

# STANHOPE PRIMARY SCHOOL

## SAFEGUARDING AND CHILD PROTECTION POLICY

2025



<b>Date of Approval:</b>	LAC 16/10/2025
<b>Date of Next Review:</b>	Statutory (at least) Annual September 2026

## Stanhope Primary School

### Safeguarding and Child Protection Policy

#### Contents

1. Introduction	5
1.1 Safeguarding Statement.....	5
1.2 Terminology .....	5
1.3 Policy Aims .....	6
1.4 Principles and Values .....	6
1.5 Confidentiality.....	7
1.6 Roles and Responsibilities .....	7
1.6.1 Key Personnel.....	7
1.6.2 Designated Safeguarding Lead .....	8
1.6.3 Executive Head Teacher.....	9
1.6.4 All School Staff .....	10
1.6.5 Local Advisory Committee .....	11
1.7 Training.....	11
2. Child Protection Procedures .....	11
2.1 Concerns or Disclosures.....	12
2.1.1 Concerns.....	12
2.1.2 Disclosures.....	12
2.2 Flowchart for child protection procedures .....	15
2.3 Referrals.....	15
2.4 Notifying parents .....	16
2.5 Dealing with concerns and allegations against staff .....	16
2.6 Whistle-Blowing.....	17
2.7 Dealing with children abusing children .....	17
2.8 Supporting Staff.....	17
2.9 Vulnerable children .....	18
3. Specific Forms of Abuse and Safeguarding Issues .....	18
3.1 High risk and emerging safeguarding issues .....	18
3.1.1 Contextual Safeguarding .....	18
3.1.2 Preventing Radicalisation and Extremism.....	19
3.1.3 Gender based violence / Violence against women and girls .....	21
3.1.4 Female Genital Mutilation (FGM) .....	21
3.1.5 Virginity testing and hymenoplasty .....	23

3.1.6	Forced Marriage.....	23
3.1.7	Honour Based Abuse.....	24
3.1.8	Teenage Relationship Abuse .....	25
3.1.9	Sexual Violence and Sexual Harassment between Children .....	25
3.1.10	Trigger Trio .....	27
3.1.11	Domestic Abuse.....	27
3.1.12	Parental mental health.....	28
3.1.13	Parental Substance misuse .....	29
3.1.14	Young Carers .....	29
3.1.15	Missing, Exploited and Trafficked Children (MET) .....	30
3.1.16	Children Absent from Education .....	30
3.1.17	Children Missing from Home or Care.....	30
3.1.18	Child Sexual Exploitation (CSE).....	32
3.1.19	Child Criminal Exploitation (including county lines) .....	33
3.1.20	Serious Violence.....	34
3.1.21	Trafficked Children and modern slavery .....	34
3.1.22	Child abduction .....	36
3.1.23	Returning home from care.....	36
3.1.24	Technologies.....	36
3.1.25	Online Safety and Social Media .....	37
3.1.26	Cyberbullying.....	38
3.1.27	Sharing nudes and semi-nudes (previously known as ‘sexting’) .....	39
3.1.28	Online sexual abuse .....	39
3.1.29	Gaming .....	39
3.1.30	Online reputation.....	40
3.1.30	Grooming.....	40
3.2	Safeguarding issues relating to individual pupil needs .....	41
3.2.1	Homelessness .....	41
3.2.2	Children & the Court System .....	41
3.2.3	Children with family members in prison .....	41
3.2.5	Pupils with medical conditions (out of school).....	42
3.2.6	Special educational needs and disabilities .....	42
3.2.7	Intimate and personal care .....	43
3.2.8	Perplexing presentations (PP) / Fabricated or induced illness (FII).....	45
3.2.9	Mental Health .....	45
3.3	Other safeguarding issues that may potentially have an impact on pupils .....	46

3.3.1	Bullying .....	46
3.3.2	Prejudice based abuse .....	46
3.3.3	Faith Abuse .....	47
3.3.4	Gangs and Youth Violence .....	47
3.3.5	Private fostering.....	47
3.3.6	Parenting.....	48
3.4	Safeguarding processes.....	48
3.4.3	Safer Recruitment .....	49
3.4.4	Staff Induction.....	49
3.4.5	Health and Safety.....	49
3.4.6	Site Security .....	49
3.4.7	Off site visits.....	49
3.4.8	First Aid .....	50
3.4.10	Taking and the use and storage of images.....	50
3.4.11	Transporting pupils .....	50
3.4.12	Disqualification under the childcare act .....	51
3.4.13	Community Safety Incidents .....	51
3.4.14	Use of school premises for non-school activities .....	51
Appendix 1	Dealing with Disclosures and Signs of Abuse Support Sheet .....	52
Appendix 2	What is child abuse? (Extended version) .....	55
Appendix 3	Sexual violence and sexual harassment between children in school (with reference to KCSiE Part 5 and Annex B).....	61
Appendix 4	Sexual Violence and Sexual Harassment between Children Risk and Needs Assessment Template .....	64
Appendix 5	Allegations against adults who work with children .....	65
Appendix 6	What is Early Help and what staff should look out for .....	68
Appendix 7	Whistleblowing in a safeguarding context.....	69
Appendix 8	Gifts and Hospitality Disclosure Form .....	70
Appendix 9	Useful contacts.....	71
Appendix 10	Links.....	72
Appendix 11	Safeguarding Children & Young People – Safe Working Practice Agreement ...	73
Appendix 12	Referrals Pathway .....	75
Appendix 13	Referrals Pathway-Radicalisation and PREVENT .....	76
Appendix 14	FGM Reporting Information and Referrals Pathway .....	77

## **1. Introduction**

This policy has been written with guidance from the Hampshire Safeguarding Children Partnership (2025), and the Keeping Children Safe in Education (KCSiE 2025) document.

This policy applies to all members of staff and governors in the school. 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.

### **1.1 Safeguarding Statement**

At Stanhope Primary School, safeguarding and promoting the welfare of children is **everyone's** responsibility. The health and safety of all children is of paramount importance. Parents send their children to school each day with the expectation that our school provides a secure environment in which their children can flourish. We therefore have to ensure that this expectation becomes reality.

Safeguarding determines the actions that we take to keep children safe and protect them from harm in all aspects of their school life. Stanhope Primary School recognises our moral and statutory responsibility to safeguard and promote the welfare of all pupils. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse, neglect and exploitation and follow our procedures to ensure that children receive effective support, protection and justice. Child protection forms part of the school's safeguarding responsibilities and we maintain an attitude of "it could happen here" where safeguarding is concerned.

Engage Enrich Excel Academy Schools are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults, and expects all staff, volunteers and governors to share this commitment. All our staff are required to go through the disclosure and barring service (DBS) to safeguard our pupils.

### **1.2 Terminology**

**Safeguarding** and promoting the welfare of children is defined as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing the 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
- creating a safe environment where children can learn and thrive
- taking action to enable all children to have the best outcomes

**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.

**Staff** refers to all those working for or on behalf of the school, full or part time, temporary or permanent, in either a paid or voluntary capacity. This also includes parent volunteers, governors, ancillary supply and self-employed staff.

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

**Parents** refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.

**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 by failing to act to prevent harm. Harm can include the impact of witnessing ill treatment of others which is particularly relevant, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children. Further explanations of specific types of abuse are given throughout the policy.

### 1.3 Policy Aims

- To provide all staff with a framework to promote and safeguard the wellbeing of children and in doing so meeting their statutory responsibilities.
- To ensure consistent good practice across the school, ensuring that all staff support the child's development in ways that will foster security, confidence and independence.
- To demonstrate the school's commitment with regard to safeguarding and child protection to pupils, parents and other partners. This includes preventing harm; promoting wellbeing; creating safe environments; educating on rights, respect and responsibilities; and responding to specific issues and vulnerabilities.
- To emphasise the need for good levels of communication between all members of staff.

### 1.4 Principles and Values

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

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

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

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

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

- All children regardless of age, gender, culture, language, race, disability, ability, sexual identity or religion have equal rights to protection, safeguarding and opportunities.
- All children have a right to feel secure and cannot learn effectively unless they do so.
- 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, either in the school or in the community, taking into account *contextual safeguarding*, in accordance with the guidance.

- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, it reserves the right to follow guidance and contact Children’s Social Care or the police, without notifying parents if this is believed to be in the child’s best interests.
- We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting our pupils from harm and have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm.
- All staff believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.
- All adults working within the school should maintain professional curiosity if they are concerned about a child.
- Pupils and staff involved in child protection issues will receive appropriate support.

## 1.5 Confidentiality

We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the ‘Information Sharing Advice for Practitioners’ (DfE 2024) guidance.

There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.

All staff recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential and the Executive Head Teacher or Designated Safeguarding Leads (DSL) will only disclose information about a child to other members of staff on a need-to-know basis.

We will always share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation.

All staff are aware that they cannot promise a child to keep a disclosure confidential.

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

- The content of the curriculum adapted to the specific needs and vulnerabilities of individual children, including children who are victims of abuse, and children with SEND.
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.
- Children will be taught about how to keep themselves and others safe when online.

## 1.6 Roles and Responsibilities

### 1.6.1 Key Personnel

Designated Safeguarding Leads (DSL)	Sarah Kennedy DSL (Executive Head Teacher) Ollie Tomlinson DDSL (SENCO & Inclusion)
Safeguarding Governor	Karen Brown (Trustee)
Chair of Governors	Stephen Norton (Chair of Trustees)

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

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

As an employer we follow safer recruitment guidance as set out in KCSiE 2025 including informing shortlisted candidates that online searches will be carried out.

### 1.6.2 Designated Safeguarding Lead

- **Manage referrals**

- refer cases of suspected abuse to Children’s Social Care, in a timely manner and support staff who have raised concerns about a child or have made a referral to Children’s Social Care
- where there are concerns about radicalisation, to make referrals to the Channel programme and offer support to other staff who have concerns about radicalisation
- refer cases to the Disclosure and Barring Service (DBS) where a member of staff has been dismissed or has left due to risk or harm to a child
- refer cases where a crime has been or may have been committed to the Police
- when making referrals, use support and language from key documents such as the Hampshire Safeguarding Children’s Partnership and Children’s Trust Thresholds Chart and Neglect Threshold and Indicator Chart, the Brooks traffic light toolkit, harmful sexual behaviour framework (Hackett) in addition to external advice which will support decision-making.

- **Work with others**

- liaise with the Executive Head Teacher to inform her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations; this includes being aware of the requirement for children to have an Appropriate Adult. Further information can be found in the statutory guidance - [PACE Code C 2019](#).
- as required, liaise with the “case manager” and the designated officer(s) at the local authority for child protection concerns which concern a staff member
- liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies
- act as a source of support, advice and expertise for staff.

