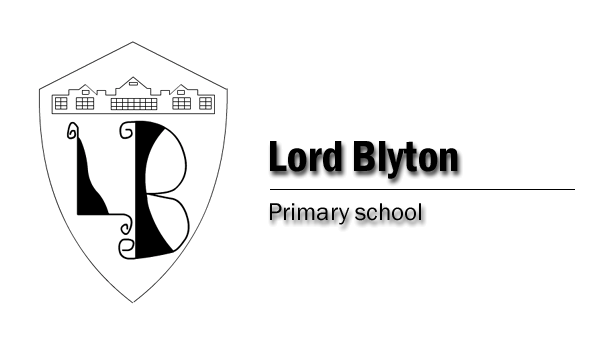
**Lord Blyton**

Safeguarding Policy Procedure and Guidance



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

Local authority guidance:

<https://www.southtyneside.gov.uk/article/35816/Child-safeguarding-policies-and-procedures>

National:

<https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>

**Lord Blyton Primary School Safeguarding Policy**

This policy should be read in conjunction with the school’s Child Protection Policy, Staff code of conduct and e safety agreement.

**Policy Statement**

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

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

Aims:

* To provide staff with the framework to promote and safeguard the wellbeing of children and meet the statutory responsibilities
* To ensure consistent good practice across the school

● To provide a framework of effective practice for all staff to follow.

# Principles and Values

Safeguarding is everyone’s responsibility. As such it does not rest solely with the Designated Safeguarding Lead (DSL) and their deputies to take a lead responsibility in all of the areas covered within this policy.

Some areas, such as Health and Safety, are a specialist area of safeguarding and have a separate lead for this area is in place in the school.

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

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

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

We incorporate expectations of a positive environment where children can flourish.

We wish to ensure all children feel **respected**, are able to **engage** in the full life of school, understand our **responsibility** to keep them safe and their responsibility to be safe and to have ***resilience*** in our determination to provide a safe and secure environment for children to thrive.

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

**Date Approved by Governing Body: November 2021**

# Areas of Safeguarding

* Within Keeping Children Safe in Education (2021) and the Ofsted inspection guidance (2021), there are a number of safeguarding areas directly highlighted or implied within the text.
* These areas of safeguarding have been separated into issues that are emerging or high risk issues (part 1); those related to the pupils as an individual (part 2); other safeguarding issues affecting pupils (part 3); and those related to the running of the school (part 4).

## Definitions

Within this document:

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

Keeping Children Safe in Education 2021 defines safeguarding as follows:

Safeguarding and promoting the welfare of children is defined as:

Protecting children from maltreatment;

Preventing impairment of children’s mental and physical health or development;

Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and

Taking action to enable all children to have the best outcomes.

(KCSIE 2021)

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

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

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

**Key personnel**

The designated safeguarding lead for the school is:

**Jo Atherton - Head teacher**  **/SENCO**

**Alison Quinn- Child & Family Pastoral manager**

The deputy designated safeguarding lead are

**Jill Wales - Deputy Head of school**

**Rebecca Hall- Early Years Lead.**

**Safeguarding Governor is Judith Taylor**

This policy has regard to the following guidance and advice:

* Keeping Children Safe in Education. (DfE 2021) (Statutory guidance)
* Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. (HM Government 2018 (updated December 2020 with factual changes in relation to information sharing, homelessness duty and references to domestic abuse)) (Statutory guidance)
* Sexual violence and harassment between children in schools and colleges (DfE 2021) (Advice for schools)
* Multi-agency statutory guidance on female genital mutilation (HM Government July 2020) (Statutory guidance)
* Relationships Education, Relationships and Sex Education (RSE) and Health Education (DfE September 2020) (Statutory guidance)
* Children in missing education (DfE September 2016) (Advice for schools)
* Statutory framework for the early years foundation stage (DfE 2021) (Statutory guidance)
* Revised Prevent duty guidance: for England and Wales (HM Government April 2021) (Statutory guidance)
* The Prevent duty: Departmental advice for schools and childcare providers (DfE June 2015) (Advice for schools)
* Guidance for safer working practice for those working with children and young people in education settings. (Safer Recruitment Consortium May 2019) (Addendum in light of Covid published April 2020)
* What to do if you’re worried a child is being abused. (HM Government March 2015)
* Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government July 2018)
* Local Authority / Safeguarding Partnership advice and guidance

**Record keeping**

**All** concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing using the Cpoms system. Information should be kept confidential and stored securely. It is good practice to keep concerns and referrals in a separate child protection file for each child.

