a child's right to protection overrides a family's right to privacy. Article 3 covers the rights of an individual to be free from torture and inhuman and degrading treatment. It effectively imposes an obligation on the authorities to take preventative measures to protect a child at risk of harm.

6. Data Protection Act 2018 and the GDPR

6.1. See Keeping Children Safe in Education 2020 paragraph 82-88. The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

7. Sexual Offences Act 2003

7.1. This provides a comprehensive legislative framework for sexual offences. It covers offences against adults (including people with mental disorders), as well as offences against children and sexual offences within thoe family. It also makes amendments to the laws governing the sex offenders register by introducing a

requirement for those cautioned or convicted of specific categories of sexual offences to inform the police of their name and address and any changes to those details. The Act also covers specific offences relating to the abuse of trust which applies when the child is under 18. These offences include:

- sexual activity with a child
- causing or inciting a child to engage in sexual activity
- engaging with sexual activity in the presence of a child
- causing a child to watch a sexual act.

7.2. The Act lists occupations to which the abuse of trust laws apply. These include staff working in:

- institutions looking after children detained under a court order – e.g., a young offenders institution
- accommodation provided by local authorities and voluntary organisations under statutory provision
- hospitals, clinics, care homes, children's homes and residential family centres
- educational institutions.

7.3. The Act allows for a preventative order to be made to protect children from harm. This includes stopping offenders from visiting places where children may gather – e.g., parks and recreation grounds.

8. Education Act 2002

8.1. Section 175 of this Act introduced a new statutory duty on local education authorities, maintained and independent schools and further education institutions to ensure that their responsibilities are carried out with a view to safeguarding and promoting the welfare of children and young people.

9. Guidance

9.1. This section deals with government guidance to agencies on safeguarding children and young people.

9.2. Working Together to Safeguard Children (HM Government, 2013)

9.2.1. This document is the main national reference for safeguarding. It provides guidance on how agencies should work together to protect children. It covers the roles and responsibilities of all professionals who come into contact with children through their work and describes the child protection process. It replaces the 2010 guidance with the same title.

9.3. What to Do if you're Worried a Child is Being Abused (HM Government, 2006)

9.3.1. This practice guidance was issued following the inquiry conducted by Lord Laming into the death of Victoria Climbié. It spells out the processes to be followed when there are concerns about a child's welfare, including their safety, and provides clear expectations of everyone working with or coming into contact with children and their parents or carers.

9.4. **Keeping Children Safe in Education (Department for Education 2019)**

9.4.1. Linked to the Education Act 2002, this guidance sets out the legal duties schools and further education colleges to safeguard and promote the welfare of children, and provides safeguarding guidance for all staff (part 1, which all staff working directly with children must read in addition to Appendix A "Further Information"), safer recruitment, dealing with allegations and an overview of the role of Designated Safeguarding Lead (DSL).

9.5. **Information Sharing – practitioners' guide (HM Government, 2006)**

9.5.1. This guidance explains the principles which should govern the sharing of information between staff and agencies. It includes six key points to guide practitioners.

Annex 13

Safeguarding – requirement for Governors

1. Safeguarding and promoting the welfare of students

1.1. General Duty

1.1.1. Section 175 of the Education Act 2002 places a duty on the governing bodies of maintained schools, and regulations under section 157, about safeguarding students in Independent Schools (which include academies) requires academy trusts to have arrangements in place to ensure that they:

- carry out their functions with a view to safeguarding and promoting the welfare of children; and
- have regard to the statutory guidance issued by the Secretary of State in considering what arrangements they need to make for the purpose of that section.

1.2. Statutory Guidance

1.2.1. 'Keeping Children Safe in Education', places statutory requirements on all governing bodies, which must make sure their school has policies and procedures in place and take into account any statutory guidance issued by the Secretary of State, any LA guidance and locally agreed interagency procedures.

1.2.2. Educational settings have a central role to play in the early identification of any welfare concerns about an individual child, additional needs they might have and indicators of possible abuse and neglect. To be effective, all schools should work with other organisations, share and receive information about individual children in order to protect them from harm. All schools should have regard to the guidance set out in Working Together to Safeguard Children, 2013.