- **Undertake training**

In addition to formal training the DSL should keep knowledge and skills up to date via online training, e-bulletins, opportunities to network with other DSLs, and attend locally arranged briefings. These opportunities should be taken up at least once a year but more regularly if possible so that the DSL:

- understands the referral and assessment process for early help and intervention
- knows about child protection case conferences and reviews and can contribute to these effectively when required
- ensures that all staff have access to and understand the school’s safeguarding and child protection policy
- is aware of the needs of children in need, those with special educational needs and young carers
- keeps detailed, accurate and secure records of concerns and referrals using CPOMS
- understands the role of the school in terms of the Prevent duty
- attends refresher and other relevant training
- encourages a culture of listening to children and taking account
- ensures filtering and monitoring systems and processes are in place

- **Raise Awareness**

- work with the Local Advisory Committee (LAC) to ensure the school's child protection and safeguarding policy is updated and renewed annually and that all members of staff have access to and understand it.
- provide regular briefings and updates at staff and LAC meetings to help ensure that everyone is kept up to date on latest policy developments and reminded of their responsibilities.
- ensure the safeguarding and child protection policy is available publicly and that parents are aware of the policy and that schools may make referrals to Children's Social Care if there are concerns about abuse or neglect.
- link with the HSCP to keep up to date with training opportunities and the latest local policies

- **Record Keeping**

It is also the designated safeguarding lead's responsibility to keep detailed, accurate and secure records of safeguarding concerns, discussions and decision, including the rationale for those decisions. These records are confidential and kept separately from pupil records on CPOMS. They should include a chronology of concerns, referrals, meetings, phone calls and emails.

Where children leave the school, ensure their child protection file is transferred to the new school in 5 days. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

- **Training of other staff**

- Staff have induction training covering child protection, an understanding of safeguarding issues including the causes of abuse, neglect and raising awareness of the existing expectation for relevant staff to understand filtering and monitoring.
- Staff are able to identify the signs and indicators of abuse, respond to disclosures appropriately and respond effectively and in timely fashion when they have concerns.

In addition, the DSL will meet any other expectations set out for DSLs in KCSiE 2025.

### **1.6.3 Executive Head Teacher**

The Executive Head Teacher is responsible for ensuring:

- the Child Protection and Safeguarding Policy and procedures are implemented and followed by all staff;
- sufficient time, training, support, resources, including cover arrangements where necessary, is allocated to the DSL and deputy/(ies) DSL(s) to carry out their roles effectively, including the assessment of pupils and attendance at strategy discussions and other necessary meetings;
- where there is a safeguarding concern, that the child's wishes and feelings are taken into account when determining what action to take and what services to provide;
- systems are in place for children to express their views and give feedback which operate with the best interest of the child at heart;
- all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistle-blowing procedures;
- that pupils are provided with opportunities throughout the curriculum to learn about safeguarding, including keeping themselves safe online;
- they liaise with the Local Authority Designated Officer (LADO), before taking any action and on an ongoing basis, where an allegation is made against a member of staff or volunteer;
- anyone who has harmed or may pose a risk to a child is referred to the Disclosure and Barring Service.

- that those staff that need to know, are aware of those children who have experienced, or are experiencing abuse in order to promote their educational outcomes and provide the appropriate support.
- ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE) and the Hampshire Safeguarding Children Partnership (HSCP) procedures.
- determine if a concern about a member of staff is a 'low level concern' or an allegation (See Keeping Children Safe in Education 2025 Part 4).

#### 1.6.4 All School Staff

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

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school who they can approach if they are worried or have concerns.
- Plan opportunities within the curriculum for children to develop the skills they need to recognise, assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of "it could happen here" with regards to safeguarding.
- 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.
- Be aware of the expectations, applicable roles and responsibilities in relation to filtering and monitoring.
- Recognise that abuse, neglect, or other adverse childhood experiences, can have an impact on the mental health, behaviour and education of children.
- Record their concerns if they are worried that a child is being abused and report these to the DSL as soon as possible that day. If the DSL is not contactable immediately a Deputy DSL should be informed. This should also be done on CPOMS.
- Be prepared to refer directly to social care, and the police if appropriate, if there is a risk of significant harm and the DSL or their Deputy is not available.
- Follow the allegations procedures (Appendix 5) if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the HSCP and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to "keep a secret".
- Notify the DSL or their Deputy of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of early help (Appendix 7) as support for children that improves a family's resilience and outcomes or reduces the chance of problems getting worse. Be alert to the various factors that can increase the need for early help. These include, frequently missing from education, experiencing multiple suspensions, at risk of suspension and has a parent or carer in custody (Part 1 *para 18 KCSiE 2025*).
- Be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and Deputy DSLs are and know how to contact them.
- Have an awareness of the Child Protection and Safeguarding Policy; the Behaviour and Relationships Policy<sup>1</sup>; the Staff Behaviour Policy (or Code of Conduct); child on child abuse

---

<sup>1</sup> [Behaviour in schools' guidance](#)

procedures; safeguarding response for children who are absent or missing from education; and the role of the DSL.

- Ensure that safeguarding records on CPOMS are transferred accordingly (separate from pupil files) and in a timely fashion when a child transfers school, including in-year transfers.
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, their information is passed to the new school immediately and that the child's social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or on-going.

#### **1.6.5 Local Advisory Committee**

- Ensure the school has effective safeguarding policies and procedures including a Child Protection and Safeguarding Policy, a Staff Behaviour Policy or Code of Conduct, a Behaviour and Relationships Policy and a response to children who are absent or missing from education.
- Ensure HSCP is informed in line with local requirements about the discharge of duties via the annual safeguarding audit.
- Ensure recruitment, selection and induction follows safer recruitment practice including all appropriate checks.
- Ensure allegations against staff are dealt with by the Executive Head Teacher. Allegations against the Executive Head Teacher are dealt with by the Chair of Governors.
- Ensure a member of the Senior Leadership Team is appointed as Designated Safeguarding Lead (DSL) and has this recorded in their job description.
- Ensure staff have been trained appropriately and this is updated in line with guidance.
- Ensure any safeguarding deficiencies or weaknesses are remedied without delay.
- Identify a nominated governor for safeguarding.

### **1.7 Training**

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Training is provided as required. Separate training is provided to all new staff on appointment with the DSL, via-National College and during the initial staff training at the beginning of the academic year. The DSL and DDSLs, will attend training at least every other year to enable them to fulfil their role.

Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training. This policy will be updated during the year to reflect any changes brought about by new guidance.

Governor training is provided as required by KCSiE (2025).

## **2. Child Protection Procedures**

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

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

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

All staff are aware that very young children with those with disabilities, special needs, certain medical conditions or with language delay may be more likely to communicate concerns with behaviours rather than words. Additionally, staff will question the cause of knocks and bumps in children who

have limited mobility, which will include children (for example younger siblings) visiting the site in addition to pupils.

## 2.1 Concerns or Disclosures

### 2.1.1 Concerns

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

1. Make an initial record of the information. This may be on paper or on CPOMS.
2. Report it to the DSL immediately.
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL is not immediately available.
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 in which they were involved
  - Any injuries
  - Explanations given by the child / adult
  - What action was taken
  - Any actual words or phrases used by the child
  - Paper records must be signed and dated by the staff member

The records must be recorded using CPOMS (including scanned records).
5. In the absence of the DSL or DDSLs, be prepared to refer directly to Children's Social Care (via an Inter-Agency referral Form ([IARF](#)) or if there is the potential for **immediate** significant harm, contact the police (999).

There will be occasions when staff may suspect that a pupil may be at risk, but have no 'real' evidence. The pupil's behaviour may have changed, their artwork could be bizarre, and they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed. Stanhope Primary School recognise that the signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred. However, they may also indicate a child is being abused or is in need of safeguarding. In these circumstances staff will try to give the child the opportunity to talk. It is fine for staff to ask the pupil if they are "OK" or if they can help in any way.

Staff should still express their concern using CPOMS to record these early concerns.

### 2.1.2 Disclosures

See Dealing with Disclosures Support Sheet (Appendix 1).

We recognise that it takes a lot of courage for a child to disclose they are being abused. They may feel ashamed, guilty or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse.

A child who makes a disclosure may have to tell their story on a number of subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

During their conversation with the pupil, staff will;

- Listen to what the child has to say and allow them to speak freely.
- Repeat back what the child has said.

- Remain calm and not overact or act shocked or disgusted – the pupil may stop talking if they feel they are upsetting the listener.
- Reassure the child that it is not their fault and that they have done the right thing in telling someone.
- Not be afraid of silences – staff must remember how difficult it is for the pupil and allow them time to talk.
- Take what the child is disclosing seriously.
- Ask open questions (using the words **Tell**, **Explain**, **Describe**) and avoid asking leading questions.
- Avoid jumping to conclusions, speculation or make accusations.
- Not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused.
- Avoid admonishing the child for not disclosing sooner. Saying things such as ‘I do wish you had told me about it when it started’ may be the staff member’s way of being supportive but may be interpreted by the child to mean they have done something wrong.
- Tell the child what will happen next (the concern will be reported to the DSL team who will help the child).

If a pupil talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on to keep them safe – staff are not allowed to keep secrets.

The member of staff should write up their conversation as soon as possible on CPOMS or a piece of paper, in the child’s own words. Staff should make this a matter of priority. A paper record should be signed and dated, the member of staff’s name should be printed and it should also detail where the disclosure was made and who else was present. The record should be handed to the DSL.