Records should include:

* + a clear and comprehensive summary of the concern;
  + details of how the concern was followed up and resolved;
  + a note of any action taken, decisions reached and the outcome.

If in doubt about recording requirements, staff should discuss with the designated safeguarding lead (or deputy).

All staff have been circulated Keeping Children Safe In Education –September 21 and read at least section A.

All staff have received Child Protection Training provided by the Local Authority on Monday 8th November 2021.

**What staff should do if they have a concern about a child**

All staff **must** report **any** concerns they have about a child and not see these as insignificant. Staff should **not** assume a colleague or another professional will take action and share the concern. On occasions, a referral is justified by a single incident such as an injury or disclosure of abuse. More often however, concerns accumulate over a period of time and are evidenced by building up a picture of harm over time; this is particularly true in cases of emotional abuse and neglect. In these circumstances, it is crucial that staff record and pass on concerns in accordance with this policy to allow the DSL to build up a picture and access support for the child at the earliest opportunity.

A reliance on memory without accurate and contemporaneous records of concern could lead to a failure to protect.

Staff **must** immediately report **any**:

* Suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play / everyday, normal activities
* Explanation given which appears inconsistent or suspicious
* Behaviours which give rise to suspicions that a child may have suffered harm (e.g. worrying drawings, play, actions)
* Concerns that a child may be suffering from inadequate care, ill treatment or emotional maltreatment
* Concerns that a child is presenting signs or symptoms of abuse or neglect
* Significant changes in a child’s presentation, including non-attendance
* Hint or disclosure of abuse from any person
* Concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present)

Children can sometimes show signs or act in ways they hope adults will notice and react to. All staff should be aware of this and remain vigilant.

**What staff should do if a child is in danger or at risk of harm**

If staff are concerned that a child could be at risk of harm they must report to the Designated Safeguarding Lead (DSL) **immediately.**

If this is not possible, they should make a direct referral to children’s social care.

**What staff should do if they have a concern about honour based abuse (HBA), including FGM** If staff have a concern regarding a child who might be at risk of HBA or who has suffered from HBA, they should speak to the DSL. As appropriate, the designated DSL will activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care.

Where FGM has taken place, there has been a **mandatory reporting duty** placed on teachers since 31st October 2015. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions.

Further information can be found in the Multi-agency statutory guidance on female genital mutilation and the FGM resource pack particularly section 13.

**Responding to disclosure**

Disclosures or information may be received from children, parents or other members of the public. School recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly, all staff will handle disclosures with sensitivity.

Such information cannot remain confidential and staff will immediately communicate what they have been told to the DSL.

Staff will not investigate but will, wherever possible, elicit enough information to pass on to the DSL in order that s/he can make an informed decision of what to do next.

Staff will:

* Listen to and take seriously any disclosure or information that a child may be at risk of harm
* Try to ensure that the person disclosing does not have to speak to another member of school staff
* Clarify the information
* Try to keep questions to a minimum and of an ‘open’ nature e.g. ‘Can you tell me what happened?’ rather than ‘Did x hit you?’
* Try not to show signs of shock, horror or surprise

Not express feelings or judgments regarding any person alleged to have harmed the child

* Explain sensitively to the person that they have a responsibility to refer the information to the DSL
* Reassure the child that they will be taken seriously, supported and kept safe
* Listen to and take into account (wherever possible) the child’s wishes and feelings about the current situation as well as future plans
* Ask any necessary questions to determine the child’s wishes and feelings.
* Explain that only those who ‘need to know’ will be told
* Explain what will happen next and how the child will be involved (as appropriate)
* Ensure there is appropriate support made available
* Record concern on CPOMS / Complete a cause for concern form (Appendix L)

The DSL should be used as a first point of contact for concerns and queries regarding any safeguarding concern in our school. Any member of staff or visitor to the school who receives a disclosure of abuse or suspects that a child is at risk of harm must report it immediately to the DSL or, if unavailable, to the deputy. In the absence of either of the above, the matter should be brought to the attention of the most senior member of staff.