1.3. Allegations against staff and volunteers (see appendix 6)

1.3.1. Employers have a duty of care to their employees. Governing bodies should make sure that the school provides effective support for anyone facing an allegation. They must also provide them with a named contact within school if they are suspended. If an allegation is made the headteacher, chair of governors or chair of the management committee (the 'case manager') should immediately discuss the case with the LA Designated Officer (LADO). This initial discussion allows the LADO and case manager to consider the nature, content and context of the allegation and agree a course of action.

1.3.2. Statutory guidance 'Keeping Children Safe in Education' sets out the procedures all schools must have in place for dealing with allegations.

1.3.3. The procedures should make it clear that all allegations should be reported straight away, normally to the headteacher. The procedures should also identify the person, often the chair of governors, to whom reports should be made in the absence of the headteacher, or in cases where the

headteacher themselves are the subject of the allegation or concern. Procedures should also include contact details for the LADO responsible for providing advice and monitoring cases.

1.3.4. Chairs of governing bodies are expected to work with the Headteacher (unless the allegation concerns the headteacher) and LADO to confirm the facts about individual cases. They are also expected to reach a joint decision on the way forward in each case. Chairs have a key role in deciding courses of action, including disciplinary action, in those cases where a criminal investigation may not be required. In cases where allegations have been substantiated, the chair should work with the LADO and headteacher to determine whether there are any improvements to be made to the school's procedures or practice to help prevent similar events in the future.

1.3.5. It is helpful if all governing body members have training about safeguarding, whether the governing body acts collectively or an individual member takes the lead. This will make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

1.3.6. Governing bodies should make sure that a senior member of the school's leadership team is designated to take lead responsibility for dealing with safeguarding issues (DSL); providing advice and support to other staff; liaising with the LA; and working with other agencies.

1.4. Safe recruitment procedures

1.4.1. A key aspect of safeguarding is the vetting of applicants and prospective volunteers working with children to make sure they are not unsuitable.

1.4.2. The governing body of a maintained school may delegate all of its functions relating to staff employment in schools with the exception of: Regulation 4 of the School Staffing (England) Regulations 2009 which includes making sure that safer recruitment procedures are applied.

1.4.3. The Academy follows part 3 of Keeping Children Safe in Education 2019 regarding safer recruitment.

1.5. Employment checks

1.5.1. When making appointments, governing bodies and academy trusts must take into account the requirements of equalities legislation and best employment practices.

1.5.2. Once the governing body or academy trust has chosen a preferred candidate, and before any appointment is made, it must:

- check the identity of the candidate;
- their right to work in the United Kingdom and whether the candidate has the necessary health and mental fitness to teach; and
- whether any reasonable adjustments are required to allow teaching staff to provide effective and efficient teaching.

1.5.3. Governing bodies and academy trusts should also:

- take up references from the applicant's current or former employer; and
- consider asking the candidate's current employer for details of any capability history in the previous two years, and the reasons for this.

1.5.4. For the majority of work in schools, governing bodies and academy trusts must obtain, for all new appointments, an enhanced Disclosure and Barring Service (DBS) check before, or as soon as practicable after appointment, and a barred list check before appointment if the work is within the scope of 'regulated activity' relating to children from the DBS website. The current statutory guidance 'Keeping Children Safe in Education' provides a chapter on the checks required. Governing bodies will usually make the request for the DBS checks through their LA, which acts as an umbrella body for the DBS; academy trusts will have their own umbrella body arrangements.

1.5.5. The governing body or academy trust is required to carry out additional checks if the applicant has lived outside the UK. Employers have a duty to check potential employees' documents before employing them, to ensure they have the right to work in the UK. UK Border Agency website. Where necessary, the governing body or academy trust should obtain a satisfactory check of the Teacher Regulation Agency (TRA).

1.5.6. The governing body or academy trust must reassure itself that all appropriate suitability checks have been undertaken and that the school keeps a single central record, detailing the range of checks it has carried out on its staff.

1.5.7. The barred list check is a check that the person is not barred from 'regulated activity' – work that a barred person must not do. From September 2012, the amended definition of regulated activity in relation to children comprises, in summary:

unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/guidance on wellbeing, or driving a vehicle that is being used solely for the purpose of transporting children and their carers/escorts;

1.5.8. Schools must refer to the Disclosure and Barring Service (DBS) anyone who has harmed or poses a risk of harm to a child and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals should be made as soon as possible after the resignation or removal of the individual. Guidance on referrals is provided by the DBS.