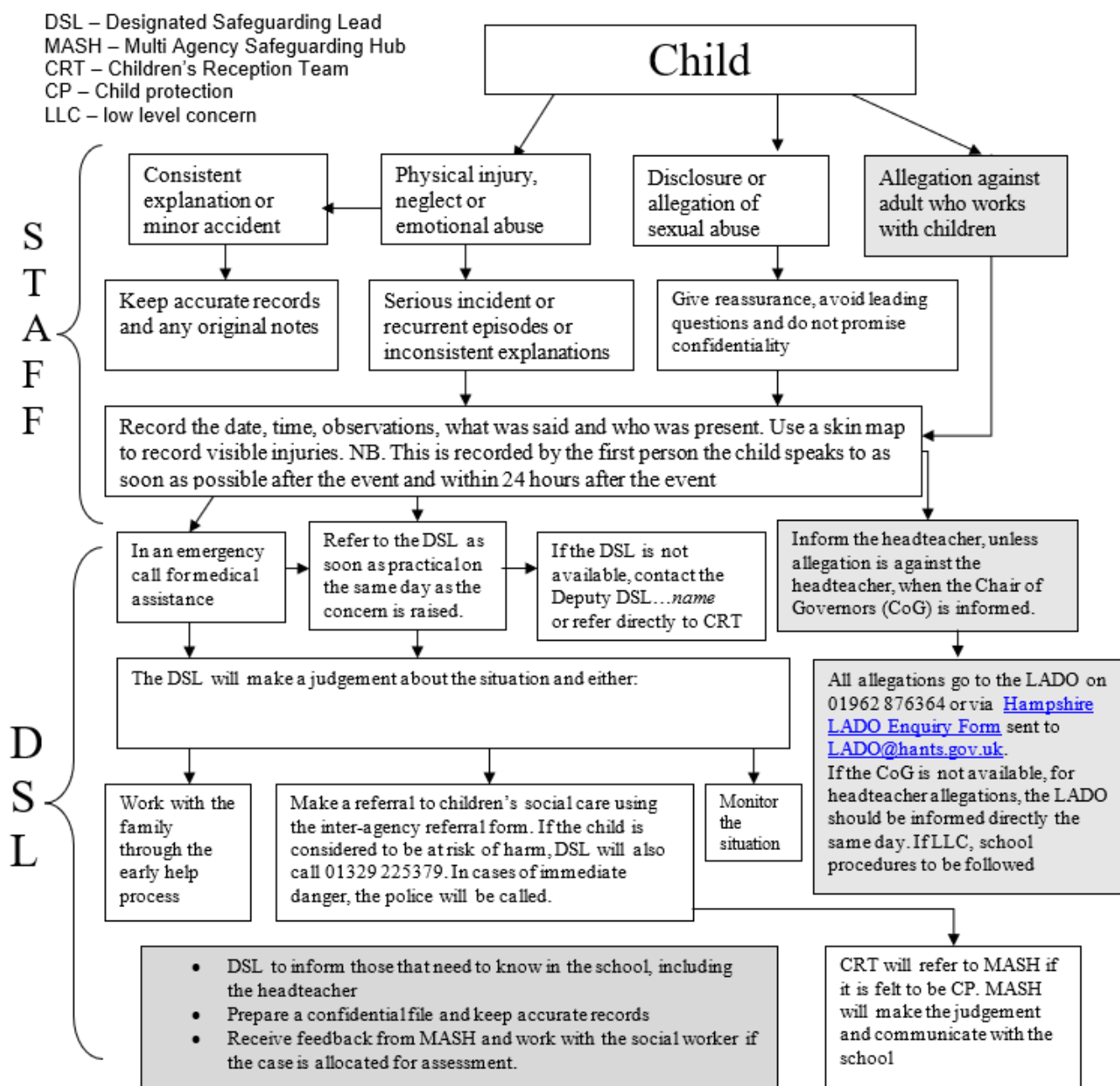
**Following a report of concerns the DSL must:**

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children’s Social Care and the police if it is in keeping with the National Police Chiefs Council [“When to call the Police”](#) guidance. The rationale for this decision should be recorded by the DSL.
2. Normally the school should try to discuss any concerns about a child’s welfare with the family and where possible to seek their agreement before making a referral to Children’s Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. Where there are doubts or reservations about involving the child’s family, the DSL should clarify with Children’s Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. The child’s views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or Deputy) must contact Children’s Social Care via the Inter-Agency Referral Form ([IARF](#)) making a clear statement of:
  - the known facts
  - any suspicions or allegations
  - whether or not there has been any contact with the child’s family

If there is indication that the child is suffering significant harm, a call will also be made to Children’s Reception Team (CRT) on 01329 225379 (professionals line).

4. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must also notify Children's Social Care of the occurrence and what action has been taken.
5. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DSL or their Deputy 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.
6. If there is not a risk of significant harm, the DSL will either actively monitor the situation or consider the Early Help process.
7. In cases of allegations against staff or low-level concerns, the HSCP procedure or the school Low Level Concerns (LLC) procedure will be followed.

## 2.2 Flowchart for child protection procedures



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

## 2.3 Referrals

Following any concerns raised, the DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen, using Hampshire Safeguarding Children’s Partnership and Children’s Trust [Thresholds Chart](#). Other key documents to support decision-making and the language used in referrals include the Brooks traffic light toolkit, [harmful sexual behaviour framework \(Hackett\)](#), the [Neglect Threshold and Indicator Chart](#) in addition to external advice from supporting professionals.

If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached, or if it is not clear if the threshold is met, then the DSL will contact Children’s Social Care and if appropriate the police. If the DSL is not available or there are immediate concerns, the staff member

will refer directly to Children's Social Care and the police if appropriate. We will use the guidance from the [National Police Chief's Council](#) (NPCC) to determine when to contact the police.

Generally, the DSL will inform the parents prior to making a referral. However, there are situations where this may not be possible or appropriate, particularly when informing parents/carers may place the child at further risk.

If after a referral the child's situation does not appear to be improving the DSL (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the child's situation improves.

If a child is in immediate danger or is at risk of harm a referral should be made to the police immediately. Anybody can make a referral. The child should not return home if the danger is imminent.

Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

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

DSLs should keep detailed, accurate, and secure written records of all concerns, discussions and decisions made including the rationale for those decisions. This should include instances where referrals were or were not made to another agency such as LA Children's Social Care or the Prevent program. This rationale should be recorded on CPOMs.

## **2.4 Notifying parents**

The School will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and the DSL will make contact with the parent in the event of a concern, suspicion or disclosure.

However, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's social care.

Where there are concerns about forced marriage or honour-based violence parents should not be informed if a referral is being made as to do so may place the child at a significantly increased risk.

## **2.5 Dealing with concerns and allegations against staff**

All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

All staff should be aware of Stanhope Primary School's Behaviour and Relationships, Code of Conduct, Online Safety, Gifts and Hospitality and Social Media policies. Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.

All staff must declare gifts received by pupils and parents using Stanhope Primary School Gifts and Hospitality Form (see Appendix 9).

Staff, parents and governors are reminded that publication of material that may lead to their identification of a teacher who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing including content placed on social media sites.

It is understood that a pupil may make an allegation against a member of staff or staff may have concerns about another staff member. If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Executive Head Teacher, or Chair of Governors in the event of an allegation against the Executive Head Teacher. (See Appendix 5 for further guidance).

If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the Executive Head Teacher (Sarah Kennedy). The Executive Head Teacher will make an assessment to determine if the matter is a 'low level concern' or an 'allegation'. The Local Authority Designated Officer (LADO) will be contacted and the relevant guidance will be followed. If the Head Teacher needs advice or guidance, they will contact the LADO via the initial inquiry form.

If the allegation is against the Executive Head Teacher, the person receiving the allegation will contact the LADO or Chair of Governors directly.

Tel: 01962 876364 Fax: 01962 876229 (secure line)

[LADO service initial inquiry form](#)

[LADO information](#)

Please also refer to our Complaint Procedure Policy and our Whistle blowing Policy.

## **2.6 Whistle-Blowing**

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in the school's safeguarding arrangements. If it becomes necessary to consult outside the school, they should speak in the first instance, to the Area Education Officer/LADO following the Whistleblowing Policy.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00am to 8:00pm, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

Whistle-blowing regarding the Executive Head Teacher should be made to the Chair of Governors whose contact details are readily available to staff. [chairofgovernors@cambridgeschool.hants.sch.uk](mailto:chairofgovernors@cambridgeschool.hants.sch.uk)

## **2.7 Dealing with children abusing children**

If a concern is raised that a child under 18 is abusing another child under 18 within the school, the 'Child on Child Abuse' guidance will be followed and our Managing Allegations Against Other Pupils Policy referred to.

## **2.8 Supporting Staff**

We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

## 2.9 Vulnerable children

Stanhope Primary School recognises that some children are more vulnerable to abuse, neglect and exploitation and that additional barriers exist when recognising abuse for some children.

We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment or circumstances.

In some cases, possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

To ensure that all of our pupils receive equal protection we will give special consideration to children who are;

- Disabled or have special educational needs
- Looked after children, previously looked after children and kinship placement pupils
- Young carers
- Affected by parental substance misuse, domestic abuse or parental mental health needs
- Asylum seekers
- Living away from home
- Vulnerable to being bullied or engaged in bullying
- Already viewed as a 'problem'
- Living in temporary accommodation
- Live transient lifestyles
- Living in chaotic and unsupportive home situations
- Vulnerable to discrimination on the grounds of race, ethnicity, religion, disability or sexuality
- At risk of sexual exploitation
- Do not have English as a first language
- At risk of female genital mutilation
- At risk of forced marriage
- At risk of being drawn into extremism.

## **3. Specific Forms of Abuse and Safeguarding Issues**

### **3.1 High risk and emerging safeguarding issues**

#### **3.1.1 Contextual Safeguarding**

In KCSIÉ, the DfE refer to contextual safeguarding as a specific term which came out of research from the University of Bedfordshire.

The definition of Contextual Safeguarding is *“an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore, children's social care practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these*

*spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.”*

All staff should recognise that safeguarding incidents and/or behaviours can be associated with factors outside the school and might arise from within their peer groups, from within the wider community and/or online. All staff, but especially the DSL and deputy DSLs should consider whether children are at risk of abuse or exploitation in situations outside their families.

Risk and harm outside of the family can take a variety of different forms and children can be vulnerable to multiple threats including sexual exploitation, exploitation by criminal gangs and organised crime groups such as county lines, trafficking, online abuse, extremism leading to radicalisation and serious youth violence in addition to other risks.

Contextual safeguarding risks for our school include:

Within our school:

- high levels of mobility
- domestic conflict
- mental health

Within the local area:

- Violence and sexual violence
- Anti-social behaviour
- Shoplifting Criminal damage and arson
- Theft

Staff are trained on contextual influences and follow the school procedures for reporting concerns.

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

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

### **3.1.2 Preventing Radicalisation and Extremism**

The Prevent Duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks include, but are not limited to political; environmental; animal rights; or faith based extremism that may lead to a child becoming radicalised. All staff receive prevent training in order that they can identify the signs of children being radicalised.

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

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

Any child who is considered vulnerable to radicalisation will be referred by the DSL, using the National Referral Form: [Prevent | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/prevent). The Counter Terrorism Police and Children's Services through MASH will then be informed. If the Counter Terrorism Police consider the information to be indicating a level of risk a "channel panel" will be convened and the school will attend and support this process.

## INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support or use terrorist violence.
2. Extremism is defined by the Government in the Prevent Strategy as:  
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:  
The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
  - Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
  - Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
  - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;

- Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
- Being in contact with extremist recruiters;
  - Accessing violent extremist websites, especially those with a social networking element;
  - Possessing or accessing violent extremist literature;
  - Using extremist narratives and a global ideology to explain personal disadvantage;
  - Justifying the use of violence to solve societal issues;
  - Joining or seeking to join extremist organisations; and
  - Significant changes to appearance and / or behaviour;
  - Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

The Department of Education guidance [The Prevent Duty](#) can be accessed via this link.

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

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

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

### 3.1.4 Female Genital Mutilation (FGM)

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

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

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

**At no time will staff examine pupils to confirm this.**

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

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

### **Why is it carried out?**

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

### **Is FGM legal?**

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

### **Circumstances and occurrences that may point to FGM happening are:**

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

### **The 'One Chance' rule**

As with Forced Marriage there is the 'One Chance' rule. It is essential that schools take action **without delay** and make a referral to children's services.