All concerns about a child should be reported without delay and recorded in writing using the agreed procedures (CPOMS or by completing a cause for concern form (See appendix L). If in doubt about recording requirements, staff should discuss this with the DSL.

Following receipt of any information that raises concern, the DSL will consider what action to take and seek advice from children’s social care as required. All concerns, discussions and decisions made, and the reasons for those decisions will be recorded in writing.

It is *not* the responsibility of school staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise concerns and pass the information on in accordance with these procedures.

All referrals will be made in line with local children’s social care procedures.

The school adheres to child protection procedures that have been agreed locally through the Local Safeguarding Partners. Where we identify children and families in need of support, we will carry out our responsibilities in accordance with local threshold guidance.

If, at any point, there is a **risk of immediate serious harm** to a child, a referral should be made to children’s social care **immediately**. Anybody can make a referral. If the child’s situation does not appear to be improving, then the staff member with concerns should press for reconsideration by raising concerns again with the DSL and/or the headteacher. Concerns should always lead to help for the child at some point.

Staff should always follow the reporting procedures outlined in this policy in the first instance.

However, they may also share information directly with children’s social care, or the police if:

* The situation is an emergency and the DSL, their alternative and the headteacher are all unavailable.
* They are convinced that a direct report is the only way to ensure the child’s safety.

Any member of staff, who does not feel that concerns about a child have been responded to appropriately and in accordance with the procedures outlined in this policy, should raise their concerns with the headteacher or the Chair of Governing Board. If any member of staff does not feel the situation has been addressed appropriately at this point, then they should contact children’s social care directly with their concerns.

**Part 1 – High risk and Emerging Safeguarding Issues**

# Contextual Safeguarding

In KCSiE 2021 the DfE refer to contextual safeguarding as a specific term that has come out of research from the University of Bedfordshire.

The definition of Contextual Safeguarding is “*an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships. Therefore children’s social care practitioners need to engage with individuals and sectors who do have influence over/within extra- familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.”*

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

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

# Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks will need to be considered for political; environmental; animal rights; or faith based extremism that may lead to a child becoming radicalised. All staff have received prevent training/undertaken e-learning/received awareness training (every 3 years) in order that they can identify the signs of children being radicalised.

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

Any child who is considered vulnerable to radicalisation will be referred by the DSL to South Tyneside children’s social care ISIT team, where the concerns will be considered in the ISIT process.

# Gender based violence / Violence against women and girls

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

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

## Female Genital Mutilation (FGM)

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

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

FGM is illegal in the UK regardless of cultural or religious beliefs and must be reported to the police.

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

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

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

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

## Forced Marriage

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

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

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

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

### *Characteristics that may indicate forced marriage*

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

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

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

## Honour Based Violence

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

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

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

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

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

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

## Relationship Abuse

Research has shown that teenagers do not understand what constitutes abusive behaviours and controlling behaviours which could escalate to physical abuse, e.g. checking someone's ‘phone, telling them what to wear, who they can/can't see or speak to; or that this abuse is prevalent within teenage relationships. Further research shows that teenagers are likely not to understand what consent means within their relationships.

This can lead to these abusive behaviours feeling ‘normal’ and therefore left unchallenged as they are not recognised as being abusive. In order to prevent this we are committed to relationship education to teach children form an early age about respectful relationships.

Where domestic violence is an experience of the child and they demonstrate indicators of controlling or abusive behaviours South Tyneside's Safe Hands will be provided with the child.

**Peer on peer abuse (child on child)**

## All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). And that it can happen both inside and outside of school or college and online. It is important that all staff recognise the indicators and signs of peer on peer abuse and know how to identify it and respond to reports.

## All staff should understand, that even if there are no reports in their schools or colleges it does not mean it is not happening, it may be the case that it is just not being reported. As such it is important if staff have any concerns regarding peer on peer abuse they should speak to their designated safeguarding lead (or deputy).

## It is essential that all staff understand the importance of challenging inappropriate behaviours between peers, many of which are listed below, that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

## Peer on peer abuse is most likely to include, but may not be limited to:

## • bullying (including cyberbullying, prejudice-based and discriminatory bullying);

## • abuse in intimate personal relationships between peers;

## • physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);

## • sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence);

## • sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse;

## causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;

## • consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery);

## • upskirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; and

## • initiation/hazing type violence and rituals (this could 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 should be clear as to the school’s or college’s policy and procedures with regard to peer on peer abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.

