



Policy Title: **Child protection and Safeguarding Policy for Bere Clinic School**

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## Important contacts

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Designated safeguarding lead (DSL)	Sarah Taylor	023 9431 4108 <a href="mailto:staylor@elysiumeducaton.co.uk">staylor@elysiumeducaton.co.uk</a>
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Hampshire Safeguarding Children Partnership Team		<a href="mailto:hscp@hants.gov.uk">hscp@hants.gov.uk</a> or telephone 01962 876355. <a href="http://Report a Concern - Hampshire Safeguarding Children Partnership (hampshirescp.org.uk)">Report a Concern - Hampshire Safeguarding Children Partnership (hampshirescp.org.uk)</a>
Hampshire Children Services -Social Care		Mon- Thu 8.30 am to 5 pm Fri 8.30 am to 4.30 pm Phone 0300 555 1384 <a href="mailto:Childrens.services@hants.gov.uk">Childrens.services@hants.gov.uk</a> Or 0300 555 1373 (out of hours)
Children's Reception Team		01329 225379
Safeguarding Officers/ Local Authority Designated Officer (LADO) and Deputies.	Barbara Piddington – Wed pm, Thu, Fri LADO Fiona Armfield – Mon, Tue, Wed Deputy LADO	<a href="mailto:child.protection@hants.gov.uk">child.protection@hants.gov.uk</a> 01962 876364
Channel helpline		020 7340 7264
NSPCC	Whistle-blowing helpline	0800 028 0285 <a href="mailto:help@nspcc.org.uk">help@nspcc.org.uk</a>
Forced Marriage Unit		020 7008 0151 or <a href="mailto:fm@fco.gov.uk">fm@fco.gov.uk</a>

## 1. Aims

Bere Clinic School is committed to safeguarding and promoting the physical, mental and emotional welfare of every student, both inside and outside of the school premises. We implement a whole-school preventative

approach to managing safeguarding concerns, ensuring that the wellbeing of pupils is at the forefront of all action taken. We also work closely with Bere Clinic Hospital staff to ensure efficient safeguarding measures and processes are followed for the benefit of all patients.

This policy sets out a clear and consistent framework for delivering this promise, in line with safeguarding legislation and statutory guidance. It will be achieved by:

- Ensuring that members of the governing board (“management committee”), the head teacher, and staff understand their responsibilities under safeguarding legislation and statutory guidance, are alert to the signs of child abuse, and know to refer concerns to the DSL.
- Teaching pupils how to keep safe and recognise behaviour that is unacceptable.
- Identifying and making provision for any pupil that has been subject to, or is at risk of, abuse, neglect, or exploitation.
- Creating a culture of safer recruitment by adopting procedures that help deter, reject or identify people who might pose a risk to children.
- Ensuring that the head teacher and any new staff and volunteers are only appointed when all the appropriate checks have been satisfactorily completed.

The DSL is the Headteacher Sarah Taylor. In the absence of the DSL, child protection matters will be dealt with by the deputy DSL, Lisa Thompson.

## 2. Legislation and statutory guidance

This policy is based on the Department for Education’s statutory guidance [Keeping Children Safe in Education \(2021\)](#) and [Working Together to Safeguard Children \(2018\)](#), and the [Governance Handbook](#). We comply with this guidance and the arrangements agreed and published by our local safeguarding partners.

This policy is also based on the following legislation:

- Part 3 of the schedule to the [Education \(Independent School Standards\) Regulations 2014](#), which places a duty on academies and independent schools to safeguard and promote the welfare of pupils at the school
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what ‘regulated activity’ is in relation to children
- [Statutory guidance on the Prevent duty](#), which explains schools’ duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- Equality Act 2010
- Counter-Terrorism and Security Act 2015

- › The UK General Data Protection Regulation (UK GDPR)
- › Data Protection Act 2018
- › Voyeurism (Offences Act) 2019
- › Domestic Abuse Act 2021

### 3. Definitions

**Safeguarding and promoting the welfare of children** means:

- › Protecting children from maltreatment
- › Preventing impairment of children's mental and physical health or development
- › Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- › Taking action to enable all children to have the best outcomes

**Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

**Abuse** is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

**Neglect** is a form of abuse and 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. Appendix 1 defines neglect in more detail.

**Children** includes everyone under the age of 18.

The following 3 **safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- › The local authority (LA)
- › A clinical commissioning group for an area within the LA
- › The chief officer of police for a police area in the LA area

For the purposes of this policy, "**consent**" is defined as having the freedom and capacity to choose to engage in sexual activity. Consent may be given to one sort of sexual activity but not another, and can be withdrawn at any time during sexual activity and each time activity occurs. A person only consents to a sexual activity if they agree by choice to that activity, and has the freedom and capacity to make that choice. Children under the age of 13 can never consent to any sexual activity. The age of consent is 16.

**Sexting** (also known as youth produced sexual imagery) is the sharing of sexual imagery (photos or videos) by children

For the purposes of this policy, "**sexual violence**" refers to the following offences as defined under the Sexual Offences Act 2003:

- **Rape:** A person (A) commits an offence of rape if they intentionally penetrate the vagina, anus or mouth of another person (B) with their penis, B does not consent to the penetration, and A does not reasonably believe that B consents.

- **Assault by penetration:** A person (A) commits an offence if they intentionally penetrate the vagina or anus of another person (B) with a part of their body or anything else, the penetration is sexual, B does not consent to the penetration, and A does not reasonably believe that B consents.
- **Sexual assault:** A person (A) commits an offence of sexual assault if they intentionally touch another person (B), the touching is sexual, B does not consent to the touching, and A does not reasonably believe that B consents.
- **Causing someone to engage in sexual activity without consent:** A person (A) commits an offence if they intentionally cause another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.

For the purposes of this policy, **“sexual harassment”** refers to unwanted conduct of a sexual nature that occurs online or offline, inside or outside of school. Sexual harassment is likely to violate a pupil’s dignity, make them feel intimidated, degraded or humiliated, and create a hostile, offensive, or sexualised environment. If left unchallenged, sexual harassment can create an atmosphere that normalises inappropriate behaviour and may lead to sexual violence. **Sexual harassment can include, but is not limited to:**

- Sexual comments, such as sexual stories, lewd comments, sexual remarks about clothes and appearance, and sexualised name-calling.
- Sexual “jokes” and taunting.
- Physical behaviour, such as deliberately brushing against someone, interfering with someone’s clothes, and displaying images of a sexual nature.
- Online sexual harassment, which may be standalone or part of a wider pattern of sexual harassment and/or sexual violence. This includes:
  - The consensual and non-consensual sharing of nude and semi-nude images and/or videos.
  - Sharing unwanted explicit content.
  - Upskirting.
  - Sexualised online bullying.
  - Unwanted sexual comments and messages, including on social media.
  - Sexual exploitation, coercion, and threats.

For the purposes of this policy, **“upskirting”** refers to the act, as identified in the Voyeurism (Offences) Act 2019, of taking a picture or video under another person’s clothing, without their knowledge or consent, with the intention of viewing that person’s genitals or buttocks, with or without clothing, to obtain sexual gratification, or cause the victim humiliation, distress or alarm. Upskirting is a criminal offence. Anyone, including pupils and staff, of any gender can be a victim of upskirting.

For the purposes of this policy, the **“consensual and non-consensual sharing of nude and semi-nude images and/or videos”**, colloquially known as **“sexting”**, is defined as the sharing between pupils of sexually explicit content, including indecent imagery. For the purposes of this policy, **“indecent imagery”** is defined as an image which meets one or more of the following criteria:

- Nude or semi-nude sexual posing
- A child touching themselves in a sexual way
- Any sexual activity involving a child
- Someone hurting a child sexually
- Sexual activity that involves animals

## 4. Equality statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face. While on roll at Bere Clinic School, our students are undergoing hospital admission for one or several mental health conditions; this makes them more vulnerable in terms of safeguarding and we take this into consideration in every aspect of our work.

We give special consideration to children who:

- › Have special educational needs (SEN) or disabilities (see section 9)
- › Are young carers
- › May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- › Have English as an additional language
- › Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- › Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- › Are asylum seekers
- › Are at risk due to either their own or a family member's mental health needs
- › Are looked after or previously looked after

## 5. Roles and responsibilities

**Safeguarding and child protection is everyone's responsibility.** This policy applies to all staff, volunteers and governors (Management Committee members) in the school and is consistent with the procedures of the 3 safeguarding partners. Our policy and procedures also apply to extended school and off-site activities.

### 5.1 All staff

All staff will read and understand part 1 and Annex A of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#), and review this guidance at least annually.

All teaching staff have a responsibility to:

- › Safeguard pupils' wellbeing and maintain public trust in the teaching profession as part of their professional duties, as outlined in the 'Teachers' Standards'.
- › Receive and understand child protection and safeguarding (including online safety) updates, e.g. via email, as required, and at least annually.
- › Make a referral to CSCS and/or the police immediately, if at any point there is a risk of immediate serious harm to a child.

All staff will be aware of:

- › Our systems which support safeguarding, including this child protection and safeguarding policy, the staff Code of Conduct, the role and identity of the designated safeguarding lead (DSL) and deputy, the behaviour policy, and the safeguarding response to children who go missing from education
- › The role of the DSL and deputy DSL
- › The fact that 'it could happen here'

- The importance of considering at all times what is in the best interest of the pupil
- The early help process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), indicators of being at risk from or involved with serious violent crime, FGM and radicalisation
- The fact that children can be at risk of abuse or exploitation in situations outside their families (extra-familial harms)
- The fact that abuse, neglect and other safeguarding issues are rarely standalone events that can be given a specific label and multiple issues often overlap one another.
- The indicators of peer-on-peer abuse, such as those in relation to bullying, gender-based violence, sexual assaults and sexting.
- The necessary procedures to follow to prevent peer-on-peer abuse, as outlined in 7.7 of this policy.
- The behaviours linked to drug taking, alcohol abuse, truancy and sexting, and will understand that these put pupils in danger.
- The effects of a pupil witnessing an incident of abuse, such as witnessing domestic violence at home

When identifying pupils at risk of potential harm, staff members will look out for a number of indicators including, but not limited to, the following:

- Injuries in unusual places, such as bite marks on the neck, that are also inconsistent with their age
- Lack of concentration and acting withdrawn
- Knowledge ahead of their age, e.g. sexual knowledge.
- Use of explicit language
- Fear of abandonment
- Depression and low self-esteem

Section 13 and appendix 4 of this policy outline in more detail how staff are supported to do this.

## **5.2 The designated safeguarding lead (DSL)**

The DSL is a member of the senior leadership team. Our DSL is the head teacher, Sarah Taylor. The DSL takes lead responsibility for child protection and wider safeguarding.

During term time, the DSL will be available during school hours for staff to discuss any safeguarding concerns.

Outside of school hours, the DSL can be contacted via email ([staylor@elysiumeducation.co.uk](mailto:staylor@elysiumeducation.co.uk)) or by personal mobile phone in urgent matters; the hospital has this phone number on record.

When the DSL is absent, the deputy DSL, Lisa Thompson, will act as cover.



If the DSL and deputy are not available, the Registered Manager, Ward Manager or Consultant Psychiatrist (all hospital DSLs) will act as cover (for example, during out-of-hours/out-of-term activities).

The DSL will be given the time, funding, training, resources and support to:

- › Provide advice and support to other staff on child welfare and child protection matters
- › Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- › Contribute to the assessment of children
- › Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly
- › Act as a source of support, advice and expertise for all staff.
- › Act as a point of contact with the safeguarding partners.
- › Liaise regularly with other hospital DSLs and mental health professionals, particularly where safeguarding concerns are linked with mental health.
- › Understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the UK GDPR

The DSL will also:

- › Liaise with local authority case managers and designated officers for child protection concerns as appropriate
- › Act as the main point of contact with the three safeguarding partners and the child death review partner
- › Support and advise staff and help them feel confident on welfare, safeguarding and child protection matters: specifically, to ensure that staff are supported during the referrals processes; and to support staff to consider how safeguarding, welfare and educational outcomes are linked, including to inform the provision of academic and pastoral support.
- › Ensure the best educational outcomes by identifying at-risk pupils to the school and its staff, so that the relevant personnel understand each pupil's educational and welfare needs.
- › Support teaching staff to identify the challenges that at-risk pupils may face and the additional academic support and adjustments they can make to support these pupils.