1.5.9. Students undergoing work experience will be working with adults with their parents' permission outside of the Academy. The Academy buys into a Service Level Agreement with the Education Business Partnership (EBP) who carry out Health & Safety and child safeguarding checks with employers.

Annex 14

What is child abuse?

The following definitions are taken from *Working Together to Safeguard Children* HM Government (2013). In addition to these definitions, it should be understood that children can also be abused by Honour Based Violence, Forced Marriage or Female Genital Mutilation

1. What is abuse and neglect?

1.1. 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.

2. Physical abuse

2.1. 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.

3. Emotional abuse

3.1. 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.

4. Sexual abuse

4.1. 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.

5. Neglect

5.1. 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

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

6. NEGLECT

6.1. 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.

6.2. 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.

6.3. 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.

6.4. 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.

6.5. 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 your worried a child is being abused 2006) 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.

6.6. 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.

6.7. Indicators of neglect

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

6.7.2. 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
- Looking sad, false smiles

6.7.3. 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

7. EMOTIONAL ABUSE

7.1. 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/behaviour 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.

7.2. It is sometimes possible to spot emotionally abusive behaviour 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.

7.3. Indicators of Emotional Abuse

7.3.1. Developmental Issues

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

7.3.2. 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

7.3.3. Social issues

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

7.3.4. 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

8. PHYSICAL ABUSE

8.1. The nature of physical abuse

8.1.1. 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.

8.1.2. A body map (annex 4) 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.

8.2. 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.

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

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

8.4. 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.

9. SEXUAL ABUSE

9.1. The nature of sexual abuse

9.1.1. 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.

9.2. Characteristics of child sexual abuse:

9.2.1. it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic.

9.2.2. grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent.

9.2.3. grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

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

9.4. Indicators of sexual abuse

9.4.1. 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

9.4.2. 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.

Annex 15

Useful Telephone Numbers

Key Personnel	Name (s)	Telephone No.
DSL(s)	**Senior Assistant Headteacher,** Head of Students Support Services, Heads of Years	01329 318003
Named Governor for Safeguarding / Chair of Governors	Andy Grant Mark Goodall	C/O Fareham Academy 01329 318003
HantsDirect Professionals Line (for all referrals into social care)	Childrens Referral Team	01329 225379
Out of hours Social Care		0845 600 4555
Police		101 or in emergencies 999
Safeguarding Advisors / Local Authority Designated Officers (LADOs)	Barbara Piddington Eric Skates Mark Blackwell	HCC Safeguarding Unit 01962 876364

COVID-19
SCHOOL CLOSURE ARRANGEMENTS FOR CHILD PROTECTION AT Fareham Academy
Policy

Date created: 31 March 2020
Review period: To be confirmed
Last Reviewed: N/A
Ratified by Governors:
Next Review Date: To be confirmed

Context

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

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

This addendum to the Fareham Academy Child Protection Policy contains details of our individual safeguarding arrangements in the following areas.

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Key Contacts during COVID-19 School Closure

Role	Name	Contact number	Email
Designated Safeguarding Leads	David Butterworth	01329 318003	AllDesignatedSafeguardingLeads@fareham-academy.co.uk
Deputy Designated Safeguarding Leads	Jo Heath Alice Smee Lucy Holloway Gareth Day John Moseley Greg Colyer Suzie Hoggarth	01329 318003	AllDesignatedSafeguardingLeads@fareham-academy.co.uk
Headteacher	Chris Prankerd	01329 318003	c.prankerd@fareham-academy.co.uk
Chair of Governors	Mark Goodall		m.goodall@fareham-academy.co.uk
Safeguarding Governor	Andy Grant		a.grant@fareham-academy.co.uk

Vulnerable Children

Vulnerable children include those who have a social worker and those children and young people up to the age of 25 with Education, Health and Care Plans (EHCP).

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

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

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

Senior leaders, especially the Designated Safeguarding Leads, know who the most vulnerable children are. They have the flexibility to offer a place to those on the edge of receiving children's social care support.

Fareham Academy will continue to work with and support social workers to help protect vulnerable children. This includes working with and supporting children's social workers and the local authority virtual school head (VSH) for looked-after and previously looked-after children. Alex Lowe Deputy Headteacher is the lead on this.