## Sexual Violence and Sexual Harassment Between Children

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

Within our school all staff are made aware of what sexual violence and sexual harassment might look like and what to do if they have a concern or receive a report. Whilst anyreport of sexual violence or sexual harassment should be taken seriously, staff are aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys.

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

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

Within the child protection policy, there is a clear procedure for how we deal with situations where sexual assaults or behaviour considered criminal between children has taken place. This is rare in primary schools but not unheard of.

As a school we will follow the “*Sexual violence and sexual harassment between children in schools and colleges*” advice provided by the DfE

Where relevant we will challenge all contact behaviours that have a sexual nature to them such as pushing or rubbing against, grabbing bottoms, breasts or genitals, pinging or flicking bras, lifting skirts or pulling down trousers and impose appropriate levels of disciplinary action, to be clear that these behaviours are not tolerated or acceptable.

Any victims will be taken seriously, kept safe and never be made to feel like they are creating a problem for reporting abuse, sexual violence or sexual harassment.

### *The Trigger Trio*

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

The above are viewed as indicators of increased risk of harm to children and young peopleThese factors will have a contextual impact on the safeguarding of children and young people.

## Domestic Abuse

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

* Psychological
* Physical
* Sexual
* Financial ● Emotional.

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

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

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

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

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

* being withdrawn
* suddenly behaving differently
* anxiety
* being clingy
* depression
* aggression
* problems sleeping
* eating disorders
* bed wetting
* soiling clothes
* excessive risk taking
* missing school
* changes in eating habits
* obsessive behaviour
* experiencing nightmares
* taking drugs
* use of alcohol
* self-harm
* thoughts about suicide

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

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

## Operation encompass

As a school we are registered with operation encompass. This is a system of information sharing when the police are called to a domestic incident where domestic violence has occurred or is suspected. The school will be informed of the incident which has taken part. This information will be received by the DSL/ deputy DSL who will review the information and any information held by the school.

Where an operation encompass adds to information already held by the school a social care referral to the ISIT team will may be made.

Where there are no other indicators or concerns staff will be informed an operation encompass is relevant to the child and monitoring will be required.

In all cases the DSL may provide an opportunity for the child to talk, implement other support such as quiet time, talking and drawing therapy, or interventions to raise self esteem and educational support through intervention or pre/post teaching.

Parents are contacted on the basis of an operation encompass being received & offered family support.

Children are offered support in school with parent’s prior permission.

## Parental mental health

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

For children the impact of parental mental health can include:

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

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

## Parental Substance misuse

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

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

For children the impact of parental substance misuse can include:

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

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

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

### *Missing, Exploited and Trafficked Children*

Within South Tyneside, the term missing in education is used to identify all children who are missing. This may also include children believed to be at risk of or being exploited; or who are at risk of or are being trafficked. Given the close links between all of these issues, there has been a considered response to join all these issues, so that cross over of risk is not missed.

## Children Missing from Education

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

The LA policy for children missing in education will be followed.

**General absence** will be followed up by a first call approach, where contact has not been made by 10.00 am on the day of absence and there is no known reason for absence, the school office will call ALL contact numbers on record until contact is made.

Where contact is not made a home visit will be considered or monitoring will be implemented. Where not contact has been made in three days a home visit will be undertaken and the LA attendance team will be notified.

Where there is concern for the child the DSL & 1 other staff member will conduct a home visit if unable to reach the parent on the first day of absence to establish the reason for nonattendance. Where needed the ISIT team will be informed if there is a safeguarding concern?

DSL’s and staff should consider:

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

* Are there any concerns recorded on CPOMS?
* Is the child being sexually exploited during this day?
* Do the parents appear to be aware and are they condoning the behaviour?
* Are the pupil’s peers making comments or suggestions as to where the pupil is at?
* Can the parent be contacted and made aware?

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

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

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

## Children Missing from Home or Care

Children who run away from home or from care, provide a clear behavioural indication that they are either unhappy or do not feel safe in the place of residence.

Research shows that children run away from conflict or problems at home or school, neglect or abuse, or because children are being groomed by predatory individuals who seek to exploit them. Many run away on numerous occasions.