#### **3.1.5 Virginit testing and hymenoplasty**

Staff should be aware that virginit testing and hymenoplasty became illegal in 2022 and that it is a criminal offence for anyone to perform or assist in the performance of FGM, virginit testing or hymenoplasty, in the UK or abroad, or to fail to protect a person under 16 for whom they are responsible. For cases where it is believed that a girl may be vulnerable to virginit testing or hymenoplasty, the staff will inform the DSL who will report it as with any other child protection concern.

Virginit testing is any examination (with or without contact) of the female genitalia intended to establish if vaginal intercourse has taken place. This is irrespective of whether consent has been given.

Hymenoplasty is a procedure undertaken to reconstruct a hymen. The aim of the procedure is to ensure that a woman bleeds the next time she has intercourse to give the impression that she has no history of vaginal intercourse.

#### **3.1.6 Forced Marriage**

In the case of children: *'a forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage and duress is involved. It is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse.'*

The pressure put on people to marry against their will may be:

- physical: for example, threats, physical violence or sexual violence
- emotional and psychological: for example, making someone feel like they are bringing 'shame' on their family
- financial: for example taking someone's wages

Forced marriage is illegal in the UK. It is a form of domestic abuse and a serious abuse of human rights.

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

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

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

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

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

- an extended absence from school/college, including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;

- a history of siblings leaving education to marry early;
- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

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

### 3.1.7 Honour Based Abuse

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

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

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

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

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

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

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

### 3.1.8 Teenage Relationship Abuse

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

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

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

In response to these research findings, the school will provide education to help prevent teenagers from becoming victims and perpetrators of abusive relationships, by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships. This will form part of the school's curriculum content in respect of Relationship Education and in developing this curriculum the school will follow the RSHE guidance (July 2025): [Relationships Education, Relationships and Sex Education and Health Education guidance](#)

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

### 3.1.9 Sexual Violence and Sexual Harassment between Children

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

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

As a school we are clear that sexual violence and sexual harassment is **not acceptable**, will **never** be tolerated and is **not** an inevitable part of growing up. It cannot be described or passed off as "banter", "just having a laugh" or "boys being boys".

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

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

As a school we will follow the guidance in Part 5 in KCSiE Child-on-child sexual violence and sexual harassment. Failure to do so could lead to a culture of unacceptable behaviour, an unsafe environment and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it. In addition, recognising, acknowledging, and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported. We will challenge physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them. As

such, staff in the school will remain vigilant and intervene early to prevent low level behaviours from becoming abusive experiences.

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

### ***Sexism and Stereotyping***

The new RSHE Guidance (July 2025) Relationships Education, Relationships and Sex Education and Health Education guidance outlines the importance of developing positive concepts and masculinity and femininity.

Both within and beyond the classroom, staff should be conscious of everyday sexism, misogyny, homophobia and stereotypes, and should take action to build a culture where prejudice is identified and tackled. Staff have an important role in modelling positive behaviour and avoiding language that might perpetuate harmful stereotypes. Pupils should understand the importance of challenging harmful beliefs and attitudes and should understand the links between sexism and misogyny and violence against women and girls. Where misogynistic ideas are expressed at school, staff should challenge the ideas, rather than the person expressing them.

Pupils may be exposed to online content which normalises harmful or violent sexual behaviours, which might include sexist and misogynistic influencers who normalise sexual harassment and abuse. Young people may be more vulnerable to this content when they have low self-esteem, are being bullied, or have other challenges in their lives. Teachers should encourage pupils to consider how this content may be harmful to both men and women, while avoiding stigmatising or perpetuating harmful stereotypes about boys, and avoiding directly signposting to specific content and content producers.

### **Upskirting**

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

Upskirting is defined as someone taking a picture under another person’s clothing without their knowledge, with the intention of viewing their genitals or buttocks, with or without underwear. The intent of upskirting is to gain sexual gratification or to cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim. If this is between pupils, we will follow the child on child abuse procedure.

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

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

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

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

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

If the image is taken on a mobile phone, the phone will be confiscated under the same principles. This may need to be passed to the police for them to investigate, if there is evidence that a crime has been committed. **Staff will not view images.**

### **3.1.10 Trigger Trio**

The term 'Trigger Trio' has replaced the previous phrase 'Toxic Trio' which was used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to adults and children has occurred.

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

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

### **3.1.11 Domestic Abuse**

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home. The government will issue statutory guidance to provide further information for those working with domestic abuse victims and perpetrators, including the impact on children.

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

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

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

- being withdrawn
- suddenly behaving differently
- anxiety
- being clingy
- depression

- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
- missing school
- changes in eating habits
- obsessive behaviour
- experiencing nightmares
- taking drugs
- use of alcohol
- self-harm
- thoughts about suicide

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

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

#### **How does it affect children?**

Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to mental health issues such as depression, self-harm and anxiety.

#### **What are the signs to look out for?**

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

#### **3.1.12 Parental mental health**

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

For children the impact of parental mental health can include:

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

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

### **3.1.13 Parental Substance misuse**

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

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

For children the impact of parental substance misuse can include:

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

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

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

### **3.1.14 Young Carers**

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

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

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

Young carers are identified annually on the school census.

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

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

### 3.1.16 Children Absent from Education

All staff should be aware that children being absent from school, particularly repeatedly and/or for prolonged periods, and children missing education can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse, neglect such as sexual abuse or exploitation and can also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, so called 'honour'-based abuse or risk of forced marriage. Early intervention is essential to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. It is important that staff are aware of the school's unauthorised absence procedures and children missing education procedures. [DfE guidance](#) ensures statutory procedures are clear.

DSLs and staff should consider:

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

- Is the child being exploited during this time?
- Are they late because of a caring responsibility?
- Is the child avoiding abusive behaviour from peers or staff on this day?
- Do the parents appear to be aware and are they condoning the behaviour?
- Can the parent be contacted and made aware?
- Are the pupil's peers making comments or suggestions as to where the pupil is?
- Have they been directly or indirectly affected by substance misuse?
- Are other pupils routinely missing the same days and does this raise other risks or concerns such as SVSH between pupils, exploitation, gang behaviour or substance misuse?
- Is the day being missed because there is a lesson that would cause bruising or injuries to become visible?

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

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

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

### 3.1.17 Children Missing from Home or Care

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

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

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

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

- Local authorities have safeguarding duties in relation to children missing from home and should work with the police to risk assess and analyse data for patterns that indicate particular concerns and risks.
- The police will prioritise all incidents of missing children as medium or high risk. Where a child is recorded as being absent, the details will be recorded by the police, who will also agree review times and any on-going actions with person reporting.
- A missing child incident would be prioritised as 'high risk' where:
  - the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or
  - the child may have been the victim of a serious crime; or
  - the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

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

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

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

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

Push factors include:

- Conflict with parents/carers
- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- Co-Occurring Concerns (domestic abuse, parental mental ill health and parental substance misuse)

Pull factors include:

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

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

### 3.1.18 Child Sexual Exploitation (CSE)

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

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

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship (from KCSIE).

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

Indicators a child may be at risk of CSE include:

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

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

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

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

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

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

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

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

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

A current trend in criminal exploitation of children and young people are ‘county lines’ which refer to a ‘phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation, as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Indicators that a child may be criminally exploited include:

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

We will treat any child who may be criminally exploited as a victim in the first instance and using the CERAF form and guidance in our referral to children’s social care. If a referral to the police is also

required, as crimes have been committed on the school premises, these will also be made. Children who have been exploited will need additional support to help maintain them in education.

If there is information or intelligence about child criminal exploitation, we will report this to the police via the community partnership information form which can be downloaded from

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

### **3.1.20 Serious Violence**

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

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

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

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

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

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

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

If there is information or intelligence about potential serious violence, we will report this to the police via the community partnership information form. <https://www.safe4me.co.uk/portfolio/sharing-information/>

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

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

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

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

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

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

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

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy

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

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

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

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

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

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

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

### 3.1.22 Child abduction

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

When we consider who is abducted and who abducts

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

If we become aware of an abduction, we will follow the [HIPS procedure](#) and contact the police and children's social care (if they are not already aware).

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

### 3.1.23 Returning home from care

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

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

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

### 3.1.24 Technologies

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

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

- content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation, extremism, misinformation, disinformation (including fake news), and conspiracy theories.
- contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.

- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

### 3.1.25 Online Safety and Social Media

As a school it is essential that we safeguard children from potentially harmful and inappropriate online material.

A comprehensive approach to online safety empowers staff to protect and educate our children in their use of technology and establishes mechanisms to identify, intervene in, and escalate any concerns where appropriate and as stated in the Online Safety Policy.

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

- **content:** being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation, extremism, misinformation, disinformation (including fake news) and conspiracy theories.
- **contact:** being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes’.
- **conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- **commerce** - risks such as online gambling, inappropriate advertising, phishing and or financial scams. If we feel pupils, students or staff are at risk, we will report it to the Anti-Phishing Working Group (<https://apwg.org/>).

We ensure that online safety is a running and interrelated theme when devising and implementing policies and procedures. Children are taught online safety throughout the curriculum and all staff receive training which is regularly updated.

Appropriate filtering and monitoring is in place on all school devices and school networks as ensured by the LAC. This is so children have access to ‘safe’ information and ‘over blocking’ does not restrict access to their learning. Filtering is provided by London Grid for Learning and monitoring software is SENSO Cloud. The school uses CPOMS to log any Online Safety concerns and incidents. Staff training includes understanding roles and responsibilities in relation to filtering and monitoring. The school follows the DfE guidance: [Meeting digital and technology standards in schools and colleges - Filtering and monitoring standards for schools and colleges - Guidance - GOV.UK \(www.gov.uk\)](#) and the department’s [Plan technology for your school - GOV.UK](#) to carry out a self-assessment against the filtering and monitoring standards.

We understand that we are directly responsible for ensuring we have the appropriate level of security protection procedures in place in order to safeguard our systems, staff and learners and

review the effectiveness of these procedures periodically to keep up with evolving cyber-crime technologies. We follow guidance on e-security from the [National Education Network](#) and broader guidance on cyber security including considerations for governors and trustees at [Cyber security training for school staff - NCSC.GOV.UK](#). We strive to meet the [Cyber security standards for schools and colleges.GOV.UK](#).

We will consider how online safety, including the use of generative artificial intelligence, is reflected as required in all relevant policies and embedded across all areas of the curriculum, included in teacher training and within the role and responsibilities of the designated safeguarding lead as well as discussions with parents.

We understand that technology, and risks and harms related to it, evolve, and change rapidly and we will carry out regular reviews of our approach to online safety to consider and reflect the risks to our pupils.

