THE ARNEWOOD SCHOOL

11 – 19 Academy

ARN/0056

SAFEGUARDING POLICY PROCEDURES AND GUIDANCE

2020/2021

POLICIES AND PROCEDURES PROFORMA

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Author:	DSL and DDSL
Persons/Committees etc consulted whilst document in draft:	SLT, Arnewood Local Governing Body
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Amendments Summary:

Amend. No.	Issued	Page	Subject
1	Nov 2020		Whole policy review

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

Links to online specific advice and guidance can be found at https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/onli nesafety

and links to other pages from the local authority on safeguarding can be found at https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren

The Arnewood School Safeguarding Policy

This policy should be read in conjunction with the school's Child Protection Policy *and* Staff Code of Conduct

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 in doing so ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the school.
- To demonstrate our commitment to protecting children.

Principles and Values

Safeguarding is everyone's responsibility. As such it does not rest 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 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 that 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.

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

Date Approved by Governing Body: 24.11.20

AREAS OF SAFEGUARDING

Within Keeping Children Safe in Education (2016) and the Ofsted inspection guidance (2015), 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 adult hood. Our safeguarding practice applies to every child.

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 18th birthday. On the whole, this will apply to pupils of our school; however the policy will extend to visiting children and students from other establishments

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:

Mr Nigel Pressnell

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The deputy safeguarding leads are:

Mrs Suzanne Currie; Level 4 / Medical /Mental Health
Mrs Kim Watson; PLAC/LAC
Mrs Donna Lenton; Level 3 Early Help
Mrs Laura Sheppard; Sixth form

Part 1 – High risk and emerging safeguarding issues

1.0 Preventing Radicalisation and Extremism

1.1 The **Prevent** duty requires that all staff are aware of the signs that a child maybe 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 undertaken e-learning training in order that they can identify the signs of children being radicalised.

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

1.3 Any child who is considered vulnerable to radicalisation will be referred by the DSL to Hampshire children's social care, where the concerns will be considered in the MASH process. If the police prevent officer considers the information to be indicating a level of risk a "channel panel" will be convened and the school will attend and support this process.

2.0 Gender based violence / Violence against women and girls

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

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

3.0 Female Genital Mutilation (FGM)

3.1 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.

3.2 The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, 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.

3.3 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 2003. In these situations, the DSL and/or head will be informed and record 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.

3.4 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.

4.0 Forced Marriage

4.1 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.

4.2 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.

4.3 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.

4.4 Characteristics that may indicate forced marriage

4.4.1 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.

4.5 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.

5.0 Honour Based Violence

5.1 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.

5.2 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

5.3 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

5.4 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.

6.0 Teenage Relationship Abuse

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

6.2 This led to these abusive behaviours feeling 'normal' and therefore left unchallenged as they were not recognised as being abusive.

6.3 In response to this, the school will provide education to prevent teenagers from becoming victims and perpetrators of abusive relationships by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships. Information about controlling or coercive behaviour in relationships is accessible from the safeguarding in education pages.

7.0 The Toxic Trio

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

7.2 They are viewed as indicators of increased risk of harm to children and young people. In a review of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present.

8.0 Domestic Abuse

8.1 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

8.2 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.

8.3 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.

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

8.5 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.

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

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

8.7 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.

8.8 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.

9.0 Parental mental health

9.1 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.

9.2 For children the impact of parental mental health can include:

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

9.3 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.

10.0 Parental Substance misuse

10.1 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.

10.2 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.

10.3 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

10.4 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.

10.5 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.

11.0 Missing, Exploited and Trafficked Children (MET)

11.1 Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or being sexually exploited; or who are at risk of or are being trafficked. Given the close links between

all of these issues, there has been a considered response to join all three issues so that cross over of risk is not missed.

12.0 Children Missing from Education

12.1 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.

12.2 DSLs and staff should consider:

12.2.1 Missing lessons: Are there patterns in the lessons that are being missed? Is this more than avoidance of a subject or a teacher? Does the child remain on the school site or are they absent from the site?

- Is the child being sexually exploited during this time?
- Are they late because of a caring responsibility?
- Have they been directly or indirectly affected by substance misuse?
- Are other pupils routinely missing the same lessons, and does this raise other risks or concerns?
- Is the lesson being missed one that would cause bruising or injuries to become visible?