The full responsibilities of the DSL and deputy are set out in their job description.

### **5.3 The governing board (“management committee”)**

The governing board will approve this policy at each review, ensure it complies with the law and hold the head of education to account for its implementation.

The governing board has a duty to:

- › Ensure that staff working directly with children read at least Part one of KCSIE.
- › Ensure that staff who do not work directly with children read Part one or Annex A of KCSIE.
- › Take strategic leadership responsibility for the school's safeguarding arrangements.
- › Ensure that the school complies with its duties under the above child protection and safeguarding legislation.

- › Guarantee that the policies, procedures and training opportunities in the school are effective and comply with the law at all times.
- › Guarantee that the school contributes to inter-agency working in line with the statutory guidance 'Working Together to Safeguard Children'.
- › Confirm that the school's safeguarding arrangements take into account the procedures and practices of the LA as part of the inter-agency safeguarding procedures.
- › Understand the local criteria for action and the local protocol for assessment, and ensure these are reflected in the school's policies and procedures.
- › Comply with its obligations under section 14B of the Children Act 2004 to supply the local safeguarding arrangements with information to fulfil its functions.
- › Ensure that staff members have due regard to relevant data protection principles that allow them to share (and withhold) personal information.
- › Ensure that a member of the governing board is nominated to liaise with the LA and/or partner agencies on issues of child protection and in the event of allegations of abuse made against the head teacher or another governor.
- › Guarantee that there are effective child protection policies and procedures in place together with a Staff Code of Conduct.
- › Ensure that there is a senior board level lead responsible for safeguarding arrangements.
- › Appoint a member of staff from the SLT to the role of DSL as an explicit part of the role-holder's job description.
- › Appoint one or more deputy DSLs to provide support to the DSL and ensure that they are trained to the same standard as the DSL and that the role is explicit in their job description.
- › Facilitate a whole-school approach to safeguarding; this includes ensuring that safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development.
- › Ensure all relevant persons are aware of the school's local safeguarding arrangements, including the governing board itself, the SLT and DSL.
- › Make sure that pupils are taught about safeguarding, including protection against dangers online (including when they are online at home), through teaching and learning opportunities, as part of providing a broad and balanced curriculum.
- › Adhere to statutory responsibilities by conducting pre-employment checks on staff who work with children, taking proportionate decisions on whether to ask for any checks beyond what is required.
- › Ensure that staff members are appropriately trained to support pupils to be themselves at school, e.g. if they are LGBTQ+.
- › Ensure the school has clear systems and processes in place for identifying possible mental health problems in pupils, including clear routes to escalate concerns and clear referral and accountability systems.
- › Guarantee that volunteers are appropriately supervised.
- › Ensure that all staff members receive safeguarding and child protection training updates, such as e-bulletins, emails and staff meetings, as required, but at least annually.
- › Certify that there are procedures in place to handle allegations against members of staff or volunteers.

- › Confirm that there are procedures in place to make a referral to the DBS and the Teaching Regulation Agency (TRA), where appropriate, if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned.
- › Guarantee that there are procedures in place to handle pupils' allegations against other pupils.
- › Ensure that appropriate disciplinary procedures are in place, as well as policies pertaining to the behaviour of pupils and staff.
- › Ensure that procedures are in place to eliminate unlawful discrimination, harassment and victimisation, including those in relation to peer-on-peer abuse.
- › Make sure that pupils' wishes and feelings are taken into account when determining what action to take and what services to provide to protect individual pupils.
- › Guarantee that there are systems in place for pupils to express their views and give feedback.
- › Establish an early help procedure and ensure all staff understand the procedure and their role in it.
- › Appoint a designated teacher to promote the educational achievement of LAC and ensure that this person has undergone appropriate training.
- › Introduce mechanisms to assist staff in understanding and discharging their roles and responsibilities.
- › Ensure systems are in place, children to confidently report abuse, knowing that their concerns will be treated seriously, and they can safely express their views and give feedback; these systems will be well-promoted, easily understood, and easily accessible.
- › Make sure that staff members have the skills, knowledge and understanding necessary to keep LAC safe, particularly with regards to the pupil's legal status, contact details and care arrangements.
- › Put in place appropriate safeguarding responses for pupils who go missing from school, particularly on repeat occasions, to help identify any risk of abuse and neglect, including sexual abuse or exploitation, and prevent the risk of their disappearance in future.
- › Ensure that all members of the governing board ("Management Committee") have been subject to an enhanced DBS check.
- › Create a culture where staff are confident to challenge senior leaders over any safeguarding concerns.

The governing board will appoint a senior board level (or equivalent) lead to monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL.

The chair of the management committee will act as the 'case manager' in the event that an allegation of abuse is made against the head teacher, where appropriate (see appendix 3).

All governors (Management Committee members) will read Keeping Children Safe in Education.

Section 13 has information on how governors (Management Committee members) are supported to fulfil their role.

## 5.4 The head teacher

The head teacher is responsible for the implementation of this policy, including:

- › Ensuring that staff (including temporary staff) and volunteers are informed of our systems which support safeguarding, including this policy, as part of their induction
- › Communicating this policy to parents when their child joins the school and via the school website
- › Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly

- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate (see appendix 3)

## 6. Contextual safeguarding

The school will work with CSCS, the police, health services and other services to protect the welfare of its pupils, through the early help process and by contributing to multi-agency plans to provide additional support.

Where a need for early help is identified, the school will allow access for CSCS from the host LA and, where appropriate, a placing LA, for that LA to conduct (or consider whether to conduct) a section 17 or 47 assessment.

The school also recognises the particular importance of inter-agency working in identifying and preventing CSE.

### Information sharing

The school recognises the importance of proactive information sharing between professionals and local agencies in order to effectively meet pupils' needs and identify any need for early help.

Considering the above, staff will be aware that whilst the UK GDPR and the Data Protection Act 2018 place a duty on schools to process personal information fairly and lawfully, they also allow for information to be stored and shared for safeguarding purposes – data protection regulations do not act as a barrier to sharing information where failure to do so would result in the pupil being placed at risk of harm.

Staff members will ensure that fear of sharing information does not stand in the way of their responsibility to promote the welfare and safety of pupils. If staff members are in doubt about sharing information, they will speak to the DSL or deputy DSL(s).

## 7. Confidentiality

The school will only engage staff and agencies required to support the child and/or carry out any investigation. If a child asks a member of staff not to tell anyone about a disclosure or incident, the staff member cannot make that promise. Even without the child's consent, the information may still be lawfully shared if it is in the public interest and/or protects the child or others from harm.

All staff are aware that:

- Timely information sharing is essential to effective safeguarding
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children
- The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk
- Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests
- The government's [information sharing advice for safeguarding practitioners](#) includes 7 'golden rules' for sharing information, and will support staff who have to make decisions about sharing information
- If staff are in any doubt about sharing information, they should speak to the designated safeguarding lead (or deputy)

- Confidentiality is also addressed in this policy with respect to record-keeping in section 12, and allegations of abuse against staff in appendix 3

## 8. Recognising abuse and taking action

Staff, volunteers, and governors (Management Committee members) must follow the procedures set out below in the event of a safeguarding issue.

Please note – in this and subsequent sections, you should take any references to the DSL to mean “the DSL (or deputy DSL)”.

### 8.1 If a child is suffering or likely to suffer harm, or in immediate danger

Make a referral to children’s social care and/or the police **immediately** if you believe a child is suffering or likely to suffer from harm, or in immediate danger. **Anyone can make a referral.**

**Staff are aware of the following procedure:**

**Where a child is suffering from harm, likely to suffer from harm, or is in immediate danger:**

- Tell a DSL or deputy as soon as possible; **and**
- Contact children’s social care (and the police, if appropriate) **immediately**

If you want to refer a child or young person to Children's social care **in an emergency** contact **Hampshire Children’s Services**

Public phone number: 0300 555 1384 (opening hours) 0300 555 1373 (out of office hours)

Professionals should complete the online [Interagency Referral Form](#). For urgent Child protection enquiries, professionals can phone: 01329 225379.

At Bere Clinic School, students are admitted from local authorities throughout the UK. If a referral needs to be made to their home local authority, contact details can be found here:

<https://www.gov.uk/report-child-abuse-to-local-council>

**If the child is in immediate danger, no matter the child’s local authority, the local police should be contacted.**

### 8.2 If a child makes a disclosure to you

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them. Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- Write up your conversation as soon as possible in the child’s own words. Stick to the facts, and do not put your own judgement on it

- Sign and date the write-up and pass it on to the DSL. Alternatively, if appropriate, make a referral to children's social care and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so
- Log the disclosure on the hospital's online IRIS system to ensure hospital DSLs and other relevant parties are fully informed. Mark the disclosure as confidential to ensure only the relevant parties are informed.

### 8.3 If you discover that FGM has taken place or a pupil is at risk of FGM

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in appendix 4.

**Any teacher** who discovers (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out on a **pupil under 18** must immediately report this to the police, personally. This is a statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

Unless they have good reason not to, they should also discuss the case with the DSL and involve children's social care as appropriate.

**Any other member of staff** who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must speak to the DSL and follow our local safeguarding procedures.

The duty for teachers mentioned above does not apply in cases where a pupil is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.

**Any member of staff** who suspects a pupil is *at risk* of FGM or suspects that FGM has been carried out or discovers that a pupil **age 18 or over** appears to have been a victim of FGM must speak to the DSL and follow our local safeguarding procedures (See 7.1 and 7.2).

### 8.4 If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer from harm, or is in immediate danger)

Figure 1 on page 15 illustrates the procedure to follow if you have any concerns about a child's welfare.

Where possible, speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL and deputy are not available, this should not delay appropriate action being taken. Speak to a member of the hospital safeguarding team (the updated list is displayed on a poster in reception by the front door) and/or take advice from local authority children's social care. You can also seek advice at any time from the NSPCC helpline on 0808 800 5000.

Make a referral to local authority children's social care directly, if appropriate (see 'Referral' below). Share any action taken with the DSL as soon as possible.

#### Early help

Early help means providing support as soon as a problem emerges, at any point in a child's life. Any pupil may benefit from early help, but in particular, staff will be alert to the potential need for early help for pupils who:

- Are disabled, have certain health conditions, or have specific additional needs.
- Have SEND, regardless of whether they have a statutory EHC plan.

- Have mental health needs.
- Are young carers.
- Show signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines.
- Are frequently missing or going missing from care or from home.
- Are at risk of modern slavery, trafficking, or sexual or criminal exploitation.
- Are at risk of being radicalised or exploited.
- Have family members in prison, or are affected by parental offending.
- Are in a family circumstance presenting challenges for them, such as drug and alcohol misuse, adult mental health problems, or domestic abuse.
- Misuse drugs or alcohol.
- Have returned home to their family from care.
- Are at risk of HBA, such as FGM or forced marriage.
- Are privately fostered.
- Are persistently absent from education, including persistent absences for part of the school day.
- Show early signs of abuse and/or neglect in other ways.

The DSL will take the lead where early help is appropriate. This includes liaising with other agencies and setting up an inter-agency assessment as appropriate. The local early help process will be followed as required.

Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner. Any such cases will be kept under constant review and consideration given to a referral to CSCS for assessment for statutory services if the pupil's situation is not improving or is worsening.

## **Referral**

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.

The local authority will make a decision within one working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

Bere Clinic School follows Hampshire Safeguarding Children Partnership Board/s policies and procedures for inter-agency communication and escalation. Their full escalation policy can be found [here](#)

## **8.5 If you have concerns about extremism**

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL and deputy DSL are not available, this should not delay appropriate action being taken. Speak to a member of the hospital safeguarding team (the updated list is displayed on a poster in reception by the front door) and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above).



Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

The Department for Education also has a dedicated telephone helpline, 020 7340 7264, which school staff and governors (Management Committee members) can call to raise concerns about extremism with respect to a pupil. You can also email [counter.extremism@education.gov.uk](mailto:counter.extremism@education.gov.uk). Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

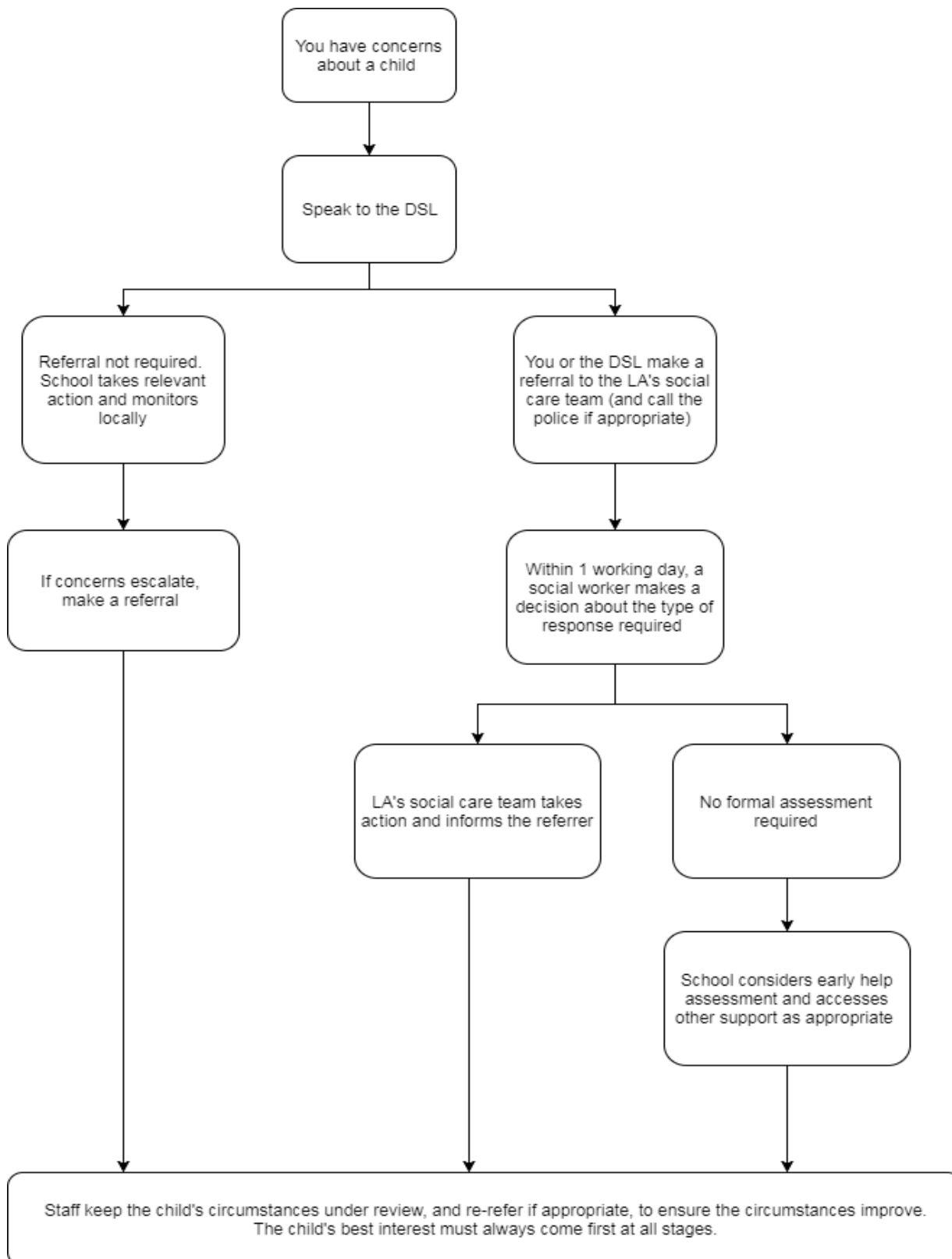
- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related





**Figure 1: procedure if you have concerns about a child’s welfare (as opposed to believing a child is suffering or likely to suffer from harm, or in immediate danger)**

(Note –if the DSL is unavailable, this should not delay action. See section 7.4 for what to do.)



## 8.6 Concerns about staff

If you have concerns about a member of staff or volunteer, or an allegation is made about a member of staff or volunteer posing a risk of harm to children, speak to the head teacher, Sarah Taylor. If the concerns/allegations are about the head teacher, speak to the proprietor, Kath Murphy.

The head teacher/proprietor will then follow the procedures set out in appendix 3, if appropriate.

## 8.7 Allegations of peer-on-peer abuse

For the purposes of this policy, “**peer-on-peer abuse**” is defined as abuse between children.

The school has a zero-tolerance approach to abuse, including peer-on-peer abuse, as confirmed in the Child Protection and Safeguarding Policy’s aims.

All staff will be aware that peer-on-peer abuse can occur between pupils of any age and gender, both inside and outside of school, as well as online. All staff will be aware of the indicators of peer-on-peer abuse, how to identify it, and how to respond to reports. All staff will also recognise that even if no cases have been reported, this is not an indicator that peer-on-peer abuse is not occurring. All staff will speak to the DSL if they have any concerns about peer-on-peer abuse.

All staff will understand the importance of challenge inappropriate behaviour between peers, and will not tolerate abuse as “banter” or “part of growing up”.

Peer-on-peer abuse can be manifested in many different ways, including:

- Bullying, including cyberbullying and prejudice-based or discriminatory bullying.
- Abuse in intimate personal relationships between peers.
- Physical abuse – this may include an online element which facilitates, threatens and/or encourages physical abuse.
- Sexual violence – this may include an online element which facilitates, threatens and/or encourages sexual violence.
- Sexual harassment, including online sexual harassment, which may be standalone or part of a broader pattern of abuse.
- Causing someone to engage in sexual activity without consent.
- The consensual and non-consensual sharing of nude and semi-nude images and/or videos.
- Upskirting.
- Initiation- and hazing-type violence and rituals, which can include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group, and may also include an online element.

All staff will be clear as to the school’s policy and procedures regarding peer-on-peer abuse and the role they have to play in preventing it and responding where they believe a child may be at risk from it.

All staff will be made aware of the heightened vulnerability of pupils with SEND, who evidence suggests are more likely to be abused than their peers. Staff will not assume that possible indicators of abuse relate to the pupil’s SEND and will always explore indicators further.

All staff will be made aware of the heightened vulnerability of LGBTQ+ pupils, who evidence suggests are also more likely to be targeted by their peers. In some cases, pupils who are perceived to be LGBTQ+, regardless of whether they are LGBTQ+, can be just as vulnerable to abuse as LGBTQ+ pupils. The school’s response to

sexual violence and sexual harassment between pupils of the same sex will be equally as robust as it is for incidents between children of the opposite sex.

Pupils will be made aware of how to raise concerns or make a report and how any reports will be handled. This includes the process for reporting concerns about friends or peers. Pupils will also be reassured that they will be taken seriously, be supported, and kept safe.

Most cases of pupils hurting other pupils will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- › Is serious, and potentially a criminal offence
- › Could put pupils in the school at risk
- › Is violent
- › Involves pupils being forced to use drugs or alcohol
- › Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, upskirting or sexually inappropriate pictures or videos (including sexting)

If a pupil makes an allegation of abuse against another pupil:

- › You must record the allegation and tell the DSL, but do not investigate it
- › The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- › The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed
- › The DSL will contact the hospital management, hospital MDT (multi-disciplinary team) and other agencies involved in the child's care (e.g. local CAMHS team) where appropriate

We will minimise the risk of peer-on-peer abuse by:

- › Challenging any form of derogatory or sexualised language or behaviour, including requesting or sending sexual images
- › Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys
- › Ensuring our curriculum helps to educate pupils about appropriate behaviour and consent
- › Ensuring pupils know they can talk to staff confidentially by asking for a talk time or coming to the school room or education office during break or after school.
- › Informing students on admission that they can also discuss any concerns about behaviour taking place in school with the hospital staff or about behaviour taking place in the hospital with the school staff.
- › Ensuring better outcomes for child safeguarding and wellbeing with regular and relevant communication between school and hospital staff (e.g. morning handover, MDT meetings, formulation groups)
- › Ensuring staff are trained to understand that a pupil harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

## 8.8 Sexting

### Your responsibilities when responding to an incident

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If you are made aware of an incident involving sexting (also known as 'youth produced sexual imagery'), you must report it to the DSL immediately.

You must **not**:

- › View, download or share the imagery yourself, or ask a pupil to share or download it. If you have already viewed the imagery by accident, you must report this to the DSL
- › Delete the imagery or ask the pupil to delete it
- › Ask the pupil(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
- › Share information about the incident with other members of staff, the pupil(s) it involves or their, or other, parents and/or carers
- › Say or do anything to blame or shame any young people involved

You should explain that you need to report the incident, and reassure the pupil(s) that they will receive support and help from the DSL.

### **Initial review meeting**

Following a report of an incident, the DSL will hold an initial review meeting with appropriate school and hospital staff. This meeting will consider the initial evidence and aim to determine:

- › Whether there is an immediate risk to pupil(s)
- › If a referral needs to be made to the police and/or children's social care
- › If it is necessary to view the imagery in order to safeguard the young person (in most cases, imagery should not be viewed)
- › What further information is required to decide on the best response
- › Whether the imagery has been shared widely and via what services and/or platforms (this may be unknown)
- › Whether immediate action should be taken to delete or remove images from devices or online services
- › Any relevant facts about the pupils involved which would influence risk assessment
- › If there is a need to contact another school, college, setting or individual
- › Whether to contact parents or carers of the pupils involved (in most cases parents should be involved)

The DSL will make an immediate referral to police and/or children's social care if:

- › The incident involves an adult
- › There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
- › What the DSL knows about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- › The imagery involves sexual acts and any pupil in the imagery is under 13
- › The DSL has reason to believe a pupil is at immediate risk of harm owing to the sharing of the imagery (for example, the young person is presenting as suicidal or self-harming)

If none of the above apply then the DSL, in consultation with other members of staff as appropriate, may decide to respond to the incident without involving the police or children's social care.

### **Further review by the DSL**

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If at the initial review stage a decision has been made not to refer to police and/or children's social care, the DSL will conduct a further review.

They will hold interviews with the pupils involved (if appropriate) to establish the facts and assess the risks.

If at any point in the process there is a concern that a pupil has been harmed or is at risk of harm, a referral will be made to children's social care and/or the police immediately.

### **Informing parents**

The DSL will inform parents at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the pupil at risk of harm.

### **Referring to the police**

If it is necessary to refer an incident to the police, this will be done by calling 101 (9101 from hospital landline)

### **Recording incidents**

All sexting incidents and the decisions made in responding to them will be recorded. The record-keeping arrangements set out in section 12 of this policy also apply to recording incidents of sexting.

### **Curriculum coverage**

Pupils are taught about the issues surrounding sexting as part of our PSHE education. Teaching covers the following in relation to sexting:

- › What it is
- › How it is most likely to be encountered
- › The consequences of requesting, forwarding or providing such images, including when it is and is not abusive
- › Issues of legality
- › The risk of damage to people's feelings and reputation

Pupils also learn the strategies and skills needed to manage:

- › Specific requests or pressure to provide (or forward) such images
- › The receipt of such images

This policy on sexting is also shared with pupils so they are aware of the processes the school will follow in the event of an incident.

## **8.8 Peer-on-peer sexual abuse and sexual violence**

Bere Clinic School has a zero-tolerance approach to sexual violence, abuse, and harassment. We recognise the importance of questioning any and all sexist comments and language, no matter how benign they may appear, understanding the part they play in creating a culture in which attitudes can escalate to harmful sexual behaviour (problematic, abusive, or violent).

Staff undertake regular training to understand:

- It can happen here, even if it is not reported
- Sexual abuse and harassment can and does take place online
- All staff are responsible for creating a culture of gender equality and an understanding of healthy relationships (sexual and non-sexual)

Peer-on-peer abuse will be dealt with in line with the school's behaviour policy and through the legal system if necessary. (Alleged) perpetrators will be provided with education as well as any necessary sanctions in an attempt to correct the behaviour and prevent any further actions. We recognise that perpetrators as well as victims (should they wish to be referred to as such) will need support throughout any investigation. Abusing others is often a sign that the perpetrator is being or has been abused themselves, and the DSL will therefore investigate or refer suspicions of abuse to (alleged) perpetrators.