Vulnerable children who have a social worker may attend an education setting, so long as they do not have underlying health conditions that put them at increased risk and it is not safe for them to be cared for at home. In circumstances where a parent/carer does not want to bring their child to an education setting, and their child is considered vulnerable, the social worker and Fareham Academy will explore the reasons for this directly with the parent/carer.

Where parents/carers are concerned about the risk of the child contracting COVID-19, either a representative of Fareham Academy or the social worker will talk through these anxieties with the parent/carer following the advice set out by Public Health England.

Fareham Academy will encourage identified vulnerable children and young people, where appropriate, to attend the school, including remotely if needed.

For those pupils in care, the school will also liaise with the Virtual School to ensure a productive education is being undertaken.

We have in place secure safeguarding measures. All pupils at Fareham Academy will have a RAG rating (RED = High Risk, AMBER = Medium Risk, Green = No current risk), based on welfare and safeguarding needs. This document is essential in the smooth running of procedure and policy throughout this difficult time. It identifies vulnerable pupils, e.g. those pupils who are in care, have an EHCP, are subject to an existing welfare plan (Child Protection/Child in Need), those with social workers and those who we monitor internally as part of our Safeguarding Monitoring List.

Attendance Monitoring

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

When Fareham Academy has children in attendance (e.g. because they are vulnerable or their parent(s)/ carers are critical workers), this information will be submitted to the DfE by 12 noon, using the daily attendance sheet - https://www.gov.uk/government/publications/coronavirus-covid-19-attendance-recording-for-educational-settings

Fareham Academy and social workers will agree with parents/carers whether children-in-need should be attending school – Fareham Academy will then follow up on any pupil who was expected to attend and does not. Fareham Academy will also follow up with any parent or carer who has arranged care for their child(ren) and the child(ren) subsequently do not attend.

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

In all circumstances, where a vulnerable child does not take up their place at school, or discontinues their place, Fareham Academy will notify their social worker where applicable.

Designated Safeguarding Lead

Fareham Academy has a team of Designated Safeguarding Leads (DSL). These can be seen in the CP policy and above in the staffing table.

The optimal scenario is to have a trained DSL (or Deputy) available on site. Where this is not the case, a trained DSL (or Deputy) will be available to be contacted via phone or online video - for example when working from home.

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

It is important that all Fareham Academy staff and volunteers have access to a trained DSL (or Deputy). On each day, the staff on site will be made aware of who that person is and how to contact them.

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

Child Protection Policy

We will review our practices/policy to best meet this changing situation. This will be reviewed in line with Government guidance and local safeguarding advice.

Staff to be mindful of the following whilst pupils are not in school and in lock down:

- Domestic Abuse (predicted increase and exposure during isolation)
- Neglect and Abuse (increase where it already exists)

- Criminal/Sexual Exploitation (including online)
- Crime & Anti-Social Behaviour (involved/victim of)
- Online bullying, grooming and cyber risks (increase in screen time)

We also need to recognise that social distancing/disconnection and lock-down isolation could have a significant effect on young people's mental health and well-being, and/or that of other family members, which could also impact on them.

Reporting a Concern

Where staff have a concern about a child, they should continue to follow the process outlined in the school's Child Protection Policy, this includes emailing the All Designated Safeguarding Lead email address and contacting the school to speak to a DSL onsite.

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

Where staff are concerned about an adult working with children in the school, they must report the concern to the Headteacher. If there is a requirement to make a notification to the Headteacher whilst away from school, this should be done verbally on the telephone, followed up with an email to the Headteacher.

Concerns around the Headteacher should be directed to the Chair of Governors, Jenny Rogers j.rogers@fareham-academy.co.uk

Concerns for the Safety and Welfare of a Child

If any member of staff is concerned about a child, he or she must inform the safeguarding team IMMEDIATELY.

This can be done via email: AllDesignatedSafeguardingLeads@fareham-academy.co.uk

or by calling the school on 01329 318003

or David Butterworth: 01329 318003 ext 215

In the event that contact with the team cannot be made, staff are expected to refer directly to Children's Social Care (and the police if appropriate) if there is the potential for immediate significant harm.

Phone: 0300 555 1384 Out of hours: 0300 555 1373

IF YOU KNOW A CHILD TO BE IN IMMEDIATE RISK OF DANGER CALL 999

Safeguarding Training and Induction

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

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

All existing school staff have had Safeguarding training and have read Part 1 of Keeping Children Safe in Education (2019). The DSL will communicate with staff any new local arrangements, so they know what to do if they are worried about a child.