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

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

12.2.3 Continuous missing days: Has the school been able to contact 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?

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

13.0 Children Missing from Home or Care

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

13.2 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'.

13.3 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 contact their trafficker

13.4 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, and the definition of missing is met, we will either support the parent to/directly contact the police to inform them.

14.0 Child Sexual Exploitation (CSE)

14.1 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 gender.
- 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.

14.2 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; and
- displaying inappropriate sexualised behaviour.

14.3 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.

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

14.5 We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form [Annex 3].

15.0 Trafficked Children

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

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

15.2 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.

15.3 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.

15.4 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.

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

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

16.0 Technologies

16.1 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.

17.0 Online Safety

17.1 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

17.2 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

18.0 Social media

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- 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

19.0 <u>Cyberbullying</u>

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

19.2 The school should also recognise that it must take note of bullying perpetrated outside school which spills over into the school and so we will respond to any cyber-bullying we become aware of carried out by pupils when they are away from the site.

19.3 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."

19.4 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

19.5 Cyber-bullying may be at a level where it is criminal in character.

19.6 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.

19.7 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 are required to do so.

20.0 Sexting

20.1 'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and the internet. It also includes underwear shots, sexual poses and explicit text messaging.

20.2 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.

20.3 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.

20.4 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.

21.0 Gaming

21.1 Online gaming is an activity that the majority of children and many adults get involved in.

21.2 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 support parents in identifying the most effective way of safeguarding 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.

22.0 Online reputation

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

23.0 Grooming

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

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

- Only has friends online that they know in real life
- Is aware that if they communicate with somebody that they have met online, that relationship should stay online That parents should:
- Recognise the signs of grooming
- Have regular conversations with their children about online activity and how to stay safe online

23.3 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

Part 2 – Safeguarding issues relating to individual pupil needs

24.0 Pupils with medical conditions (in school)

24.1 See separate school policy.

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

24.3 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. The Individual health care plan (IHCP) is available on the ARBOR student profile.

25.0 Pupils with medical conditions (Absence)

25.1 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)
- COVID related anxiety.

25.2 Where it is clear that an absence will be for more than 15 continuous school days - following inclusion team discussion, the pupil will be supported with strategies including: -

- Home tuition
- Education Inclusion Service (EIS) referral with adequate medical evidence and validation
- The Arnewood School inclusion team visits
- Temporary placement at Eaglewood School to provide enhanced nurture.

25.3 Special educational needs and disabilities

25.4 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 disproportionally impacted by behaviours such as bullying, without outwardly showing any signs; • Communication barriers and difficulties in overcoming these barriers.
- Have fewer outside contacts than other children;
- Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
- Have an impaired capacity to resist or avoid abuse;
- Have communication difficulties that may make it difficult to tell others what is happening;
- Be inhibited about complaining for fear of losing services;
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers.

25.5 As a school we will respond to this by:

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

26.0 Intimate care

26.1 Guidelines for good practice (adapted from the Chailey Heritage centre)

1. *Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation*. Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. The 4 LSCBs (Appendix 1) believe this practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people although it is recognised that there will be partner agencies that recommend two carers in specific circumstances. It is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Arnewood considers the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse; all staff involved will have access to specialist training where required i.e. first aid training, specialist medical support.

2. *Involve the child as far as possible in his or her own intimate care*. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's

body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible;

3. *Be responsive to a child's reactions*. It is appropriate to "check" your practice by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"

4. *Never do something unless you know how to do it*. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as intermittent catheterisation, must only be carried out by pupil or assisted by staff who have been formally trained and assessed as competent.

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

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

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

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

   - Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless;

   - Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult;

   - Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately;

   - Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them;

   - Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

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

27.0 Fabricated or induced illness

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

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

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

28.0 Mental Health

28.1 Form tutors and class teachers see their pupil's 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.

28.2 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 to a new house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

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

28.4 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 competent as per Fraser guidelines).

Part 3 – Other safeguarding issues impacting pupils

29.0 Bullying

29.1 The school works to a separate anti-bullying policy, see policy ARN/0009.

30.0 Prejudice based abuse

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

- Disability
- Race
- Religion
- Gender identity

- Sexual orientation

30.2 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'.