#### Curriculum Coverage

Bere Clinic School follows its statutory duty to provide appropriate relationship and sex education, with reference to the national curriculum. Throughout our scheme of work, students are explicitly taught content that will help keep them safe and give them healthy expectations of relationships. They are also taught what is not acceptable in a relationship and provided with advice on how to report anything that is not right.

The school works in close conjunction with the hospital staff, flagging up when such subjects are due to be covered in PSHE, so the nursing staff can be alert to any changes in behaviour or signs that abuse may be happening or have happened. All students are made aware that they can let any member of the teaching or hospital staff know of any concerns or questions, regardless of whether it pertains to hospital and/or school life.

## 9. Notifying parents

Where appropriate, we will discuss any concerns about a child with the child's parents. The DSL will normally do this in the event of a suspicion or disclosure.

Other staff will only talk to parents about any such concerns following consultation with the DSL.

If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

## 10. Pupils with special educational needs and disabilities

We recognise that pupils with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Pupils being more prone to peer group isolation than other pupils
- The potential for pupils with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers
- Difficulty in understanding what is happening to them or understanding that it constitutes abuse
- Difficulty in understanding how to report a concern or disclosure

## 11. Mental Health

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All students at Bere Clinic School are enrolled due to their admission at the Bere Clinic due to a diagnosis of eating disorder and they often have other mental health problems in addition. Our teaching staff are aware of and sympathetic to the effects of mental health issues within school. We are also aware that mental health problems and hospital admission can make our students more vulnerable to abuse and/or being targeted by perpetrators of CSE, CCE, radicalisation as well as many other forms of abuse.

- All staff will 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.
- Only trained professionals will make a diagnosis of a mental health problem, but staff are well placed to observe young people and identify those whose behaviour suggests they may be experiencing a mental health problem, or be at risk of developing one.
- Staff are aware of how abuse, neglect and other traumatic adverse childhood experiences can affect a young person's mental health, behaviour and education.
- Staff will take action on any mental health concerns that are also safeguarding concerns, by speaking to the DSL or deputy DSL.
- Staff will not assume that any concerns regarding a student's mental health will already have been addressed by the medical or nursing team and will report any concerns or changes to the head teacher and hospital MDT.

We offer extra pastoral support for all pupils owing to their SEN or disabilities and mental health problems. This includes regular one-to-one meetings with their link teacher (at least every two weeks and as and when issues arise), weekly MDT care planning meetings and four to six-weekly individual reviews prior to MDT Care Programme Approach meetings. The students themselves attend at all MDT meetings either in person or on the phone if they are on extended home leave.

We also liaise closely with a pastoral lead and or safeguarding lead at their home school to share relevant information and build a picture of the student's overall wellbeing. We discuss any concerns as and when they arrive, as well as providing weekly progress reports, including their mental health functioning scores.

## 12. Students already requiring support

Bere Clinic School recognises that some groups of pupils can face additional safeguarding challenges, and understands that further barriers may exist when determining abuse and neglect in these groups of pupils. Additional considerations for managing safeguarding concerns and incidents amongst these groups are outline below.

### **Pupils who need social workers**

Pupils may need social workers due to safeguarding or welfare needs. These needs can leave pupils vulnerable to further harm and educational disadvantage.

As a matter of routine, the DSL will hold and use information from the LA about whether a pupil has a social worker in order to make decisions in the best interests of the pupil's safety, welfare, and educational outcomes.

Where a pupil needs a social worker, this will inform decisions about safeguarding, e.g. responding to unauthorised absence, and promoting welfare, e.g. considering the provision pastoral or academic support.

### **Home-educated children**

Parents may choose elective home education (EHE) for their children. In some cases, EHE can mean that children are less visible to the services needed to safeguard and support them.

In line with the Education (Pupil Registration) (England) Regulations 2006, the school will inform the LA of all deletions from the admissions register when a pupil is taken off roll.



Where a parent has expressed their intention to remove a pupil from school for EHE, the school, in collaboration with the LA and other key professionals, will coordinate a meeting with the parent, where possible, before the final decision has been made, particularly if the pupil has SEND, is vulnerable, and/or has a social worker.

### **LAC and PLAC**

Children most commonly become looked after because of abuse and/or neglect. Because of this, they can be at potentially greater risk in relation to safeguarding. PLAC, also known as care leavers, can also remain vulnerable after leaving care.

The governing board will ensure that staff have the skills, knowledge and understanding to keep LAC and PLAC safe. This includes ensuring that the appropriate staff have the information they need, such as:

- Looked after legal status, i.e. whether they are looked after under voluntary arrangements with consent of parents, or on an interim or full care order.
- Contact arrangements with parents or those with parental responsibility.
- Care arrangements and the levels of authority delegated to the carer by the authority looking after the pupil.

The DSL will be provided with the necessary details of pupils' social workers and the VSH, and, for PLAC, personal advisers.

## **13. Mobile phones and cameras**

Staff are allowed to bring their personal phones to school for their own use, but will limit such use to non-contact time when pupils are not present. Staff members' personal phones will remain in their bags in their lockers during contact time with pupils.

Staff will not take pictures or recordings of pupils on their personal phones or cameras.

We will follow the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings for use in the school.

No images or videos may be taken of the students without their explicit prior written consent in a standard consent form issued by Elysium Healthcare. For under 18s, this consent form must also be signed by their parent or guardian.

Students are not permitted to bring mobile phones into the school room. All students must sign a Student Agreement on admission, documenting their agreement not to bring their phone into the school room and informing them phones will be confiscated if this agreement is not followed. Students also sign to acknowledge their understanding the reasons for this including safeguarding and patient confidentiality.

## **14. Complaints and concerns about school safeguarding policies**

### **14.1 Complaints against staff**

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see appendix 3).

### **14.2 Other complaints**

All complaints arising from the operation of this policy will be considered under the school's complaint procedure (available upon request from the head teacher or on our school's website)

### 14.3 Whistle-blowing

- › If staff, parents or pupils have concerns about the school's safeguarding procedures and feel they cannot address this with the DSL or deputy, they can contact a member hospital safeguarding team (an updated list is displayed in reception by the front door) or the LADO 01962 876364 – further contact details in Important Contacts (contents page of this policy).
- › Use the NSPCC whistle-blowing helpline if you feel you can't raise your concern internally, or if your concern isn't addressed: **0800 028 0285** | [help@nspcc.org.uk](mailto:help@nspcc.org.uk)
- › Any complaints against staff members will be dealt with anonymously in the interest of continued positive working relationships wherever possible.

## 15. Record-keeping

We will hold records in line with our records retention schedule.

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have left the school in line with hospital record-keeping.

If a child for whom the school has, or has had, safeguarding concerns moves to another school, the DSL will ensure that their child protection file is forwarded promptly and securely, and separately from the main pupil file. In addition, if the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving school and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child. This is also the case when students return to their home schools, however the DSL at the home school will have been informed of any relevant incidents, disclosures or investigations throughout admission; students are dual registered at Bere Clinci School and their home school, thus their home school are crucial to multi-agency working.

In addition:

- › Appendix 2 sets out our policy on record-keeping specifically with respect to recruitment and pre-employment checks
- › Appendix 3 sets out our policy on record-keeping with respect to allegations of abuse made against staff

## 16. Training

### 16.1 All staff

All staff members will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures, to ensure they understand the school's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be regularly updated and will be in line with advice from the 3 safeguarding partners. Safeguarding updates and refresher training is undertaken by all teaching staff at the first INSET day of each school year.

Relevant safeguarding updates are shared with all teaching staff (via email or meetings), actioned (where necessary) and acknowledged with a signature in the hospital's Lessons Learnt folder (in the treatment room) as soon as they are brought to the DSL's attention.

The head teacher / DSL discusses safeguarding as a standard agenda item with every staff member in their half-termly supervision session. These also include questions and scenarios to audit the staff member's understanding of safeguarding throughout the year.

All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

Contractors who are provided through a private finance initiative (PFI) or similar contract will also receive safeguarding training.

Volunteers will receive appropriate training, if applicable.

## **16.2 The DSL and deputy**

The DSL and deputy will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training.

## **16.3 Governors ("management committee members")**

All governors (Management Committee members) receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

As the chair of the management committee may be required to act as the 'case manager' in the event that an allegation of abuse is made against the head teacher, they receive training in managing allegations for this purpose.

## **16.4 Recruitment – interview panels**

Sarah Taylor, DSL and head teacher has undertaken Safer Recruitment training and will be a member of the interviewing panel for any recruitment within school. In the exceptional circumstance that she does not form part of the panel, at least one person conducting any interview for a post at the school will have undertaken safer recruitment training (in most cases, Nick Rose, head of education). This will cover, as a minimum, the contents of the Department for Education's statutory guidance, Keeping Children Safe in Education, and will be in line with local safeguarding procedures.

## **16.5 Staff who have contact with pupils and families**

All staff who have contact with children and families will have supervisions which will provide them with support, coaching and training, promote the interests of children and allow for confidential discussions of sensitive issues. This supervision takes place at least once per half term and contains, as a matter of course, safeguarding and the effects of working with students with mental health problems as standing agenda points.

## **17. Curriculum and ethos**

Respect for others can be taught and encouraged throughout the curriculum; it is fundamental to the aims and ethos of the school and underlies all policies and good practice. The curriculum promotes positive attitudes and builds skills and self-esteem so that children and young people can and will make healthier

life choices. We promote appropriate relationships free from abuse, exploitation, violence and harassment of any kind.

The PSHE (personal, social and health education), and the citizenship curricula deal directly with the promotion of a healthy respect for oneself and others. They will also help to foster an understanding of cultural and ethnic diversity within our society including issues around extremism and extremist behaviour. This also enables the young people to question moral and health issues around various beliefs and engender understanding and informed decision making around their own sexual health. We also, through the delivery of PSHE, increase awareness among pupils and staff of the issues around FGM (female genital mutilation) CCE (child criminal exploitation), CSE (child sexual exploitation), online safety and other safeguarding issues.

When timely issues are identified locally, nationally, or globally, these are addressed as soon as possible in standalone PSHE sessions which we are able to facilitate quickly due to our flexible timetable.

Bullying will also be addressed through the curriculum and issues arising from social media bullying and its consequences. Bullying will not be tolerated in any form within the school setting and on educational visits etc. Any young person involved in bullying will be dealt with in a measured and appropriate way, in order that the behaviour doesn't reoccur. This should be done with the head teacher present in accordance with the school Preventing-Bullying Policy. Correct use of IT and technology (phones etc.) are covered in our Acceptable Use section of the student agreement. We aim to protect our pupils from bullying and exploitation through the use of computers and phones via the internet. We do not tolerate any form of cyberbullying and have safeguards in place to help prevent this whilst pupils are in our care. When admitted to the school all students sign a student agreement which details the school's stance on bullying and acceptable use. Each student signs this to acknowledge their understanding of these points and are provided with a copy for their reference.

Any sexual activity or inappropriate relationships between pupils must be reported to the DSL and will be considered within a child protection context.

## 18. Work experience

When a student is sent on work experience, the school will ensure that the provider has appropriate safeguarding policies and procedures in place and students will be accompanied by a member of the teaching staff or nursing team at least on their first visit and usually for all subsequent visits. The hospital school does not accept external students to complete work experience due to the confidential and sensitive nature of the setting.

## 19. Monitoring arrangements

This policy will be reviewed **annually** and at any other point during the year when changes or additions need to be made by Sarah Taylor. At every review, it will be approved by the head of education, Nick Rose, and the proprietor, Kath Murphy.