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

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

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

*The absent case will be resolved when a young person returns or new information comes to light suggesting that he/she is at risk. In the latter instance, the case is upgraded to ‘missing’.*

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

Push factors include:

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

Pull factors include:

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

As a school we will inform all parents of children who are absent (unless the parent has informed us). If the parent is also unaware of the location of their child the police will be called.

## Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (*Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation*, February 2017).

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•Exploitation can be isolated (one-on-one) or organised group/criminal activity

•There can be a big age gap between victim and perpetrator, but it can also be peer-on-peer

•Boys can be targeted just as easily as girls – this is not gender specific

•Perpetrators can be women and not just men

•Exploitation can be between males and females or between the same genders

•Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted

Indicators a child may be at risk of CSE include:

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

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

As a school we educate all staff in the signs and indicators of sexual exploitation. We relevant we will use the sexual exploitation risk assessment form ([SERAF](http://www.hampshiresafeguardingchildrenboard.org.uk/user_controlled_lcms_area/uploaded_files/SERAF%20Risk%20Assessment%20Form%20UPDATED%20Sept%202015%20%282%29.doc) Barnardos [https://www.barnardos.org.uk/barnardo\_s\_cymru\_sexual\_exploitation\_risk\_assessment\_frame work\_report\_-\_english\_version-2.pdf)](https://www.barnardos.org.uk/barnardo_s_cymru_sexual_exploitation_risk_assessment_framework_report_-_english_version-2.pdf) and [associated guidance](http://www.hampshiresafeguardingchildrenboard.org.uk/user_controlled_lcms_area/uploaded_files/SERAF%20Risk%20Assessment%20-%20Scoring%20Guidance_%28HF000005713337%29.doc) to identify pupils who are at risk and the DSL will share this information as appropriate with children’s social care.

## Child Criminal Exploitation (including county lines)

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

A current trend in criminal exploitation of children and young people are ‘county lines’ which refer to a ‘phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas.

Indicators that a child may be criminally exploited include:

* Increase in **Missing episodes** – particular key as children can be missing for days and drug run in other Counties
* Having unexplained amounts of money, **new high cost items** and multiple mobile phones
* Information from peers/ member of the public
* Higher than usual knowledge of drugs/ terminology
* Increased social media and phone/text use, almost always secretly
* **Older males** in particular seen to be hanging around and driving
* Having injuries that are unexplained and unwilling to be looked at

## ● Increase in aggression, violence and fighting

* Carrying **weapons** – knives, baseball bats, hammers, acid
* Travel receipts that are unexplained
* **Significant missing** from education and disengaging from previous positive peer groups
* Parent concerns and significant changes in behaviour that affect emotional wellbeing

We will treat any child who may be criminally exploited as a victim in the first instance and refer to children’s social care in the first instance. If a referral to the police is also required as crimes have been committed on the school premises, these will also be made.

## Trafficked Children and modern slavery

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

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

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

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

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

For those children who are internally trafficked within the UK indicators include: ● Physical symptoms (bruising indicating either physical or sexual assault)

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

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

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

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

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

### *Technologies*

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

## Online Safety and Social Media

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

* unwanted contact
* grooming
* online bullying including sexting
* digital footprint

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

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

## Cyberbullying

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

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

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

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

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

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

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

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

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

In cases where criminal activity has not been committed we will work with children and families to educate our children and support

## Sexting

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

Sexting can also be used as a form of sexual exploitation and take place between strangers. As the average age of first smartphone or camera enabled tablet is 6 years old, sexting is an issue that requires awareness raising across all ages.

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

Child protection procedures will be followed where sexting has been identified.

## Gaming

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

* By talking to parents and carers about the games their children play and help them identify whether they are appropriate
* By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode
* By talking to parents about setting boundaries and time limits when games are played ● By highlighting relevant resources.
* By ensuring parents are aware of the harm age inappropriate games may cause where inappropriate games are accessed with the support of parents, child protection procedures will be followed and the ISIT team contacted.

## Online reputation

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

## Grooming

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

The school will build awareness amongst children and parents about ensuring that the child: ● Only has friends on-line that they know in real life

* Is aware that if they communicate with somebody that they have met on-line, that relationship should stay on-line. That the school will support parents to:
* Recognise the signs of grooming
* Have regular conversations with their children about on-line activity and how to stay safe on-line

The school will raise awareness by:

* Running sessions for parents
* Include awareness around grooming as part of their curriculum
* Identifying with parents and children how they can be safeguarded against grooming.
* Providing regular reminders to parents around concerns raised, how to keep children safe and what to do if they are concerned.