The school works in partnership with parents in order to engage them in online safety measures for their children. With the current speed of online change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

- unwanted contact
- grooming
- online bullying including sexting
- digital footprint
- accessing and generating inappropriate content

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

- Acceptable use agreements for children, teachers, parents/carers and governors
- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletters, website
- Parents evenings / sessions
- High profile events / campaigns e.g. Safer Internet Day
- Building awareness around information that is held on relevant websites and or publications

### **3.1.26 Cyberbullying**

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

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

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

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

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

- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums

Cyber-bullying may be at a level where it is criminal in character. It is unlawful to disseminate defamatory information in any media including internet sites. Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character. The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

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

### **3.1.27 Sharing nudes and semi-nudes (previously known as ‘sexting’)**

Sharing of nudes and semi-nudes images and/or videos (previously known as sexting or youth produced sexual imagery) refers to the sending or posting of nude or semi-nude images, videos or live streams by young people under the **age of 18** online. This could be via social media, gaming platforms, chat apps or forums. It could include underwear shots, sexual poses and explicit text messaging. Pressuring someone into sending a nude picture can occur in any relationship, to anyone, whatever their age, gender or sexual preference. However, once the image is taken and sent, the sender has lost control of the image and these images could end up anywhere. By having in their possession, or distributing, indecent images of a person under 18 on to someone else, young people are not even aware that they could be breaking the law as stated as these are offences under the Sexual Offences Act 2003.

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

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

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

### **3.1.28 Online sexual abuse**

As a school we will:

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

### **3.1.29 Gaming**

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

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate
- By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode
- By talking to parents about setting boundaries and time limits when games are played
- By highlighting relevant resources.

### **3.1.30 Online reputation**

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

### **3.1.30 Grooming**

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

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

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

That the school will support parents to:

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

The school will raise awareness by:

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

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

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

Signs of grooming can include:

- isolating themselves from family and friends;
- becoming secretive and not wanting to talk or discuss their views;
- closing computers down when others are around;
- refusing to say who they are talking to; using technology such as anonymous browsing to hide their activity; and

- sudden changes in mood, such as becoming angry or disrespectful.

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

### **3.2 Safeguarding issues relating to individual pupil needs**

#### **3.2.1 Homelessness**

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

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

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

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

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

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

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

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

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

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

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

This school aims to:-

- Understand and respect the child's wishes: We will respect the child's wishes about sharing information. If other children become aware the school will be vigilante to potential bullying or harassment
- Keep as much contact as possible with the parent and caregiver: We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions we will develop appropriate systems for keeping the imprisoned caregiver updates about their child's education.

- Be sensitive in lessons: This school will consider the needs of any child with an imprisoned parent during lesson planning.
- Provide extra support: We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and particularly serious. We will provide support and mentoring to help a child work through their feelings on the issue.

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

### **3.2.4 Pupils with medical conditions (in school)**

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

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

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

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

### **3.2.5 Pupils with medical conditions (out of school)**

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

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

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

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

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

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

As a school we will respond to this by:

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

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

### 3.2.7 Intimate and personal care

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

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

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

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

Those Personal Care tasks specifically identified as relevant here include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6. Helping through communication**

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

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

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

Further information from the DfE can be found:

[SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/send-code-of-practice-0-to-25-years)

[Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-pupils-with-medical-conditions-at-school)

Hampshire SENDIASS: [Hampshire \(councilfordisabledchildren.org.uk\)](https://www.councilfordisabledchildren.org.uk)

[Mencap](https://www.mencap.org.uk) - Represents people with learning disabilities, with specific advice and information for people who work with children and young people.

### 3.2.8 Perplexing presentations (PP) / Fabricated or induced illness (FII)

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

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

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

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

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

If we are concerned that a child may be suffering from fabricated or induced illness, we will follow the [HIPS protocol](#) and inform children’s social care.

### 3.2.9 Mental Health

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

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

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

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

Where the needs require additional professional support referrals will be made to the appropriate team or service with the parent’s agreement or child’s if they are considered to be competent.

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

### **3.3 Other safeguarding issues that may potentially have an impact on pupils**

#### **3.3.1 Bullying**

The school has a separate anti-bullying policy.

#### **3.3.2 Prejudice based abuse**

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

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

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

This can be evidenced by:

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

As a school we will respond by:

- clearly identifying prejudice based incidents and hate crimes and monitor the frequency and nature of them within the school
- taking preventative action to reduce the likelihood of such incidents occurring
- recognising the wider implications of such incidents for the school and local community
- providing regular reports of these incidents to the Local Advisory Committee and Academy Trust
- ensuring that staff are familiar with formal procedures for recording and dealing with prejudice based incidents and hate crimes
- dealing with perpetrators of prejudice based abuse effectively
- supporting victims of prejudice based incidents and hate crimes
- ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again

### 3.3.3 Faith Abuse

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

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

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

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

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

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

### 3.3.4 Gangs and Youth Violence

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

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

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

As a school we will:

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

### 3.3.5 Private fostering

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

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

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

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

### **3.3.6 Parenting**

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

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

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

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

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

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

## **3.4 Safeguarding processes**

### **3.4.1 Alternative provision**

If the school commissions a place for a pupil with an alternative provision provider, it continues to be responsible for the safeguarding of that pupil and will undertake all checks and ensure that the placement meets the pupil's needs. Check would include, for example, suitability of provision and provision type, safeguarding, health and safety, arrangements for attendance and reporting progress, and information sharing.

The school will follow the statutory guidance for commissioning Alternative Provision:

[Education for children with health needs who cannot attend school - GOV.UK](#)

[Alternative provision - GOV.UK](#)

[Keeping children safe in education 2025](#)

Hampshire County Council Alternative Provision Guidance June 2025

### **3.4.2 Holding and Sharing Information**

The DSL and DDSs keep detailed, accurate, secure written records of all concerns, discussions and decisions made including the rationale for those decisions. These include instances where referrals were or were not made to another agency such as LA children's social care or the Prevent program etc. This rationale should be recorded on CPOMs.

### 3.4.3 Safer Recruitment

The school operates a separate safer recruitment process. On all recruitment panels there is at least one member who has undertaken safer recruitment training within the last year.

The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references. All information is recorded on the Single Central Record.

### 3.4.4 Staff Induction

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

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

### 3.4.5 Health and Safety

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

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

### 3.4.6 Site Security

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

- All gates are locked except at the start and end of the school day
- Doors are kept closed to prevent intrusion
- Visitors and volunteers enter at the reception and must sign in providing means of identification
- Visitors and volunteers are identified by specific lanyards
- Children are only allowed home during the school day with adults/carers with parental responsibility or permission being given
- All children leaving or returning during the school day have to sign out and in
- Empty classrooms have windows closed.

### 3.4.7 Off site visits

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

### **3.4.8 First Aid**

There is a separate First Aid policy.

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

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

Such events should be recorded in the physical intervention log and signed by a witness before adding to CPOMS.

Staff who are likely to need to use physical intervention will be appropriately trained in Team Teach techniques. Only a handful of staff are Team Teach trained as physical intervention should be a last resort.

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

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

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

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

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

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

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

### **3.4.11 Transporting pupils**

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

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

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

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

All parents/volunteers are therefore asked to complete and return the form attached in the above link to the school before they offer to use their car to help with transporting pupils.

#### **3.4.12 Disqualification under the childcare act**

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

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

#### **3.4.13 Community Safety Incidents**

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

As children get older and are granted more independence (for example, as they start walking to school on their own) it is important they are given practical advice on how to keep themselves safe. This is embedded into our curriculum, and wherever possible we invite in local organisations and agencies who can support, such as the police. These lessons focus on building children's confidence and abilities rather than simply warning them about all strangers. Further information is available at: [www.clevernevergoes.org](http://www.clevernevergoes.org).

#### **3.4.14 Use of school premises for non-school activities**

Where the Local Advisory Committee hire or rent out school facilities to organisations or individuals for example, sports associations, they should ensure that appropriate arrangements are in place to keep children safe.

Where a safeguarding incident occurs involving other providers who are using the school premises, the school is expected to follow their safeguarding policies and procedures including informing the LADO.

When services or activities are provided by the Local Advisory Committees or proprietor, under the direct supervision or management of their school, the arrangements for child protection will apply. However, where services or activities are provided separately by another body this is not necessarily the case. The Local Advisory Committee or proprietor should therefore seek assurance that the provider concerned has appropriate safeguarding and child protection policies and procedures in place (including inspecting these as needed); and ensure that there are arrangements in place for the provider to liaise with the school on these matters where appropriate. This applies regardless of whether or not the children who attend any of these services or activities are children on the school roll. The guidance on [Keeping children safe in out-of-school](#) settings details the safeguarding arrangements that schools and colleges should expect these providers to have in place.

## Appendix 1 Dealing with Disclosures and Signs of Abuse Support Sheet

### What to do if you have a SAFEGUARDING concern?

1. **RECOGNISE** key indicators which cause concern
2. Make an initial **RECORD** of the information on paper or CPOMS
3. **REPORT** it to the DSL immediately. Remember confidentiality.
4. The DSL will consider if there is a requirement for immediate medical intervention
5. In the absence of the DSL or their Deputy, be prepared to **REFER** directly to Children's Social Care ([IARF](#)) and if there is the potential for immediate significant harm, the police on 999.

*It is not our job to investigate. Only **RECOGNISE, RECORD, REPORT and REFER***

### Signs which may indicate something is wrong

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious injuries with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Appear frightened of the parent/s
- Parents/Carers may avoid child health appointments or school meetings
- Parents/Carers may respond aggressively to enquiries about their child's welfare

#### Indicators may include:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

#### Look out for:

- Bruising (variation in colour/outline of object)
- Bite Marks
- Burns or scalds
- Fractures
- Scars

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- "Scape-goated" within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a "loner" – difficulty relating to others

### 4 common categories of abuse (Often interlinked)

#### Sexual Abuse

There may be no physical signs and indications are likely to be emotional/behavioural. Victims are often scared to say anything due to guilt and/or fear

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- An anxious unwillingness to remove clothes

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

#### Neglect Abuse

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause. Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

**All staff should:****What to do if you have a SAFEGUARDING concern or a child makes a DISCLOSURE**

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

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

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

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

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

**Reassure**

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

**Respond**

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details. Use the acronym 'TED' as a reminder that the child can be encouraged to 'Tell', 'Explain' and 'Describe' the concern. If it is necessary to seek further clarification, staff should keep to asking open questions such as What? When? Who? How? Where? It is important to remember that questions should only be asked to help clarify whether the child is at risk of harm. Once clarification is achieved, no further questions to investigate should be asked.
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not ask the child why something has happened
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff in confidence

**Report**

- Share concerns with the DSL as soon as possible using CPOMS
- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children's services department directly

**Record**

- If possible make some very brief notes at the time, and record as soon as possible on CPOMS
- Pass your original notes to DSL who will upload them to CPOMS

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

**Remember**

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it
- All staff should be aware that children may not feel ready or know how to tell somebody that they are being abuse, exploited or neglected and/or they may not recognise their experiences as harmful.