## 20. Links with other policies

This policy links to the following policies and procedures:

**School policies:**

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- › Student agreement (including acceptable use agreement)
- › Preventing bullying
- › Behaviour
- › Code of conduct
- › Complaints
- › Health and safety
- › Admissions, Discipline and Exclusions
- › Equal Opportunities
- › Relationship and sex education
- › First aid
- › Curriculum
- › SEND Policy

**Elysium healthcare policies:**

- › Complaints Policy and Procedure
- › Freedom to Speak Up (Whistleblowing) Policy
- › Management of Health and Safety
- › Managing Bullying and Harassment
- › Privacy notice
- › Safeguarding Children and Child Protection

**Hampshire's Safeguarding Children's Partnership Board policies:**

- › Escalation Policy: Resolution of Professional Disagreements
- › Hampshire and Isle of Wight Safeguarding Children Partnership and Children's Trust  
Thresholds Chart – July 2019 (Appendix 6)

**These appendices are based on the Department for Education's statutory guidance, Keeping Children Safe in Education.**

**Appendix 1: types of abuse.**

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

**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** is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse 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
- › Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- › 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
- › Seeing or hearing the ill-treatment of another
- › Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

**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
- › Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect** 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.

## Appendix 2: safer recruitment and DBS checks – policy and procedures

We will record all information on the checks carried out in the school's single central record (SCR). Copies of these checks, where appropriate, will be held in individuals' personnel files. We follow requirements and best practice in retaining copies of these checks, as set out below.

### New staff

When appointing new staff, in line with Elysium's recruitment policy, we will:

- › Verify their identity
- › Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will not keep a copy of this for longer than 6 months

- › Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- › Verify their mental and physical fitness to carry out their work responsibilities
- › Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- › Verify their professional qualifications, as appropriate
- › Ensure they are not subject to a prohibition order if they are employed to be a teacher
- › Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK, including (where relevant) any teacher sanctions or restrictions imposed by a European Economic Area professional regulating authority, and criminal records checks or their equivalent
- › Check that candidates taking up a management position are not subject to a prohibition from management (section 128) direction made by the secretary of state

We will ask for written information about previous employment history and check that information is not contradictory or incomplete.

We will seek references on all short-listed candidates, including internal candidates, before interview. We will scrutinise these and resolve any concerns before confirming appointments. The references requested will ask specific questions about the suitability of the applicant to work with children.

**Regulated activity** means a person who will be:

- › Responsible, on a regular basis in a school or college, for teaching, training, instructing, caring for or supervising children; or
- › Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children; or
- › Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

## Existing staff

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual were a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

- › We believe the individual has engaged in [relevant conduct](#); or
- › The individual has received a caution or conviction for a relevant offence, or there is reason to believe the individual has committed a listed relevant offence, under the [Safeguarding Vulnerable Groups Act 2006 \(Prescribed Criteria and Miscellaneous Provisions\) Regulations 2009](#); or
- › The 'harm test' is satisfied in respect of the individual (i.e. they may harm a child or vulnerable adult or put them at risk of harm); and
- › The individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

## Agency and third-party staff

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

## **Contractors**

We will ensure that any contractor, or any employee of the contractor, who is to work at the school has had the appropriate level of DBS check (this includes contractors who are provided through a PFI or similar contract). This will be:

- › An enhanced DBS check with barred list information for contractors engaging in regulated activity
- › An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children

We will obtain the DBS check for self-employed contractors.

We will not keep copies of such checks for longer than 6 months.

Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances.

We will check the identity of all contractors and their staff on arrival at the school.

## **Trainee/student teachers**

Where applicants for initial teacher training are salaried by us, we will ensure that all necessary checks are carried out.

Where trainee teachers are fee-funded, we will obtain written confirmation from the training provider that necessary checks have been carried out and that the trainee has been judged by the provider to be suitable to work with children.

## **Volunteers**

We will:

- › Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- › Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity
- › Carry out a risk assessment when deciding whether to seek an enhanced DBS check without barred list information for any volunteers not engaging in regulated activity. We will retain a record of this risk assessment

## **Governors (“Management Committee Members”)**

All governors (Management Committee members) will have an enhanced DBS check without barred list information.

They will have an enhanced DBS check with barred list information if working in regulated activity.

All governors (Management Committee members) will also have a section 128 check (as a section 128 direction disqualifies an individual from being a maintained school governor).

The chair of the board will have their DBS check countersigned by the secretary of state.



All proprietors, trustees, local governors (Management Committee members) and members will also have the following checks:

- › A section 128 check (to check prohibition on participation in management under [section 128 of the Education and Skills Act 2008](#)).
- › Identity
- › Right to work in the UK
- › Other checks deemed necessary if they have lived or worked outside the UK

### **Staff working in alternative provision settings**

Where we place a pupil with an alternative provision provider, we obtain written confirmation from the provider that they have carried out the appropriate safeguarding checks on individuals working there that we would otherwise perform.

### **Adults who supervise pupils on work experience**

Currently, we do not offer offsite work-experience to our students due to the nature of their illness and their medical supervision needs. All work experience requirements are organised by their home schools as they are dual registered. If this work experience is due to take place during or shortly after the student's hospital admission, we will liaise with the school to ensure all necessary safeguards are in place, both in terms of general child protection as well their individual medical requirements.

### **Pupils staying with host families**

Bere Clinic School does not make arrangements for pupils to be provided with care and accommodation by a host family to which they are not related. Any and all offsite educational visits are supervised by members of the school and/or hospital staff. These do not last more than a day at a time and therefore there is no need to arrange offsite accommodation.

### **Appendix 3: allegations of abuse made against staff**

This section of this policy applies to all cases in which it is alleged that a current member of staff or volunteer has:

- › Behaved in a way that has harmed a child, or may have harmed a child, or
- › 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

It applies regardless of whether the alleged abuse took place in the school. Allegations against a teacher who is no longer teaching and historical allegations of abuse will be referred to the police.

We will deal with any allegation of abuse against a member of staff or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

Our procedures for dealing with allegations will be applied with common sense and judgement.

### **Suspension**

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Suspension will not be the default position, and will only be considered in cases where there is reason to suspect that a child or other children is/are at risk of harm, or the case is so serious that it might be grounds for dismissal. In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

- › Redeployment within the school so that the individual does not have direct contact with the child or children concerned
- › Providing another member of staff to be present when the individual has contact with children
- › Redeploying the individual to alternative work in the school so that they do not have unsupervised access to children
- › Temporarily redeploying the individual to another role in a different location, for example to an alternative school or other work for the company

### **Definitions for outcomes of allegation investigations**

- › **Substantiated:** there is sufficient evidence to prove the allegation
- › **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- › **False:** there is sufficient evidence to disprove the allegation
- › **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)
- › **Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made

### **Procedure for dealing with allegations**

In the event of an allegation that meets the criteria above, the head teacher (or proprietor where the head teacher is the subject of the allegation) – the ‘case manager’ – will take the following steps:

- › Immediately discuss the allegation with the designated officer at the local authority. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children’s social care services. (The case manager may, on occasion, consider it necessary to involve the police *before* consulting the designated officer – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the designated officer as soon as practicably possible after contacting the police).
- › Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the designated officer (and the police or children’s social care services, where necessary). Where the police and/or children’s social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies.
- › Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at the school is justified or whether alternative arrangements such as those outlined above can be put in place. Advice will be sought from the designated officer, police and/or children’s social care services, as appropriate.
- › **If immediate suspension is considered necessary**, agree and record the rationale for this with the designated officer. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the

individual facing the allegation or concern within one working day, and the individual will be given a named contact at the school and their contact details.

- **If it is decided that no further action is to be taken** in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the designated officer what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation.
- **If it is decided that further action is needed**, take steps as agreed with the designated officer to initiate the appropriate action in school and/or liaise with the police and/or children's social care services as appropriate.
- Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and considering what other support is appropriate.
- Inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and/or the police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against teachers (where this applies) while investigations are ongoing. Any parent or carer who wishes to have the confidentiality restrictions removed in respect of a teacher will be advised to seek legal advice.
- Keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence).
- Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child.

If the school is made aware that the secretary of state has made an interim prohibition order in respect of an individual, we will immediately suspend that individual from teaching, pending the findings of the investigation by the Teaching Regulation Agency.

Where the police are involved, wherever possible the governing board will ask the police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in the school's disciplinary process, should this be required at a later point.

## Timescales

- Any cases where it is clear immediately that the allegation is unsubstantiated or malicious will be resolved within 1 week
- If the nature of an allegation does not require formal disciplinary action, we will institute appropriate action within 3 working days
- If a disciplinary hearing is required and can be held without further investigation, we will hold this within 15 working days

## Specific actions

### Action following a criminal investigation or prosecution

The case manager will discuss with the local authority's designated officer whether any further action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the police and/or children's social care services.

### **Conclusion of a case where the allegation is substantiated**

If the allegation is substantiated and the individual is dismissed or the school ceases to use their services, or the individual resigns or otherwise ceases to provide their services, the case manager and the school's personnel adviser will discuss with the designated officer whether to make a referral to the DBS for consideration of whether inclusion on the barred lists is required.

If the individual concerned is a member of teaching staff, the case manager and personnel adviser will discuss with the designated officer whether to refer the matter to the Teaching Regulation Agency to consider prohibiting the individual from teaching.

### **Individuals returning to work after suspension**

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

The case manager will also consider how best to manage the individual's contact with the child or children who made the allegation, if they are still attending the school.

### **Unsubstantiated or malicious allegations**

If an allegation is shown to be deliberately invented, or malicious, the head teacher, or other appropriate person in the case of an allegation against the head teacher, will consider whether any disciplinary action is appropriate against the pupil(s) who made it, or whether the police should be asked to consider whether action against those who made the allegation might be appropriate, even if they are not a pupil.

## **Confidentiality**

The school will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the local authority's designated officer, police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- What, if any, information can be reasonably given to the wider community to reduce speculation
- How to manage press interest if, and when, it arises

## **Record-keeping**

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:

- A clear and comprehensive summary of the allegation
- Details of how the allegation was followed up and resolved
- Notes of any action taken and decisions reached (and justification for these, as stated above)

If an allegation or concern is not found to have been malicious, the school will retain the records of the case on the individual's confidential personnel file, and provide a copy to the individual.

Where records contain information about allegations of sexual abuse, we will preserve these for the Independent Inquiry into Child Sexual Abuse (IICSA), for the term of the inquiry. We will retain all other

records at least until the individual has reached normal pension age, or for 10 years from the date of the allegation if that is longer.

The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

## References

When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.

## Learning lessons

After any cases where the allegations are *substantiated*, we will review the circumstances of the case with the local authority's designated officer to determine whether there are any improvements that we can make to the school's procedures or practice to help prevent similar events in the future.

This will include consideration of (as applicable):

- Issues arising from the decision to suspend the member of staff
- The duration of the suspension
- Whether or not the suspension was justified
- The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual

## Appendix 4: specific safeguarding issues

### Child abduction and community safety incidents

For the purposes of this policy, "**child abduction**" is defined as the unauthorised removal or retention of a child from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents and other relatives, other people known to the victim, and strangers.

All staff will be alert to community safety incidents taking place in the vicinity of the school that may raise concerns regarding child abduction, e.g. people loitering nearby or unknown adults conversing with pupils.

Pupils will be provided with practical advice and lessons to ensure they can keep themselves safe outdoors.

### Child criminal exploitation (CCE)

For the purpose of this policy, "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 into criminal activity, for any, or all, of the following reasons:

- › In exchange for something the victim needs or wants
- › For the financial advantage or other advantage of the perpetrator or facilitator
- › Through violence or the threat of violence

Specific forms of CCE can include:

- › Being forced or manipulated into transporting drugs or money through county lines.
- › Working in cannabis factories.
- › Shoplifting or pickpocketing.

- Committing vehicle crime.
- Committing, or threatening to commit, serious violence to others.

CCE may be in effect even if the criminal activity appears consensual and can happen through the use of technology.

The school will recognise that pupils involved in CCE are victims themselves, regardless of whether they have committed crimes, and even if the criminal activity appears consensual. The school will also recognise that pupils of any gender are at risk of CCE.

School staff will be aware of the indicators that a pupil is the victim of CCE, including:

- Appearing with unexplained gifts, money or new possessions.
- Associating with other children involved in exploitation.
- Suffering from changes in emotional wellbeing.
- Misusing drugs or alcohol.
- Going missing for periods of time or regularly coming home late.
- Regularly missing school or education or not taking part.