Where online grooming has been identified the school will support parents to report the incident to the police and will provide support to the child.

## Up skirting

Up skirting typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence and may constitute harassment.

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

Child protection procedures will be followed where Up skirting has been identified.

## Serious Violence

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

All staff should be aware of the associated risks and understand the measures in place to manage these. Advice for schools and colleges is provided in the Home Office’s Preventing youth violence and gang involvement and its Criminal exploitation of children and vulnerable adults: county lines guidance.

## Relationships Education

Relationships education, relationships & sex education and health education are covered as part of our curriculum offer. Our school ethos supports and reinforces appropriate relationships.

We have based our Sex and Relationships policy on Sex and Relationships Guidance for issued in 2000 states that:

“*Effective sex and relationship education is essential if young people are to make responsible and well informed decisions about their lives*” (DfEE 2000) Part 2 – Safeguarding issues relating to individual pupil needs

**Homelessness.**

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

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

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

## Children & the Court System

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

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

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

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

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

## Children with family members in prison

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

This school aims to:-

* Understand and Respect the Child’s Wishes
* We will respect the child’s wishes about sharing information. If other children become aware the school will be vigilante to potential bullying or harassment
* Keep as much contact as possible with the parent and caregiver
* We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions we will develop appropriate systems for keeping the imprisoned caregiver updates about their child’s education.
* Be sensitive in lessons
* This school will consider the needs of any child with an imprisoned parent during lesson planning.
* Provide extra support where necessary
* We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and particularly serious. We will provide support and mentoring to help a child work through their feelings on the issue.

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

## Pupils with medical conditions

The school have implemented a medical conditions policy.

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

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

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

## Pupils with medical conditions (out of school)

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

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

## Special educational needs and disabilities

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

* Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration
* The potential for children 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

* Have fewer outside contacts than other children
* Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
* Have an impaired capacity to resist or avoid abuse
* Have communication difficulties that may make it difficult to tell others what is happening
* Be inhibited about complaining for fear of losing services
* Be especially vulnerable to bullying and intimidation
* Be more vulnerable than other children to abuse by their peers.

As a school we will respond to this by:

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

## Intimate and personal care

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

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

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

Those Personal Care tasks specifically identified as relevant here include:

* Skin care/applying external medication
* Feeding
* Administering oral medication
* Hair care
* Dressing and undressing (clothing)

● Washing non-intimate body parts

● Prompting to go to the toilet.

* Nappy changing

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

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

All children who require intimate care will have an intimate care plan which will follow home routines as closely as possible and will be signed by parents. A care log will also be kept and signed by the lead caregiver, witness and the parent.

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

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

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

Staff must have a witness for all intimate care situations. This is to ensure the safety of the child and to protect the staff member from potential risk.

### 3. Be aware of your own limitations

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

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

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important.

Keeping in mind the child's age, routine care can be both efficient and relaxed.

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

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

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

### 6. Helping through communication

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

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

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

**1:1 working:**

1:1 working is often necessary in schools to support children’s learning, provide support and counselling and to assess pupils. 1:1 working is therefore allowed in school for those purposes.

During the school day (including hours after school when tuition may occur) 1:1 working will take place in public view rooms. These are rooms in which passing staff members/ pupils can easily see into the space. These rooms must have windows (internal or external and sight panels in the doors.) Where there are no sight panels it is possible to leave the door open. Staff working with a child on a 1:1 basis must inform the child's class teacher or phase leader.

1:1 working outside of school is permitted if this work is in the best interests of the child or an alternative is not possible. This will require a risk assessment. However in most cases any work with a child should be carried out within hearing and sight distance of another adult.

Home tuition:

1. Can only take place in a downstairs family room or office space within hearing or sight distance of the parent or adult responsible for the child.
2. A home visit and risk assessment must have been carried out.
3. The adult responsible for the child cannot leave the home whilst tuition/sessions are being delivered and the member of staff must not be left alone with the child.
4. Where the risk assessment identifies cause for concern home tuition may be refused, an alternative venue such as a CA or public venue may be offered or more than one staff member may be required to attend.
5. It is the staff members responsibility to ensure that working spaces are safe and line with this policy.