**Review (led by DSL)**

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

**What happens next?**

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

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

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately. For some staff, use of an employee based counselling service may be appropriate.

## **Appendix 2 What is child abuse? (Extended version)**

The following definitions are taken from *Working Together to Safeguard Children* HM Government (2023). In addition to these definitions, it should be understood that children can also be abused by being sexually exploited, honour-based violence, forced marriage or female genital mutilation. To support the local context, all staff have access to the Hampshire Safeguarding Children Partnership (HSCP) [Thresholds Chart](#).

### **What is abuse and neglect?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. 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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults, or another child or children.

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

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

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

**Child sexual exploitation** | Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

## **Neglect**

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

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

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

The [HSCP neglect strategy](#) is used to provide a more detailed summary of neglect and the [local thresholds](#) for referrals.

## **Indicators of abuse**

### **Neglect**

#### **The nature of neglect**

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

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

#### **Neglect can include parents or carers failing to:**

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

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

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

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

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if You're Worried a Child is Being Abused* DfE 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and

prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the DSL.

### **Indicators of neglect**

**The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself. The [HSCP neglect toolkit](#) provides a more detailed list of indicators of neglect and is available to all staff.**

#### **Physical indicators of neglect**

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

#### **Behavioural indicators of neglect**

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

### **Emotional Abuse**

#### **The nature of emotional abuse**

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

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

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

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

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

#### **Indicators of emotional abuse**

##### **Developmental issues**

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

##### **Behaviour**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)

- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

#### **Social issues**

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

#### **Emotional responses**

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

#### **Physical abuse**

##### **The nature of physical abuse**

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

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

##### **Indicators of physical abuse / factors that should increase concern**

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks

- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

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

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

**You should be concerned if the child or young person:**

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

### **Sexual abuse**

#### **The nature of sexual abuse**

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

Child Sexual Exploitation (CSE) is seen as a separate category of sexual abuse. (see page 30)

#### **Characteristics of child sexual abuse:**

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

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

#### **Indicators of sexual abuse**

##### **Physical observations**

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

### **Behavioural observations**

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

## **Appendix 3 Sexual violence and sexual harassment between children in school** (with reference to KCSiE Part 5 and Annex B)

### **Child on Child Abuse**

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

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

We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up. We have a zero-tolerance approach to sexual violence and sexual harassment. We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up. Staff must respond to all signs, reports and concerns of child-on-child sexual violence and sexual harassment, including those that have happened outside of school premises, and/ or online. All staff are advised to maintain an attitude of "It could happen here".

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

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

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

The HSCP child on child abuse information and toolkit will be used to support incidents. [Child on Child abuse - Hampshire SCP](#) [Child Sexual Abuse - Hampshire SCP](#).

We will minimise the risk of child on child abuse by:

#### **Prevention:**

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

#### **Responding to reports of sexual violence and sexual harassment:**

- Children making a report of sexual violence or sexual harassment will be taken seriously, kept safe and be well supported.

- Understanding that our initial response to a report from a child is incredibly important and can encourage or undermine the confidence of victims of sexual violence and harassment to report or to come forward in the future.
- If the report includes an online element staff will be mindful of the [Searching, Screening and Confiscation: advice for schools \(DfE 2022\) guidance](#).
- Staff taking the report will inform the DSL or their Deputy as soon as practicably possible but at least within 24 hours.
- Staff taking a report will never promise confidentiality.
- Parents or carers will normally be informed (unless this would put the child at greater risk).
- If a child is at risk of harm, is in immediate danger, or has been harmed, a referral will be made to Children's Social Care (01329 225379).

#### **Risk Assessment:**

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

- The victim, especially their protection and support.
- The alleged cause of risk, their support needs and any sanction in place.
- All other children at the school.
- The victim and the alleged cause of risk sharing classes and space at school.

The risk assessment will be recorded and kept under review.

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

#### **Action: The DSL will consider:**

- The wishes of the victim.
- The nature of the incident including whether a crime has been committed and the harm caused.
- Ages of the children involved.
- Developmental stages of the children.
- Any power imbalance between the children.
- Any previous incidents.
- Ongoing risks.
- Other related issues or wider context.

#### **Options: The DSL will manage the report with the following options:**

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

#### **Ongoing Response:**

- **All** concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing and on CPOMS. Records should be reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified and addressed.
- The DSL will keep the risk assessment under review.
- The DSL will manage each report on a case by case basis and will keep the risk assessment under review.
- Where there is a criminal investigation into a rape, assault by penetration or sexual assault, the alleged cause of risk should be removed from any classes they share with the victim.

- The DSL will consider how best to keep the victim and cause of risk a reasonable distance apart on school premises and on transport where appropriate.
- Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, the school will take suitable action. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the cause of risk to remain in the same school would seriously harm the education or welfare of the victim (and potentially other pupils or students).
- Where a criminal investigation into sexual assault leads to a conviction or caution, the school will, if it has not already, consider any suitable sanctions in light of their behaviour policy, including consideration of permanent exclusion. Where the cause of risk is going to remain at the school, the principle would be to continue keeping the victim and cause of risk in separate classes and continue to consider the most appropriate way to manage potential contact on school premises and transport. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.
- The victim, alleged cause of risk and other witnesses (children & adults) will receive appropriate support and safeguards on a case-by-case basis.
- When ongoing support is required by the victim, the victim should be asked whether they would find it helpful to have a designated trusted adult to talk about their needs. The choice of any such adult should be made by the victims (as far as reasonably possible) and this choice should be supported.
- The school will impose sanctions against the alleged cause of risk in line with behaviour and sanction in school.
- The school recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

#### **Unsubstantiated, unfounded, false, or malicious reports**

- If a report is determined to be unsubstantiated, unfounded, false or malicious, the DSL should consider whether the child and/or the person who has made the allegation is in need of help or may have been abused by someone else and whether this is a cry for help. In such circumstances, a referral to children's social care may be appropriate.
- If a report is shown to be deliberately invented or malicious, the school, should consider whether any disciplinary action is appropriate against the individual who made it as per their own behaviour policy.

#### **Physical Abuse**

While a clear focus of child-on-child abuse is around sexual abuse and harassment, physical assaults and initiation violence and rituals from pupils to pupils can also be abusive. These are equally not tolerated and if it is believed that a crime has been committed, will be reported to the police.

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

### **Appendix 4 Sexual Violence and Sexual Harassment between Children Risk and Needs Assessment Template**

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

**EXAMPLE assessment**

Presenting Behaviour	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
		•			

Brook Traffic Light and Hackett Continuum Assessment	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
Red Behaviour:					
Amber Behaviour:					

## **Appendix 5 Allegations against adults who work with children**

Working Together to Safeguard Children (2023) states that organisations should have clear policies for dealing with allegations against people who work with children. Those policies should make a clear distinction between an allegation, a complaint or a concern about the quality of care or practice.

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

Complaints could include:-

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

Concerns could include:-

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

Lower Level Concerns LLC's, which do not reach the allegations harm threshold (or complaints criteria) should be dealt with under a school LLC procedure.

Further guidance on contacting the LADO can found at: [Allegations against adults in the children's workforce | Children and Families | Hampshire County Council](#)

### **Procedure for Allegations that meet harm threshold**

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

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

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

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

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

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

- Report any concerns about the conduct of any member of staff or volunteer to the **Executive** Head Teacher as soon as possible.

- If an allegation is made against the Executive Head Teacher, the concerns need to be raised with the Chair of Governors as soon as possible. If the Chair of Governors is not available, then the LADO should be contacted directly.
- There may be situations when the Executive Head Teacher or Chair of Governors will want to involve the police immediately if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- Once an allegation has been received by the Executive Head Teacher or Chair of Governors, they will contact the LADO on 01962 876364 or via the [Hampshire LADO Enquiry Form](#) sent to [LADO@hants.gov.uk](mailto:LADO@hants.gov.uk) as soon as possible and before carrying out any investigation into the allegation.
- Inform the parents of the allegation unless there is a good reason not to.

In liaison with the LADO, the school will determine how to proceed and if necessary the LADO will refer the matter to Children's Social Care and/or the police.

When receiving information from outside agencies about school staff, the LADO will assess the potential for transferable risk, and make a disclosure to the school where there is the likelihood of transferable risk to children and there is a pressing need.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in Part 4 of 'Keeping Children Safe in Education' (2025) and the HSCP procedures.

### **Supply Staff**

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

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

### **Organisations or Individuals using school premises**

If the school received an allegation relating to an incident that happened when an individual or organisation was using the school premises for the purposes of running activities for children, the school will follow safeguarding policies and procedures, including informing the LADO. This includes community groups, sports associations, or service providers that run extra-curricular activities.

### **Lower Level Concerns (LLCs)**

The LLC policy is part of the whole school approach to safeguarding. The purpose of the policy is to encourage an open and transparent culture, which enables the school to identify concerning, problematic or inappropriate behaviour at an early stage. It should also empower staff to share LLCs with the DSL. LLCs will be managed independently by the school under internal procedures.

Examples of LLCs include, but is not limited to;

- being over friendly with children;
- having favourites;
- taking photographs of children on their mobile phone;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door;
- using inappropriate sexualised, intimidating or offensive language.

The LLC policy will:

- Ensure that staff are clear about what constitutes appropriate behaviour, and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others.
- Empower staff to share any low-level safeguarding concerns with the **Executive** Head Teacher.
- Address unprofessional behaviour and support the individual to correct this at an early stage.
- Provide a responsive, sensitive and proportionate handling of such concerns when they are raised.
- Help identify any weakness in the school safeguarding system.

In line with the LLC policy:

- All LLCs will be shared responsibly with the **Executive** Head Teacher, recorded in writing and dealt with in an appropriate and timely manner.
- All LLCs will be reviewed, so that potential patterns of concerning, problematic or inappropriate behaviour can be identified.
- If LLCs are found to be escalating and are reaching the harm threshold, a referral will be made to the LADO.

**If there is any doubt about the level at which behaviour needs to be addressed, LADO advice will be taken.**

## **Appendix 6 What is Early Help and what staff should look out for**

It is important for all school staff to have a clear understanding of what early help is and that any child may benefit from this. Early help means providing support as soon as a problem emerges at any point in a child's life.

In addition, it is important that staff should be particularly alert to the potential need for early help for a child who:

- is disabled or has certain health conditions and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care plan)
- has a mental health need
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and associations with organised crime groups or county lines
- is frequently missing/goes missing from education, home or care
- has experienced multiple suspensions, is at risk of being permanently excluded from schools, colleges and in Alternative Provisions or a Pupil Referral Unit
- is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- is at risk of being radicalised or exploited
- has a parent or carer in custody, or is affected by parental offending
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing alcohol and other drugs themselves
- is at risk of so-called 'honour' based abuse such as Female Genital Mutilation or Forced Marriage
- is a privately fostered child.