### **Child sexual exploitation (CSE)**

For the purpose of this policy, “child sexual exploitation” is defined as: a form of sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual activity, for either, or both, of the following reasons:

- In exchange for something the victim needs or wants
- For the financial advantage or increased status of the perpetrator or facilitator
- Through violence or the threat of violence

CSE does not always involve physical contact, as it can also occur online. The school will recognise that CSE can occur over time or be a one-off occurrence, and may happen without the pupil’s immediate knowledge, e.g. through others sharing videos or images of them on social media. The school will recognise that CSE can affect any pupil who has been coerced into engaging in sexual activities, even if the activity appears consensual; this includes pupils aged 16 and above who can legally consent to sexual activity. The school will also recognise that pupils may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship

The school has adopted the following procedure for handling cases of CSE, as outlined by the DfE:

#### *Identifying cases*

School staff members will be aware of and look for the key indicators of CSE; these are as follows:

- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying sexual behaviours beyond expected sexual development
- Becoming pregnant

Other indicators outlined in Child Criminal Exploitation (above) may also be signs that a child is a victim of CSE

#### *Referring cases*

Where CSE, or the risk of it, is suspected, staff will discuss the case with the DSL. If after discussion a concern still remains, local safeguarding procedures will be triggered, including referral to the LA.

### *Support*

The LA and all other necessary authorities will then handle the matter to conclusion. The school will cooperate as needed.

Bere Clinic School students who are found to be victims of CSE (or any other form of abuse) will be supported fully by the hospital team, including regular meetings with therapists, a social worker, and psychiatrists.

### **County lines**

For the purpose of this policy, “County lines” refers to organised criminal networks or gangs exploiting children to move drugs and money into one or more areas (within the UK). Drugs and money may also be stored by children for the purpose of criminal activity.

Staff will be made aware of pupils with missing episodes who may have been trafficked for the purpose of transporting drugs.

Staff members who suspect a pupil may be vulnerable to, or involved in, county lines activity will immediately report all concerns to the DSL.

The DSL will consider referral to the National Referral Mechanism on a case-by-case basis and consider involving local services and providers who offer support to victims of county lines exploitation.

Indicators that a pupil may be involved in county lines active include the following:

- › Unexplained acquisition of money, clothes or mobile phones
- › Excessive receipt of texts or phone calls
- › Relationships with controlling or older individuals or groups
- › Leaving home without explanation
- › Evidence of physical injury or assault that cannot be explained
- › Carrying weapons
- › Sudden decline in school results
- › Becoming isolated from peers or social networks
- › Self-harm or significant changes in mental state
- › Parental reports of concern
- › Going missing and subsequently being found in areas away from their home.
- › Having been the victim or perpetrator of serious violence, e.g. knife crime.
- › Receiving requests for drugs via a phone line.
- › Moving drugs.
- › Handing over and collecting money for drugs.
- › Being exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection.
- › Being found in accommodation they have no connection with or a hotel room where there is drug activity.
- › Owing a ‘debt bond’ to their exploiters.

- › Having their bank account used to facilitate drug dealing.

Through training, all staff will be made aware of the indicators which may signal a pupil is at risk from, or is involved with, serious violent crime. These indicators include, but are not limited to, the following:

- › Increased absence from school
- › A change in friendships
- › New relationships with older individuals or groups
- › A significant decline in academic performance
- › Signs of self-harm
- › A significant change in wellbeing
- › Signs of assault
- › Unexplained injuries
- › Unexplained gifts or new possessions

Staff will be made aware of some of the most significant risk factors that could increase a pupil's vulnerability to becoming involved in serious violent crime. These risk factors include, but are not limited to, the following:

- › A history of committing offences
- › Substance abuse
- › Anti-social behaviour
- › Truancy
- › Peers involved in crime and/or anti-social behaviour

Staff members who suspect a pupil may be vulnerable to, or involved in, serious violent crime will immediately report their concerns to the DSL.

### **Cyber-crime**

For the purposes of this policy, “**cyber-crime**” is defined as criminal activity committed using computers and/or the internet. This includes ‘cyber-enabled’ crimes, i.e. crimes that can happen offline but are enabled at scale and at speed online, and ‘cyber-dependent’ crimes, i.e. crimes that can be committed only by using a computer. Crimes include:

- › Unauthorised access to computers, known as ‘hacking’.
- › Denial of Service attacks, known as ‘booting’.
- › Making, supplying or obtaining malicious software, or ‘malware’, e.g. viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence.

All staff will be aware of the signs of cyber-crime and follow the appropriate safeguarding procedures where concerns arise. This may include the DSL referring pupils to the National Crime Agency’s Cyber Choices programme.

### **Domestic abuse**

For the purposes of this policy, and in line with the Domestic Abuse Act 2021, “**domestic abuse**” is defined as abusive behaviour of a person towards another person (including conduct directed at someone else, e.g. the



person's child) where both are aged 16 or over and are personally connected. **“Abusive behaviour”** includes physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological or emotional abuse, or another form of abuse. **“Personally connected”** includes people who:

- Are, have been, or have agreed to be married to each other.
- Are, have been, or have agreed to be in a civil partnership with each other.
- Are, or have been, in an intimate personal relationship with each other.
- Each have, or had, a parental relationship towards the same child.
- Are relatives.

The school will recognise the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of domestic abuse. All staff will be aware of the signs of domestic abuse and follow the appropriate safeguarding procedures where concerns arise.

### **FGM**

For the purpose of this policy, FGM is defined as a procedure where the female genital organs are injured or changed and there is no medical reason for this.

The school's procedures relating to managing cases of FGM and protecting pupils will reflect multi-agency working arrangements.

FGM is considered a form of abuse in the UK and is illegal.

All staff will be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. If staff members are worried about someone who is at risk of FGM or who has been a victim of FGM, they are required to share this information with social care and/or the police.

As outlined in Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015), teachers are legally required to report to the police any discovery, whether through disclosure by the victim or visual evidence, of FGM on a girl under the age of 18. Teachers failing to report such cases will face disciplinary action.

NB. The above does not apply to any suspected or at-risk cases, nor if the individual is over the age of 18. In such cases, local safeguarding procedures will be followed.

There are a range of potential indicators that a pupil may be at risk of FGM. While individually they may not indicate risk, if two or more indicators are present, this could signal a risk to the pupil.

Victims of FGM are most likely to come from communities that are known to adopt this practice. It is important to note that the pupil may not yet be aware of the practice or that it may be conducted on them, so staff will be sensitive when broaching the subject.

Indicators that may show a heightened risk of FGM include the following:

- The socio-economic position of the family and their level of integration into UK society
- Any girl with a mother or sister who has been subjected to FGM
- Any girl withdrawn from PSHE
- Indicators that may show FGM could take place soon include the following:
  - When a female family elder is visiting from a country of origin
  - A girl may confide that she is to have a 'special procedure' or a ceremony to 'become a woman'
  - A girl may request help from a teacher if she is aware or suspects that she is at immediate risk

- › A girl, or her family member, may talk about a long holiday to her country of origin or another country where the practice is prevalent

Staff will be vigilant to the signs that FGM has already taken place so that help can be offered, enquiries can be made to protect others, and criminal investigations can begin.

Indicators that FGM may have already taken place include the following:

- › Difficulty walking, sitting or standing
- › Spending longer than normal in the bathroom or toilet
- › Spending long periods of time away from a classroom during the day with bladder or menstrual problems
- › Prolonged or repeated absences from school followed by withdrawal or depression
- › Reluctance to undergo normal medical examinations
- › Asking for help, but not being explicit about the problem due to embarrassment or fear

Teachers will not examine pupils, and so it is rare that they will see any visual evidence, but they will report to the police where an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also consider and discuss any such case with the DSL and involve CSCS as appropriate.

FGM is also included in the definition of 'honour-based' abuse (HBA), which involves crimes that have been committed to defend the honour of the family and/or community, alongside forced marriage and breast ironing.

All forms of HBA are forms of abuse and will be treated and escalated as such.

Staff will be alert to the signs of HBA, including concerns that a child is at risk of HBA, or has already suffered from HBA, and will consult with the DSL who will activate local safeguarding procedures if concerns arise.

### **Forced marriage**

For the purpose of this policy, a "forced marriage" is defined as a marriage that is entered into without the full and free consent of one or both parties, and where violence, threats or any other form of coercion is used to cause a person to enter into the marriage. Threats can be physical, emotional, or psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent, e.g. due to some forms of SEND. Forced marriage is a crime in the UK and a form of HBA.

As part of HBA, staff will be alert to the signs of forced marriage including, but not limited to, the following:

- › Becoming anxious, depressed and emotionally withdrawn with low self-esteem
- › Showing signs of mental health disorders and behaviours such as self-harm or anorexia
- › Displaying a sudden decline in their educational performance, aspirations or motivation
- › Regularly being absent from school
- › Displaying a decline in punctuality
- › An obvious family history of older siblings leaving education early and marrying early

If staff members have any concerns regarding a child who may have undergone, is currently undergoing, or is at risk of, forced marriage, they will speak to the DSL and local safeguarding procedures will be followed – this could include referral to CSCS, the police or the Forced Marriage Unit.

### **Homelessness**

The DSL and deputy(s) will be aware of the contact details and referral routes into the Local Housing Authority so that concerns over homelessness can be raised as early as possible.

Indicators that a family may be at risk of homelessness include the following:

- Household debt
- Rent arrears
- Domestic abuse
- Anti-social behaviour
- Any mention of a family moving home because “they have to”

Referrals to the Local Housing Authority do not replace referrals to CSCS where a child is being harmed or at risk of harm.

For 16- and 17-year-olds, homelessness may not be family-based and referrals to CSCS will be made as necessary where concerns are raised.

### **Modern slavery**

For the purposes of this policy, “**modern slavery**” encompasses human trafficking and slavery, servitude, and forced or compulsory labour. This can include CCE, CSE, and other forms of exploitation.

All staff will be aware of and alert to the signs that a pupil may be the victim of modern slavery. Staff will also be aware of the support available to victims of modern slavery and how to refer them to the National Referral Mechanism.

### **Pupils with family members in prison**

Pupils with a family member in prison will be offered pastoral support as necessary.

They will receive a copy of ‘Are you a young person with a family member in prison’ from Action for Prisoners’ Families where appropriate and allowed the opportunity to discuss questions and concerns.

### **Pupils required to give evidence in court**

Pupils required to give evidence in criminal courts, either for crimes committed against them or crimes they have witnessed, will be offered appropriate pastoral support.

Pupils will also be provided with the booklet ‘Going to Court and being a witness’ from HMCTS where appropriate and allowed the opportunity to discuss questions and concerns.

### **Preventing radicalisation**

For the purpose of this policy, we have used the following definitions:

“Radicalisation” refers to the process by which a person comes to support terrorism and extremist ideologies

“Extremism” refers to the vocal or active opposition to fundamental British values, e.g. individual liberty and the rule of law. Extremism also includes calling for the death of members of the armed forces.

“Terrorism” refers to an action that endangers or causes serious violence to a person or people, property, or electronic system, The use or threat of these actions must be designed to influence the government or intimidate the public, and be made for the purpose of advancing a political, religious or ideological cause.

Protecting children from the risk of radicalisation is part of the school’s wider safeguarding duties.

The school will actively assess the risk of pupils’ being drawn into terrorism.

Staff will be alert to changes in pupils’ behaviour which could indicate that they may be in need of help or protection.

Staff will use their professional judgement to identify pupils who may be at risk of radicalisation and act appropriately, which may include making a referral to the Channel programme. The school will work with local safeguarding arrangements as appropriate.

The school will ensure that they engage with parents and families, as they are in a key position to spot signs of radicalisation. In doing so, the school will assist and advise family members who raise concerns and provide information for support mechanisms.

Any concerns over radicalisation will be discussed with a child's parents, unless the school has reason to believe that the child would be placed at risk as a result.