Where new staff are recruited, or new volunteers enter Fareham Academy, they will be provided with a Safeguarding Induction.

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

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

Upon arrival, they will be given a copy of Fareham Academy Child Protection Policy, confirmation of local processes and confirmation of DSL arrangements.

Safer Recruitment/Volunteers and Movement of Staff

It remains essential that people who are unsuitable are not allowed to enter the children's workforce or gain access to children. When recruiting new staff, Fareham Academy will continue to follow the relevant safer recruitment processes for their setting including, as appropriate, relevant sections in Part 3 of Keeping Children Safe in Education (2019) (KCSIE).

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

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

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

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

During the COVID-19 period, all referrals should be made by emailing:

Misconduct.Teacher@education.gov.uk

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

Online safety in Schools and Colleges

Fareham Academy will continue to provide a safe environment, including online. This includes the use of an online filtering system.

Where pupils are using computers in school, appropriate supervision will be in place.

The Academy has an online safety education programme which is embedded in tutor time, assemblies and a within department curriculum delivery.

For education resources released from the DfE please see KCSiE 2020 Annex C.

Children and Online Safety away from School and College

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

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

Staff are NOT permitted to deliver virtual lessons where webcams are involved unless it is deemed extenuating circumstances by the Headteacher in which a risk assessment will take place.

Supporting Children not in School

Fareham Academy is committed to ensuring the safety and wellbeing of all its children and young people.

Where the DSL has identified a child to be on the edge of social care support, or who would normally receive pastoral-type support in school, they should ensure that a robust communication plan is in place for that child or young person. This is detailed on the COVID-19 Safeguarding Plan which is located in the COVID-19 file in Teams.

Details of these communication plans must be recorded by the link member of staff identified by the DSLs in the Covid-19 file in Teams, as should a record of any contact that has been made with parents/carers/other agencies.

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

Fareham Academy and its DSLs will work closely with all stakeholders to maximise the effectiveness of any communication plan.

This plan must be reviewed regularly (at least once a fortnight, once a week for pupils identified in the RED category) and, where concerns arise, the DSL will consider any referrals as appropriate.

The school will share safeguarding messages on its website and social media pages.

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

Supporting Children in School

Fareham Academy is committed to ensuring the safety and wellbeing of all its pupils.

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

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

Fareham Academy will ensure that where we care for children of critical workers and vulnerable children on site, we ensure appropriate support is in place for them. This will be based on the need of the individual.

Where Fareham Academy has concerns about the impact of staff absence whilst pupils are on site – such as our Designated Safeguarding Leads or First Aiders being ill or unable to fulfil their role – we will discuss them immediately with the Headteacher.

Mental Health

Negative experiences and distressing life events, such as the current circumstances, can affect the mental health of pupils and their parents/carers. Teachers should be aware of this in setting expectations of pupils' work where they are at home. Support for pupils will be continued via phone calls and or emails from the Year Teams and the wider pastoral team.

Peer on Peer Abuse

Fareham Academy recognises that during the closure, a revised process may be required for managing any report of such abuse and supporting victims**.**

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

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

Concerns and actions must be recorded on CPOMS and be followed up in an email to the DSLs and any appropriate referrals made.

Resources and support

What support will be available to parents to help them educate their children at home?
More information will follow about what DfE is doing to support parents. We are working with the BBC and others to provide resources for children to access while at home. For parents with children under 5 years old see hungrylittleminds.campaign.gov.uk.

6.2 There is too much pressure on broadband connections in my area - how can my child do online learning?
The government is having regular calls with the major fixed and mobile operators, and with Ofcom, to monitor the situation and ensure that any problems on the networks are rapidly addressed and rectified.

We fully understand the importance of having reliable internet connectivity at this time, so that people can work from home wherever possible and access critical public services online, including health information.

6.3 Where can I go to get support to help keep my child safe online?
There is a lot of support available to keep your child safe online. Below are some useful links to help parents and carers:

- Thinkyouknow (advice from the National Crime Agency to stay safe online)
- Internet matters (support for parents and carers to keep their children safe online)
- Parent info (support for parents and carers to keep their children safe online)
- LGfL (support for parents and carers to keep their children safe online)
- Net-aware (support for parents and carers from the NSPCC)