## **Appendix 7 Whistleblowing in a safeguarding context**

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

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

**Whistleblowing** is a term that is used when staff want to report a concern within their organisation that involves their manager or a person senior to them in the organisation which may prevent them from following the normal reporting systems. There are a limited number of areas that can be called Whistleblowing, and the policy protects staff from being punished for raising concerns.

The whistleblowing policy is not designed to be used for concerns that fall under statutory procedures (for example child protection or allegations against staff) as these should be reported under the relevant procedures. However, the whistleblowing policy will apply if there is good reason to believe that the relevant procedure is not being followed or will not be followed effectively.

Within Stanhope Primary School, the Executive Head Teacher, Mrs Sarah Kennedy, is the senior manager and responsible for all staff. If you are concerned that any member of staff within the school is not following safeguarding processes or behaving in a way that is placing children at risk, you should in the first place make the Executive Head Teacher aware.

If your concern is about the Executive Head Teacher then you would raise this with the Chair of Governors ([clerktodirectors@eeea.co.uk](mailto:clerktodirectors@eeea.co.uk))

If you would prefer to raise your concerns outside of the school then you are able to contact the NSPCC whistleblowing line on 0800 028 0285 or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk) for national organisations or make contact with Hampshire County Council on 0300 555 1384 (office hours) or 0300 555 1373 (outside of office hours).

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

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

## **Appendix 8 Gifts and Hospitality Disclosure Form**



### **REGISTER OF GIFTS / HOSPITALITY RECEIVED**

Use this form to record details of gifts or hospitality, received from third parties.

NAME	
CLASS/LOCATION	

#### **1. DETAILS OF GIFT OR HOSPITALITY**

1.a. Brief description of item	
1.b Reason for gift or hospitality	
1.c Date(s) of gifts	
1.d Value of item if over £50.00	
1.e Action of Goods Received	

Complete part 1 of the form by specifying the nature of the gift or hospitality in boxes 1.a and 1.b. The date it was provided in box 1.c; its known or estimated value in box 1.d (you may estimate to the closest £50.00 For Gifts Received). Summarize what has or will happen to the item(s) in question – e.g. 'kept in school', 'held for raffle', 'retained by recipient', etc. 1.e

#### **2. PROVIDER DETAILS**

Use this section to specify details of the person or body who is providing the gift or hospitality.

2.a. Name of Person	
2.b Address (not applicable if parent)	
2.c Phone details (not applicable if parent)	
2.d Relationship i.e. Parent/Supplier/Peripatetic Teacher/Contractor	

Complete part 2 of the form by specifying who is providing the gift or hospitality. In boxes 2.a and 2.b state the name and address of the provider, if not a parent. In box 2.d you must state the nature of the relationship of the provider to the individual. (e.g.' Parent/Supplier/Peripatetic Teacher/Contractor)

#### **TO BE COMPLETED BY THE FINANCE OFFICE**

#### **3. AUDIT & APPROVAL**

4.a. Record Made By.	
Formal approval is required for all gifts or hospitality in excess of £50.00	
4.b. Name of Approver	
4.c. Position of Approver	
4.d. Date of Approval	

**Appendix 9 Useful contacts**

Key Personnel	Name (s)	Contact Email/ Telephone No.
DSL	Sarah Kennedy (Executive Head Teacher)	exehead@stanhope.school
Deputy DSL(s)	Ollie Tomlinson DDSL (SENCO & Inclusion)	senco@stanhope.school
Nominated Safeguarding Governor	Karen Brown	clerktodirectors@stanhope.school
Chair of Governors	Stephen Norton	clerktodirectors@stanhope.school
“Prevent” lead	Sarah Kennedy (Executive Head Teacher)	exehead@stanhope.school
Designated Online Safety Lead (DOSL)	Sarah Kennedy (Executive Head Teacher)	exehead@stanhope.school
Designated Teacher	Sarah Kennedy (Executive Head Teacher)	exehead@stanhope.school
Mental Health Lead	Sarah Kennedy (Executive Head Teacher)	exehead@stanhope.school
Educational Visits Coordinator (EVC)	Sarah Kennedy (Executive Head Teacher)	exehead@stanhope.school
Children’s Reception Team		01329 225379
Out of hours social care		0300 555 1373
Police	NPCC guidance <a href="#">“When to call the Police”</a>	101 or in emergencies 999
Local Authority Designated Officers (LADOs)	Barbara Piddington Fiona Armfield Shona McMinn	HCC Safeguarding Unit 01962 876364 <a href="mailto:Child.protection@hants.gov.uk">Child.protection@hants.gov.uk</a> <a href="mailto:LADO@hants.gov.uk">LADO@hants.gov.uk</a>
School nurse	School Nurse Tam	01252 335655
Children’s Service Department, District Service Manager		0300 555 1384 childrens.services@hants.gov.uk

## **Appendix 10      Links**

Any links to **local or national advice and guidance** can be accessed via the safeguarding in education webpages: [www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance](http://www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance)

Links to **online specific advice and guidance** can be found at <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/onlinesafety>

Links to other pages from the **local authority on safeguarding** can be found at <http://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren>

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

**Hampshire children procedures manual**  
<https://hipsprocedures.org.uk/>

**Further advice on child protection is available from:**

**NSPCC:** <http://www.nspcc.org.uk/>

[NSPCC - Safeguarding children with special educational needs and disabilities \(SEND\)](#) and [NSPCC - Safeguarding child protection/deaf and disabled children and young people](#)

**ChildLine:** <http://www.childline.org.uk/pages/home.aspx>

**Anti-Bullying Alliance:** <https://www.thrivetalk.com/gb/about-beatbullying/>

**Childnet International –making the internet a great and safe place for children. Includes resources for professionals and parents** <http://www.childnet.com/>

**Thinkuknow (includes resources for professionals and parents)** <https://www.thinkuknow.co.uk/>

**Safer Internet Centre** <http://www.saferinternet.org.uk/>

## **Appendix 11 Safeguarding Children & Young People – Safe Working Practice Agreement**

### **Stanhope Primary School**

#### **Safeguarding Children & Young People – Safe Working Practice Agreement 2025**

*(To be reviewed, read and signed annually by staff)*

Stanhope Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share that commitment.

It is everyone's responsibility to ensure that pupils are cared for appropriately and safeguarded from harm. It is everyone's duty of care to promote the health, safety and well-being of all members of Stanhope Primary School community.

At Stanhope Primary School, we prioritise a culture in which all concerns about adults (including allegations that do not meet the harms threshold) are shared responsibly and with the right person, recorded and dealt with appropriately. This includes self-reporting, if a member of staff considers their conduct to fall short of the guiding principles. This encourages an open and transparent culture; enabling leadership to identify concerning, problematic or inappropriate behaviour early; minimising the risk of abuse. A culture of vigilance helps to ensure that adults working in or on behalf of the school are clear about professional boundaries and act within these boundaries, and in accordance with our ethos and values.

Any behaviours that fall short of the guiding principles outlined in this agreement and our school policies must be shared responsibly and with the right person. All concerns that do not meet the harm threshold must be recorded and dealt with appropriately as a low level concern. Failure to report or respond to such concerns would constitute a failure in professional responsibilities to safeguard children and promote welfare.

This agreement should be read in conjunction with the following policies;

- Child Protection and Safeguarding Policy
- Staff Code of Conduct
- Online Safety Policy
- Low Level Concerns Policy
- Gifts and Hospitality Policy

These policies, along with this agreement, ensure that all employees and pupils can work with and enjoy being part of a safe and caring environment.

Whilst it is recognised that individual members of an organisation may hold different values and opinions, adults working within a school environment are in a position of trust and their conduct is, therefore, governed by specific laws and guidance and the policies and procedures agreed by the Executive Headteacher and Local Advisory Committee.

You should always:

- Adhere to all Stanhope Primary School policies, many of which are specifically written with safeguarding as their focus.
- Have a strong awareness and understanding of the protected characteristics and be aware of unconscious bias and the impact this can have on our judgements and assessment.
- Behave in a respectful, safe and considered manner at all times; providing a good example to all in our community and a "positive role model" to all pupils.

- Maintain appropriate professional boundaries, avoid behaviour which could be misinterpreted by others and report any such incident to the Executive Headteacher. This is as relevant in the online world as it is in the classroom.
- Be professionally curious and take concerns and disclosures seriously.
- Observe other people's right to confidentiality – unless it is related to a Child Protection issue where a referral to an appropriate agency is required e.g. Hampshire MASH, Hampshire Police and /or Hampshire Children's Services.
- Understand the importance of challenging inappropriate behaviours between peers, including child on child sexual violence and sexual harassment. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.
- Treat all children equally; never confer favour on a particular child, or build "special relationships" with individual children, except where one to one is part of a plan agreed with the Executive Headteacher.
- Raise any concerns factually, accurately and promptly according to safeguarding procedures and guidance (e.g. Low Level Concerns regarding staff, Whistleblowing or CPOMS referrals).
- Declare any "gifts" received in line with the Gifts and Hospitality Policy

Report to the Executive Headteacher or member of the Senior Leadership Team (SLT)

- Any behaviour or situation which may give rise to complaint, misunderstanding or misconceptions.
- Any difficulties that you are experiencing, for example coping with a child presenting particularly challenging behaviour; situations where you anticipate that you may not have sufficient training or experience to deal with or handle appropriately.
- Any behaviours of another adult within Stanhope Primary School community which gives you cause for concern or in breach of Stanhope Primary School Code of Conduct or other Stanhope Primary School policies and procedures (Low Level Concern Policy).

You should never:

- Behave in a manner that could lead a reasonable person (adult and child) to question your conduct, intentions or suitability to care for others people's children (including intentionally embarrassing or humiliating, making inappropriate remarks, sharing unbalanced political opinions or discriminating either favourably or unfavourably).
- Touch, or threaten to touch, children in a manner, which is or may be considered sexual, threatening, gratuitous or intimidating.
- Behave in an illegal or unsafe manner, or allow, encourage or condone children to act in an illegal improper or unsafe manner.
- Arrange to contact, communicate or meet children outside of Stanhope Primary School place of work.
- Develop "personal" relationships with children or the families of children, this includes on social media – see Online Safety Policy and Staff Code of Conduct.
- Use personal devices, such as mobile phones or cameras to take photographs or video clips of pupils and will only use Stanhope Primary School equipment provided for the purpose - see Stanhope Primary School Online Safety Policy. For residential trips, staff mobile phones are permitted for the use of taking photographs and video clips. Files recorded are transferred to school device in a timely manner and deleted from personal devices. These devices are checked by the DSL team.
- Undertake any work with children when you are not fit and in a proper physical or emotional state to do so.