### **The Prevent duty**

Under section 26 of the Counter-Terrorism and Security Act 2015, all schools are subject to a duty to have "due regard to the need to prevent people from being drawn into terrorism", known as "**the Prevent duty**". The Prevent duty will form part of the school's wider safeguarding obligations.

#### Training

The DSL will undertake Prevent awareness training to be able to provide advice and support to other staff on how to protect children against the risk of radicalisation. The DSL will hold formal training sessions with all members of staff to ensure they are aware of the risk indicators and their duties regarding preventing radicalisation.

#### Risk indicators of vulnerable pupils

Indicators of an identity crisis include the following:

- › Distancing themselves from their cultural/religious heritage
- › Uncomfortable with their place in society
- › Indicators of a personal crisis include the following:
  - › Family tensions
  - › A sense of isolation
  - › Low self-esteem
  - › Disassociation from existing friendship groups
  - › Searching for answers to questions about identity, faith and belonging
- › Indicators of vulnerability through personal circumstances includes the following:
  - › Migration
  - › Local community tensions
  - › Events affecting their country or region of origin
  - › Alienation from UK values
  - › A sense of grievance triggered by personal experience of racism or discrimination

Indicators of vulnerability through unmet aspirations include the following:

- › Perceptions of injustice
- › Feelings of failure
- › Rejection of civic life
- › Indicators of vulnerability through criminality:
  - › Experiences of dealing with the police
  - › Involvement with criminal groups

## Making a judgement

When making a judgement, staff will ask themselves the following questions:

- › Does the pupil have access to extremist influences?
- › Does the pupil access the internet for the purposes of extremist activities (e.g. using closed network groups, accessing or distributing extremist material, contacting such groups covertly using Skype)?
- › Is there a reason to believe that the pupil has been, or is likely to be, involved with extremist organisations?
- › Is the pupil known to have possessed, or be actively seeking, extremist literature/other media likely to incite racial or religious hatred?
- › Does the pupil sympathise with or support illegal/illicit groups?
- › Does the pupil support groups with links to extremist activity?
- › Has the pupil encountered peer, social, family or faith group rejection?
- › Is there evidence of extremist ideological, political or religious influence on the pupil?
- › Have international events in areas of conflict and civil unrest had a noticeable impact on the pupil?
- › Has there been a significant shift in the pupil's outward appearance that suggests a new social, political or religious influence?
- › Has the pupil come into conflict with family over religious beliefs, lifestyle or dress choices?
- › Does the pupil vocally support terrorist attacks, either verbally or in their written work?
- › Has the pupil witnessed or been the victim of racial or religious hate crimes?
- › Is there a pattern of regular or extended travel within the UK?
- › Has the pupil travelled for extended periods of time to international locations?
- › Has the pupil employed any methods to disguise their identity?
- › Does the pupil have experience of poverty, disadvantage, discrimination or social exclusion?
- › Does the pupil display a lack of affinity or understanding for others?
- › Is the pupil the victim of social isolation?
- › Does the pupil demonstrate a simplistic or flawed understanding of religion or politics?
- › Is the pupil a foreign national or refugee, or awaiting a decision on their/their family's immigration status?
- › Does the pupil have insecure, conflicted or absent family relationships?
- › Has the pupil experienced any trauma in their lives, particularly trauma associated with war or sectarian conflict?
- › Is there evidence that a significant adult or other person in the pupil's life has extremist views or sympathies?

Critical indicators include where the pupil is:

- › In contact with extremist recruiters.
- › Articulating support for extremist causes or leaders.
- › Accessing extremist websites.
- › Possessing extremist literature.

- Using extremist narratives and a global ideology to explain personal disadvantage.
- Justifying the use of violence to solve societal issues.
- Joining extremist organisations.
- Making significant changes to their appearance and/or behaviour.

Any member of staff who identifies such concerns, because of observed behaviour or reports of conversations, will report these to the DSL.

The DSL will consider whether a situation may be so serious that an emergency response is required. In this situation, a 999 call will be made; however, concerns are most likely to require a police investigation as part of the Channel programme, in the first instance.

#### Channel programme

Safeguarding children is a key role for both the school and the LA, which is implemented through the use of the Channel programme. This service shall be used where a vulnerable pupil is at risk of being involved in terrorist activities.

In cases where the school believes a pupil is potentially at serious risk of being radicalised, the DSL will contact the Channel programme.

The DSL will also support any staff making referrals to the Channel programme.

The Channel programme ensures that vulnerable children and adults of any faith, ethnicity or background, receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist-related activity.

The programme identifies individuals at risk, assesses the extent of that risk, and develops the most appropriate support plan for the individuals concerned, with multi-agency cooperation and support from the school.

The delivery of the Channel programme may often overlap with the implementation of the LA's or school's wider safeguarding duty, especially where vulnerabilities have been identified that require intervention from CSCS, or where the individual is already known to CSCS.

The school will keep in mind that an individual's engagement with the Channel programme is voluntary at all stages.

#### Extremist speakers

The Guest Speaker Policy will prevent speakers who may promote extremist views from using the school premises.

#### Building children's resilience

The school will:

- Provide a safe environment for debating controversial issues.
- Promote fundamental British values, alongside pupils' spiritual, moral, social and cultural development.
- Allow pupils time to explore sensitive and controversial issues.
- Provide pupils with the knowledge and skills to understand and manage potentially difficult situations, recognise risk, make safe choices and recognise where pressure from others threatens their personal safety and wellbeing.
- Equip pupils to explore political and social issues critically, weigh evidence, debate, and make reasoned arguments.

- › Teach pupils about how democracy, government and law making/enforcement occur.
- › Teach pupils about mutual respect and understanding for the diverse national, regional, religious and ethnic identities of the UK.

#### Resources

- › The school will utilise the following resources when preventing radicalisation:
- › Local safeguarding arrangements
- › Local police (contacted via 101 for non-emergencies)
- › The DfE's dedicated helpline (020 7340 7264)
- › The Channel awareness programme
- › The Educate Against Hate website

#### **A child missing from education**

A child going missing from school is a potential indicator of abuse or neglect and, as such, these children are increasingly at risk of being victims of harm, exploitation or radicalisation.

Staff will monitor pupils that go missing from the school, particularly on repeat occasions, and report them to the DSL following normal safeguarding procedures. In addition to this, the head teacher liaises with the students' "home schools" regarding attendance during periods of reintegration in the community. Non-attendance when scheduled will be recorded and discussed with the hospital multi-disciplinary team, with a view to changing future home leave schedules to best ensure attendance at our school or the home school. Absence and the reasons for it will be discussed with the student by both the head or deputy head teacher and the MDT or nursing team.

The school will inform the LA of any pupil who fails to attend regularly or has been absent without the school's permission for a continuous period of 10 school days or more.

#### Admissions register

Pupils are placed on the admissions register at the beginning of the first day that is agreed by the school, or when the school has been notified that the pupil will first be attending.

The school will notify the LA within five days of when a pupil's name is added to the admissions register.

The school will ensure that the admissions register is kept up-to-date and accurate at all times and will inform parents when any changes occur.

Two emergency contact details will be held for each pupil where possible; these will normally be at least one family member / guardian and one contact from the pupil's home school.

Staff will liaise with the student's home school to verify attendance when the student is due to attend school while on home leave.

Staff will monitor pupils who do not attend the school on the agreed date and will notify the home school and/or LA at the earliest opportunity.

If a parent notifies the school that their child will live at a different address, the school will record the following information on the admissions register:

The full name of the parent with whom the pupil will live

The new address

The date from when the pupil will live at that address

When a student is discharged from the hospital, the details of the school to which they are returning or at which they are starting will be recorded in the admissions register.

To ensure accurate data is collected to allow effective safeguarding, the school will inform the LA of any pupil who is going to be deleted from the admission register, in accordance with the Education (Pupil Registration) (England) Regulations 2006 (as amended); this will most likely be at the time of the patient's discharge from hospital but may also occur if:

The Local Authority consistently refuse to pay our education fees for the student and therefore make alternative arrangements for their education.

Have been taken out of the school by their parents, and are being educated outside the national education system, e.g. home education.

Have been certified by the hospital's medical staff as unlikely to be in a fit state of health to attend, before ceasing to be of compulsory school age, and their parent has not indicated the intention to the pupil continuing to attend school after ceasing to be of compulsory school age.

Have been in custody for a period of more than four months due to a final court order and the school does not reasonably believe they will be returning to the school at the end of that period.

The school will also remove a pupil from the admissions register where the school and LA has been unable to establish the pupil's whereabouts after making reasonable enquiries into their attendance.

If a pupil is to be removed from the admissions register, the school will provide the LA with the following information:

The full name of the pupil

The full name and address of any parent with whom the pupil lives

At least one telephone number of the parent with whom the pupil lives

The full name and address of the parent with whom the pupil is going to live, and the date that the pupil will start living there, if applicable

The name of the school the patient will be attending after discharge (usually the school at which they were dual registered throughout admission).

The grounds for removal from the admissions register under regulation 8 of the Education (Pupil Registration) (England) Regulations 2006 (as amended)

The school will work with the LA to establish methods of making returns for pupils back into the school.

The school will highlight to the LA where they have been unable to obtain necessary information from parents, e.g. where an address is unknown.

The school will also highlight any other necessary contextual information including safeguarding concerns

In addition to the responsible adults, the school will consider whether a DBS enhanced certificate should be obtained for anyone else aged over 16 in the household.

## **Checking the identity and suitability of visitors**

All visitors will be required to verify their identity to the satisfaction of staff and to leave their belongings, including their mobile phone(s), in a safe place during their visit.

If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting. Visitors should be ready to produce identification.



The entrance and exit to the hospital is locked with a keypad code, thus visitors cannot enter the building without first verifying their identity with a member of hospital staff. All staff know to conceal the exit and entrance codes when operating the door and should under no circumstances share these codes with a non-staff member, no matter how much personal trust they place in them. Similarly, visitors are not given access to keys, key fobs or other internal door codes, to ensure they are always supervised in private or high-risk areas of the hospital (e.g. patient bedrooms on the first floor, COSHH cupboard).

Visitors are expected to sign the visitors' book and carry a visitor's slip. Visitors are also prompted to sign out when they leave.

Visitors to the school who are visiting for a professional purpose, such as educational psychologists and school improvement officers, will be asked to show photo ID and:

- › Will be asked to show their DBS certificate, which will be checked alongside their photo ID; or
- › The organisation sending the professional, such as the LA or educational psychology service, will provide prior written confirmation that an enhanced DBS check with barred list information has been carried out

All other visitors, including visiting speakers, will be accompanied by a member of staff at all times. We will not invite into the school any speaker who is known to disseminate extremist views, and will carry out appropriate checks to ensure that any individual or organisation using school facilities is not seeking to disseminate extremist views or radicalise pupils or staff.