**Changing for PE and swimming**

Changing for PE and swimming will be supervised by staff members only.

## PE

Children will change for PE in the classroom in years Nursery to year 2 under the general supervision of the staff responsible for the class. In years 3, 4, 5 and 6 children will be separated to change for PE by gender and general supervision will be provided by the staff responsible for the class.

## Swimming

When changing for swimming children will be changed in gender appropriate changing rooms under the general supervision of the staff member responsible for their care.

Some children may require adult support in the pool. This support must only happen under the supervision of another suitable adult and the personal care section of this policy should be followed. Where pupils have individual care plans this will be followed for both PE and Swimming.

**Please see personal care guidance in this policy and follow this when supporting children during changing for PE/ Swimming.**

## Fabricated or induced illness

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

* fabrication of signs and symptoms. This may include fabrication of past medical history
* fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents

● induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness we will inform children’s social care.

**Mental Health:**

Class teachers, Teaching Assistants and school staff see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of pupils.

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

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

When concerns are identified, school staff will provide opportunities for the child to talk or receive support within the school environment through access to trained counsellors in school, talking and drawing therapists and therapy professionals.

Parents will be informed of the concerns and a shared way to support the child will be discussed.

Where the needs require additional professional support referrals will be made to the appropriate team or service with the parent’s agreement or child’s if they are considered to be competent. This may include emotional resilience team or NHS services. Where a child is in mental health crisis and are trying to harm themselves parents will be informed and guided to the relevant service.

Part 3 – Other safeguarding issues that may potentially have an impact on pupils

**Bullying**

Please refer to the school Anti bullying policy.

## Prejudice based abuse

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

* Disability
* Race
* Religion
* Gender identity
* Sexual orientation

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

This can be evidenced by:

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

As a school we will respond by:

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

## Drugs and substance misuse

Although substance and drug misuse decreases in frequency in the primary sector both intentional and unintentional possession may occur in all primary phases.

Where a child is considered to be under the influence of drugs, is in possession of drugs or concerns of parental substance misuse is found the ISIT team will be contacted.

Where a child is under the influence of drugs the child will be taken to accident and emergency department, the ISIT team will be informed and the child's parents will be informed. A referral to children’s social care will be carried out.

## Faith Abuse

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

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

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

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

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

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

## Gangs and Youth Violence

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

As a school we have a duty and a responsibility to protect our pupils. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While pupils generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education. Primary schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work will be done within school to prevent negative behaviour from escalating and becoming entrenched.

As a school we will:

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

## Private fostering

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

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

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

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

## Parenting

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

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

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

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

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

* providing details of community based parenting courses
* linking to web based parenting resources (for example [http://www.familylives.org.uk/)](http://www.familylives.org.uk/)
* Referring to the school Child & Family Pastoral Manager for family support
* discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence based parenting programmes)
* Considering appropriate early help services

Part 4 –Safeguarding processes

## Safer Recruitment

The school follows South Tyneside council Safer Recruitment Policy and Procedures. These can be found here:

[http://www.southtynesidesafeguardingappp.co.uk/safer-recruitment-and-employment/.](http://www.southtynesidesafeguardingappp.co.uk/safer-recruitment-and-employment/)

On all recruitment panels there is at least one member who has undertaken safer recruitment training.

The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant’s experience and history through references.

## Whistle Blowing

The school follow South Tyneside Council ‘Speak Out Policy’. This can be found in the school office or in the policies section of the school Drive. Staff receive training and regular reinforcement on this policy in induction and annual training. Staff sign to say the have read and understood this policy.

## Allegations against staff

Procedures for allegations against staff are outlined in the child Protection policy. This can be found in the school office and in the policies section of the drive and the school website.

Procedure:

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

## · behaved in a way that has harmed a child, or may have harmed a child; · possibly committed a criminal offence against or related to a child; or · behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children (including inappropriate contact on social media)

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

· Report any concerns about the conduct of any member of staff or volunteer to the Headteacher or Designated Safeguarding Lead as soon as possible

If an allegation is made against the Headteacher, the concerns need to be raised with the Chair of Governor as soon as possible. If the Chair of Governors is not available, then the LADO should be contacted directly on Tel**:** 01914240550 ask for the LADO

## Staff Induction

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff behaviour policy/code of conduct, and part one of Keeping Children Safe in Education. This induction may be covered within the annual training if this falls at the same time; otherwise it will be carried out separately during the initial starting period.