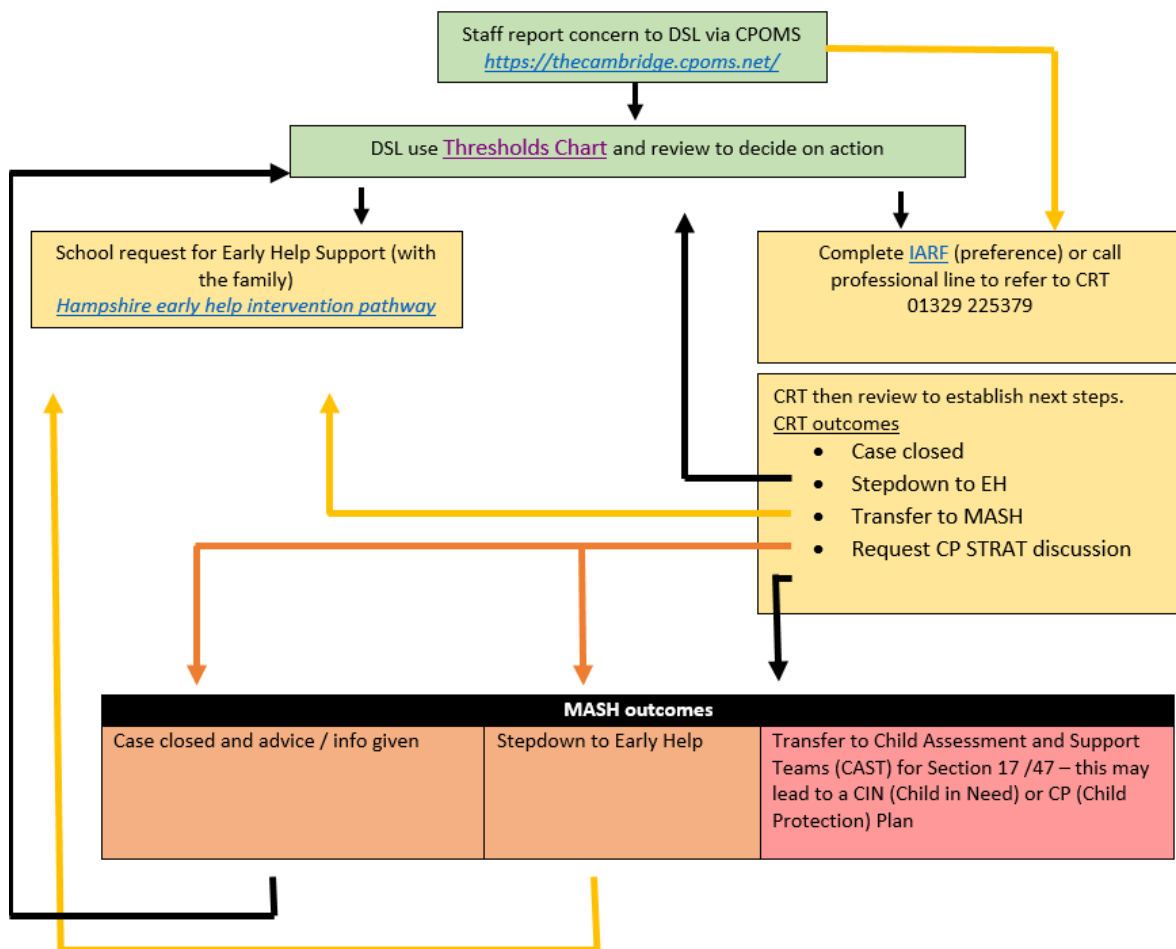
I ..... have read, understood and agree to comply with the Safe Working Practice Agreement above.

Signed..... Date .....

The Executive Headteacher and Local Advisory Committee of Stanhope Primary School thank you for your support of the arrangements made for the safety and care of all the pupils and adults within the school community.

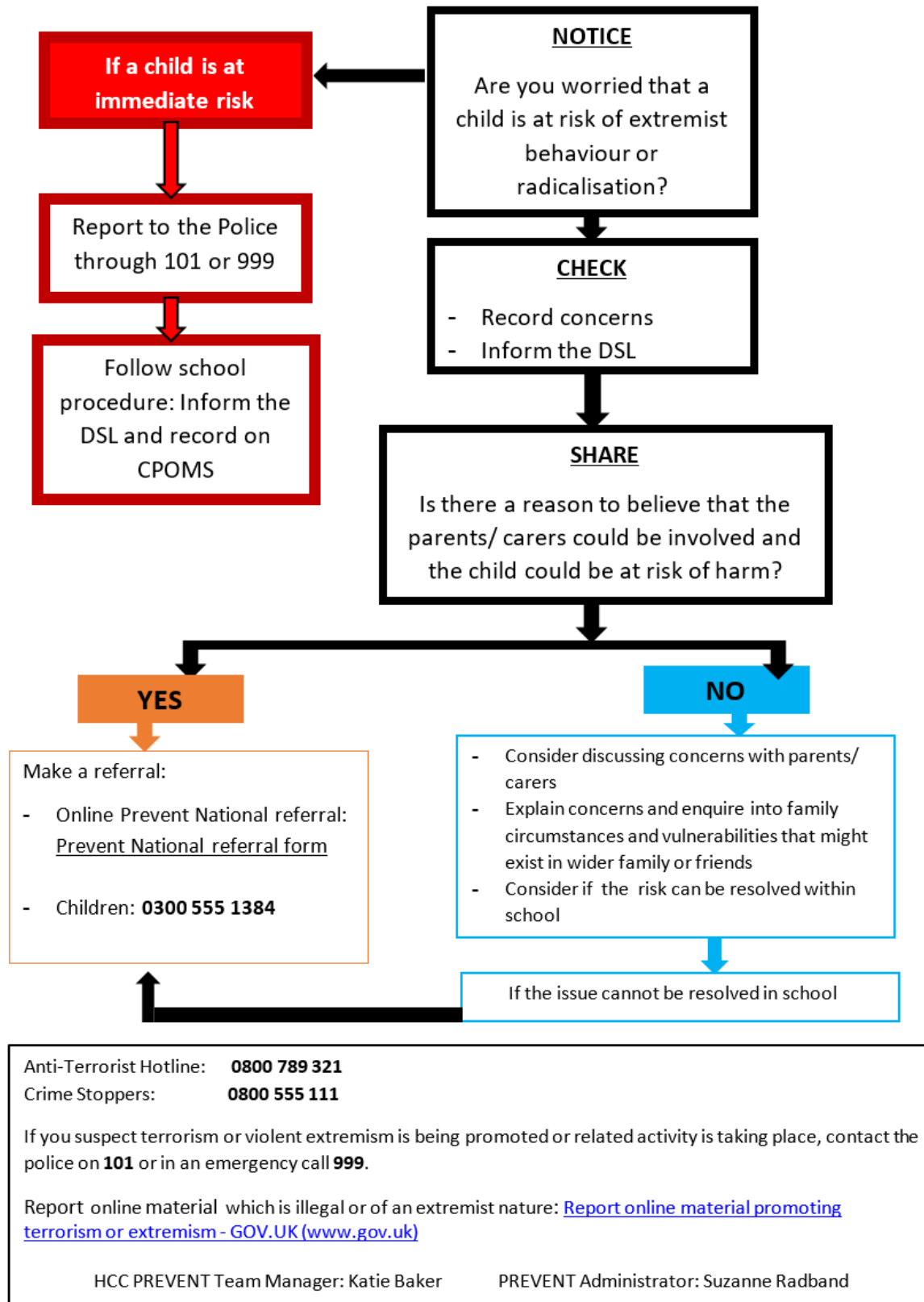
Acknowledgments: Adapted and updated using [Guidance for safer working practice for those working with children and young people in education settings February 2022, Safer Recruitment Consortium](#)

### Appendix 12 Referrals Pathway



## Appendix 13 Referrals Pathway-Radicalisation and PREVENT

### Referrals Pathway-Radicalisation and PREVENT



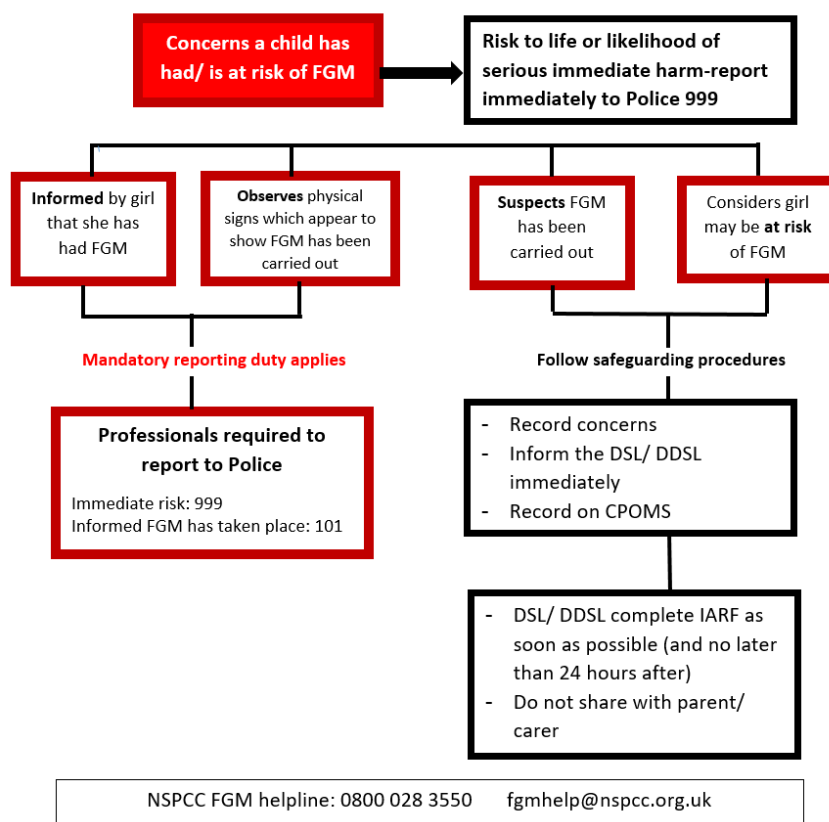
## **Appendix 14 FGM Reporting Information and Referrals Pathway**

School staff in England and Wales have a **duty to report to the police ‘known’ cases of FGM in under 18s which they identify in the course of their professional work**. Reports should be made as soon as possible and as follows:

- Call the Police (999) if:
  - you are concerned a girl is at immediate risk of harm from FGM (this may have just occurred, be imminent or there is an immediate risk to other children within the home)
- Call the Police (101) if:
  - a girl has disclosed they have already been subject to FGM
- Speak to DSL/ DDSL if:
  - you are concerned a girl is at risk of FGM (not imminent)
  - or
  - you suspect a girl has been subject to FGM

When contacting the police the professional should make it clear that they are making a report under the FGM mandatory reporting duty and provide the following information:

- Their name, contact details, role and place of work;
- Details of the DSL for their organisation;
- Details of the girl in question including name, age/date of birth and address;
- If applicable confirm that safeguarding actions have been undertaken or will be undertaken.



<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>