## Appendix 5 - Acronyms

This policy contains a number of acronyms used in the Education sector. Acronyms found in this policy and other safeguarding documentation and resources are explained below:

Acronym	Long form	Description
CCE	Child criminal exploitation	Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence.
CSCS	Children's social care services	The branch of the local authority that deals with children's social care.
CSE	Child sexual exploitation	Where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage, increased status or other advantage of the perpetrator or facilitator.
DBS	Disclosure and barring service	The service that performs the statutory check of criminal records for anyone working or volunteering in a school.
DfE	Department for Education	The national government body with responsibility for children's' services, policy

		and education, including early years, schools, higher and further education policy, apprenticeships and wider skills in England.
DPO	Data protection officer	The appointed person in school with responsibility for overseeing data protection strategy and implementation to ensure compliance with the Data Protection Act.
DSL	Designated safeguarding lead	A member of the senior leadership team who has lead responsibility for safeguarding and child protection throughout the school.
EEA	European Economic Area	The Member States of the European Union (EU) and three countries of the European Free Trade Association (EFTA) (Iceland, Liechtenstein and Norway; excluding Switzerland).
EHCP	Education, health and care plan	A funded intervention plan which coordinates the educational, health and social needs for pupils who have significant needs that impact on their learning and access to education. The plan identifies any additional support needs or interventions and the intended impact they will have for the pupil.
ESFA	Education and Skills Funding Agency	An agency sponsored by the Department for Education with accountability for funding education and skills training for children, young people and adults.
FGM	Female genital mutilation	A procedure where the female genital organs are injured or changed and there is no medical reason for this.
GDPR	General Data Protection Regulation	Legislative provision designed to strengthen the safety and security of all data held within an organisation and ensure that procedures relating to personal data are fair and consistent.
HBA	'Honour-based' abuse	So-called 'honour-based' abuse 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, forced marriage, and practices such as breast ironing.
HMCTS	HM Courts and Tribunal Service	HM Courts and Tribunals Service is responsible for the administration of

		criminal, civil and family courts and tribunals in England and Wales. HMCTS is an executive agency, sponsored by the Ministry of Justice.
IICSA	Independent Inquiry into Child Sexual Abuse	The Independent Inquiry into Child Sexual Abuse is analysing case files from the Disclosure and Barring Service to learn more about the behaviours of perpetrators who have sexually abused children in institutions, and to understand institutional responses to these behaviours.
ITT	Initial teacher training	A programme of training to achieve qualified teacher status.
KCSIE	Keeping children safe in education	Statutory guidance setting out schools and colleges' duties to safeguard and promote the welfare of children.
LA	Local authority	A local government agency responsible for the provision of a range of services in a specified local area, including education.
LAC	Looked-after children	A child who has been placed in local authority care or where children's services have looked after a child for more than a period of 24 hours.
LGBTQ+	Lesbian, gay, bisexual, transgender and queer	Term relating to a community of people, protected by the Equalities Act 2010, who identify as a lesbian, gay, bisexual or transgender, or other protected sexual or gender identities.
NPCC	The National Police Chiefs' Council	The National Police Chiefs' Council is a national coordination body for law enforcement in the United Kingdom and the representative body for British police chief officers.
PLAC	Previously looked-after children	Children who were previously in local authority care or were looked after by children's services for more than a period of 24 hours. PLAC are also known as care leavers.
PSHE	Personal, social and health education	A non-statutory subject in which pupils learn about themselves, other people, rights, responsibilities and relationships.
PHE	Public Health England	An executive agency of the Department of Health and Social Care which aims to protect and improve the nation's health and wellbeing.


QTS	Qualified teacher status	A requirement in England to work as a teacher of children in state schools and special schools.
RSE	Relationships and sex education	A compulsory subject from Year 7 for all pupils. Includes the teaching of sexual health, reproduction and sexuality as well as promoting positive relationships.
SCR	Single central record	A statutory secure record of recruitment and identity checks for all permanent and temporary staff, proprietors, contractors, external coaches and instructors, and volunteers who attend the school in a non-visitor capacity.
SENCO	Special educational needs coordinator	A statutory role within all schools maintaining oversight and coordinating the implementation of the school's special educational needs policy and provision of education to pupils with special educational needs.
SEND	Special educational needs and disabilities	A pupil is assessed to have SEND if they have a learning problem or disability that makes it more difficult for them to learn than most pupils their age.
SLT	Senior leadership team	Staff members who have been delegated leadership responsibilities in a school.
TRA	Teaching Regulation Agency	An executive agency of the DfE with responsibility for the regulation of the teaching profession.
VSH	Virtual school head	Virtual school heads are in charge of promoting the educational achievement of all the children looked after by the local authority they work for.

Appendix 6 Local safeguarding thresholds and procedures



## Hampshire and Isle of Wight Safeguarding Children Partnership and Children's Trust Thresholds Chart – July 2019



Threshold:	1. Universal	2. Early Help	3. Targeted Early Help	4. Children's Social Care
<b>The Child or Young Person (maybe unborn):</b>	Has needs met within universal provision. May need limited intervention within the setting to avoid needs arising.	Has additional needs identified within the setting that can be met within identified resources through a single-agency response and partnership working.	Has multiple needs requiring a multi-agency coordinated response.	Has a high level of unmet and complex needs or is in need of protection.
 <p style="text-align: center;"><b>The following circumstances and key features are for guidance and should always be considered in respect of the impact on the child or young person including unborn and newly born. Each child's case will be individually considered taking into account the child's circumstances and the strengths of the family.</b></p>				
<b>Circumstances and Key Features:</b>	<b>Developmental Needs of child</b> <ul style="list-style-type: none"> <li>Achieving learning targets</li> <li>Good attendance at school</li> <li>Meeting developmental milestones</li> <li>Has psychological wellbeing</li> <li>Socially interactive and skilled</li> <li>Ability to protect self and be protected</li> </ul>	<b>Developmental Needs of Child</b> <ul style="list-style-type: none"> <li>Absence/truancy from school</li> <li>Incidence of absence/missing from home</li> <li>Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)</li> <li>Is disabled and has specific additional needs</li> <li>Is a young carer</li> <li>Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups</li> <li>Is misusing drugs or alcohol</li> <li>Has previously been in care/returned home to their family from care</li> <li>Subject to fixed-term exclusions</li> <li>At risk of social exclusion</li> <li>Has poor attachments</li> <li>Language and communication difficulties</li> <li>Reduced access to core services</li> <li>Potential for becoming NEET (not in education, employment or training)</li> <li>Potential not to attain</li> <li>Slow in meeting developmental milestones</li> <li>Missing health checks/immunisations</li> <li>Minor health problems</li> <li>Poor self-esteem</li> <li>Low level emotional/mental health issues</li> <li>Inappropriate use of social media (e.g. sexting/use of inappropriate images)</li> </ul>	<b>Developmental Needs of Child</b> <ul style="list-style-type: none"> <li>Persistent absence from school</li> <li>Missing from school/home regularly</li> <li>Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)</li> <li>No access to core services</li> <li>Social exclusion</li> <li>Poor attachments</li> <li>Is disabled and has specific additional needs</li> <li>Is subject to permanent exclusions/no school place</li> <li>Not in education, employment or training (NEET)</li> <li>Has returned home to their family from care</li> <li>Developmental milestones not being met due to persistent parental failure/inability</li> <li>Chronic/recurring health problems</li> <li>Regular missed appointments affecting developmental progress</li> <li>Teenage pregnancy</li> <li>Is misusing drugs or alcohol</li> <li>Risky sexual behaviour/underage sexual activity</li> <li>Offending/antisocial behaviour resulting in risk of entering the Youth Justice System</li> <li>Emotional/mental health issues including self-harm</li> <li>Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups</li> </ul>	<b>Developmental Needs of Child</b> <ul style="list-style-type: none"> <li>Chronic persistent absence, permanent exclusions or no school place that risks entry to the care system</li> <li>Is frequently missing/goes missing from care or from home</li> <li>Persistent social exclusion</li> <li>Poor attachments</li> <li>Complex/multiple disabilities</li> <li>Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)</li> <li>Is a non-ambulant child with bruising or unexplained marks.</li> <li>Complex mental health issues affecting developmental needs including self-harm</li> <li>High level emotional health issues and very low self-esteem</li> <li>Has recently returned home to their family from care</li> <li>Non-organic failure to thrive</li> <li>Sexually inappropriate behaviour</li> <li>Sexually aggressive behaviour</li> <li>Teenage parent/pregnancy under the age of 13</li> <li>Drug/alcohol use severely impairing development</li> <li>Relationship breakdown between child and parent/carer that risks entry to the care system</li> <li>Offending/antisocial behaviour and in the Youth Justice System</li> <li>Unaccompanied asylum-seeking children (UASC)</li> </ul>

			<ul style="list-style-type: none"> <li>• Inappropriate use of social media (e.g. sexting/use of inappropriate images)</li> </ul>	<ul style="list-style-type: none"> <li>• Is a privately fostered child</li> <li>• Inappropriate use of social media (e.g. sexting/use of inappropriate images)</li> <li>• Sexual exploitation/abuse (including online)</li> </ul>
	<p><b>Family and Environment</b></p> <ul style="list-style-type: none"> <li>• Supportive relationships</li> <li>• Housed, good diet and kept healthy</li> <li>• Supportive networks</li> <li>• Access to positive activities</li> </ul>	<p><b>Family and Environment</b></p> <ul style="list-style-type: none"> <li>• Family or household member relies on child for some care</li> <li>• Poor parent/child relationships</li> <li>• Children of prisoners/parent subject to community order(s)</li> <li>• Child exposed to bullying environment</li> <li>• Poor housing and poor home environment impacting on child's health</li> <li>• Community harassment/discrimination</li> <li>• Low income affects achievement</li> <li>• Parenting advice needed to prevent needs escalating</li> <li>• Poor access to core services</li> <li>• Risk of relationship breakdown</li> <li>• Concerns about possible domestic abuse</li> </ul>	<p><b>Family and Environment</b></p> <ul style="list-style-type: none"> <li>• Housing tenancy at risk</li> <li>• Imminent risk of homelessness</li> <li>• Community harassment/discrimination</li> <li>• Domestic abuse</li> <li>• Relationship breakdown</li> <li>• Transient family</li> <li>• Is in a family circumstance presenting challenges for the child such as drug and alcohol misuse, adult mental health issues and domestic abuse</li> <li>• Community harassment/discrimination</li> </ul>	<p><b>Family and Environment</b></p> <ul style="list-style-type: none"> <li>• Suspicion of physical, emotional or sexual abuse, or neglect</li> <li>• Domestic abuse resulting in child being at risk of significant harm</li> <li>• Homeless child/young person</li> <li>• Family intentionally homeless</li> <li>• Extreme poverty affecting child's wellbeing</li> <li>• Forced marriage, Honour-Based Violence, Female Genital Mutilation, Fabricated or Induced Illness (FII)</li> </ul>
	<p><b>Parents and Carers</b></p> <ul style="list-style-type: none"> <li>• Protected by carers</li> <li>• Secure and caring home</li> <li>• Receive and act on information, advice and guidance</li> <li>• Appropriate boundaries maintained</li> </ul>	<p><b>Parents and Carers</b></p> <ul style="list-style-type: none"> <li>• Inconsistent care arrangements</li> <li>• Poor supervision by parent/carer</li> <li>• Inconsistent parenting</li> <li>• Poor response to emerging needs</li> <li>• Historic context of parents/carers own childhood</li> <li>• Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system</li> </ul>	<p><b>Parents and Carers</b></p> <ul style="list-style-type: none"> <li>• Parental learning or physical disability, substance misuse or mental health issues impact on parenting</li> <li>• Inconsistent care arrangements</li> <li>• Poor supervision by parent/carer</li> <li>• Inconsistent parenting</li> <li>• Poor response to identified needs</li> <li>• Historic context of parents/carers own childhood</li> <li>• Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system</li> </ul>	<p><b>Parents and Carers</b></p> <ul style="list-style-type: none"> <li>• Previous history of child/ren of one or more adult in the household being in care or subject to child protection plans</li> <li>• Parental encouragement of abusive/offending behaviour</li> <li>• Continuing poor supervision in the home resulting in significant harm or risk of significant harm</li> <li>• Parental non-compliance/disguised compliance or cooperation</li> <li>• Inconsistent parenting affects child's developmental progress</li> </ul>
<p><b>What Do I Do Next?</b></p>	<p>Go direct to the family information site:  <a href="http://www.iwight.com/wightchyps">www.iwight.com/wightchyps</a>  <a href="https://fish.hants.gov.uk/kb5/hampshire/directory/home_page">https://fish.hants.gov.uk/kb5/hampshire/directory/home_page</a></p>	<p>Consider Early Help checklist. Referral to agency for support to meet identified needs. For further advice or guidance in respect of Early Help, contact your local Family Support Service.</p>	<p>Early Help assessment to be considered. If you require advice or guidance in respect of the child or young person's needs, submit an <a href="#">Inter-Agency Referral Form</a> to the Children's Reception Team.</p>	<p>Use the <a href="#">Inter-Agency Referral Form</a> to refer to the Children's Reception Team or phone on <b>0300 300 0117</b> if the matter is an urgent safeguarding issue. Alternatively, ring police on <b>999</b> if at immediate risk.</p>
<p><b>Level of Assessment:</b></p>	<p>No formal assessment</p>	<p>Early Help checklist to be considered</p>	<p>Early Help assessment</p>	<p>Child and Family assessment / child protection (S47) investigation</p>