The staff handbook will be shared will all staff and staff will sign to say they have read and understood the core policies and procedures. Staff will undertake the following statutory training:

Online level 1 child protection training on induction and every two years. Online Prevent training on induction and every two years.

## Health and Safety

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

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

## Site Security

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

* All gates are locked except at the start and end of the school day. Gates are open for twenty minutes and the school caretaker monitors school grounds during this time.
* Doors are kept closed to prevent intrusion and main external doors are fob/ code operated.
* Visitors and volunteers enter at the reception and must sign in
* Visitors and volunteers are identified by photographic ID or pre-confirmation of attendance
* All visitors will be asked to provide a clear DBS check or will be supervised on the school grounds
* Children are only allowed home during the school day with adults/carers with parental responsibility or permission being given
* All children leaving or returning during the school day have to sign out and in ● Empty classrooms have windows closed.

## Off site visits

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

The school use Evolve to ensure off site visits are fully risk assessment and appropriate for the purpose.

## First Aid

There is a separate First Aid policy.

There must be a minimum of two first aiders on site at any one time.

A first aider must accompany all off site events.

All staff will have basic first aid awareness.

Staff who attend to injuries will be first aid trained.

Head bumps must be seen by a first aider.

## Physical Intervention (use of reasonable force)

Physical intervention should only be used as a last resort in order to safeguard a pupil or other pupils from harm. Physical intervention will be used by staff where needed without parental consent. However, where there is a known possibility of the need of physical intervention an individual risk assessment and inclusion plan will be implemented and agreed by parents. Where ever possible staff must be trained to physically intervene with a child. However, the school recognises that all staff have a duty of care to the children in school and any member of staff may need to physically intervene in order to keep a child safe from harm of themselves or others.

## Taking and the use and storage of images

Detailed guidance can be found in the computer use agreement.

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

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

We will seek consent for the period the pupil remains registered with us and, unless we have specific written permission we will remove photographs after a five year period or if consent is withdrawn.

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

## Transporting pupils

School will not arrange for pupils to be transported in parents or volunteers cars. This will be an arrangement between parents only.

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

School staff may transport pupils in their cars as long as they are DBS checked, adequate insurance is in place, the car is in good condition with no hazards, parental consent has been given. Wherever, possible two adults should be present when transporting children. However where this is not possible and transportation is a necessity, the child(ren) should sit in the back of the car with their seat belt fastened. Parental consent to transport alone should be gained and child locks should be on where possible.

## Disqualification under the childcare act

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

The risk by association element of the Act has now been refocused by the DfE and no longer applies to school staff.

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

Useful numbers and contacts

|  |  |
| --- | --- |
| **Local Authority Designated Officer (LADO)** | Russell Pilling / Janet Newton |

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| --- | --- |
|  | Telephone: 0191 4247340 |
| **Children’s social care** | 0191 4245010  Out of hours: 0191 4562093 |
| **Multi-agency safeguarding hub** | Neil Temple ISIT (Integrated safeguarding intervention team) 0191 4246335 |
| **Police / law and order** | Emergency: 999  Non-emergency: 101  Prevent team  Tel: 101 ext. 63854  Email: specialbranch@northumbria.pnn.police.uk  Anti-terrorist hotline  0800 789 321  Police Station Millbank, Station Road, South Shields  NE33 1RR  01661 872555 |
| **NSPCC whistleblowing helpline (Mon-Fri 8am-8pm)** | Address: Weston House, 42 Curtain Road, London  EC2A 3NH  Helpline: 0800 028 0285 |
| **Disclosure and Barring Service (DBS)** | Address: PO Box 3961, Royal Wootton Bassett, SN4  4HF  customerservices@dbs.gov Tel: 03000 200190 |
| **Teacher Regulation Agency (TRA)** | Address: Cheylesmore House, 5 Quinton Rd, Coventry CV1 2WT misconduct.teacher@education.gov.uk Tel. Teacher misconduct: 0207 593 5393 |
| **OFSTED** | whistleblowing@ofsted.gov.uk  Whistleblowing hotline: 0300 1233 155 (8am -6pm Mon-Fri) |
| **Independent Schools Inspectorate** | concerns@isi.net Tel: 0207 6000 100 |