30.3 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.

30.4 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

31.0 Drugs and substance misuse

31.1 The school works to the latest government guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf (2012)

31.2 Pupils affected by their own or other's drug misuse have early access to support through the school; Working with CATCH 22 or Youth Crime Prevention (YCP) following assessment, as part of the statutory duty of the school to promote pupils' wellbeing, demonstrating a clear role to play in preventing drug misuse, as part of their pastoral responsibilities.

31.3 Intel is submitted through the CYP form (Appendix 2).

31.4 The agreed criteria for referral to police is actioned by the school's police liaison officer. Mrs S Currie DDSL. Police liaison meetings are held in school each half term as per the Police-School charter (Appendix 3).

31.5 We support the Hampshire Safe school initiative aimed at providing drug awareness and combating County Lines.

32.0 Faith Abuse

32.1 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.

32.2 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.

32.3 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.

32.3 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.

32.4 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.

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

33.0 Gangs and Youth Violence

33.1 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.

33.2 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.

33.3 Crucial preventive work can be done within school to prevent negative behaviour from escalating and becoming entrenched.

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

34.0 Private fostering

34.1 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.

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

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

34.4 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.

35.0 Parenting

35.1 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).

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

35.3 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.

35.4 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.

35.5 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 http://www3.hants.gov.uk/childrens-services/familyinformationdirectory.htm
- linking to web based parenting resources (for example http://www.familylives.org.uk/)
- referring to the school parenting worker/home school link worker (where available)
- 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 http://www3.hants.gov.uk/childrensservices/childrens-trust/earlyhelp.htm

Part 4 –Safeguarding Processes

36.0 Safer Recruitment

36.1 The school operates a separate safer recruitment process as part of the school's Recruitment Policy. On all recruitment panels there is at least one member who has undertaken safer recruitment training.

36.2 The 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.

37.0 Staff Induction

37.1 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.

37.2 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.

38.0 Health and Safety

38.1 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.

38.2 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 https://www.arnewood.hants.sch.uk/about-arnewoodschool/policies/policies/

39.0 Site Security

39.1 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: -

- Gates are kept closed to defer intrusion
- Visitors and volunteers enter at the reception and must sign in.
- Visitors and volunteers are identified by ID request.
- 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

40.0 Off site visits

40.1 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 coordinator (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.

41.0 First Aid

41.1 The Arnewood School First Aid policy can be found in the Health and Safety Policy at https://www.arnewood.hants.sch.uk/about-arnewood-school/policies/policies/.

42.0 Physical Intervention (Use of Reasonable Force)

42.1 As a school, we have a policy outlining how we will use physical intervention. This can be found within our Behaviour Policy. https://www.arnewood.hants.sch.uk/wp-content/uploads/2020/06/ARN0019-Behaviour-for-Learning-May-2020.pdf

43.0 Taking and The Use and Storage of Images

43.1 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.

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

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

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

44.0 Transporting Students

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

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

44.3 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.

44.4 All parents/volunteers are therefore asked to complete and return the form attached as annex 3 to the school before they offer to use their car to help with transporting pupils.

45.0 Disqualification under the Childcare Act

45.1 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.

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

- they are employed and/or provide early years childcare (this covers the age range from birth until 1 September following a child's fifth birthday, i.e. up to and including reception age). This includes education in nursery and reception classes (e.g. teachers and support staff in a reception class) and/or any supervised activity (such as breakfast clubs, lunchtime supervision and after school care provided by the school) both during and outside of school hours for children in the early years age range; and

- they work in childcare provided by the school outside of school hours for children who are above reception age but who have not attained the age of 8. This includes before school settings, such as breakfast clubs, after school provision and holiday clubs. It does NOT include education or supervised activity for children above reception age during school hours including extended school hours for co-curricular learning activities, such as the school's choir or sports teams.

45.3 The legislation also applies to any staff directly concerned in the management of such early or later years' provision.

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

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

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

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

Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Boards

A Family Approach Protocol

Date	8th November 2018
Authors	4LSCB and 4LSABs
Version No.	V11

Background and Purpose of the Protocol

This Protocol has been commissioned by the 4 Safeguarding Children Boards (4LSCBs) and 4 Safeguarding Adult Boards (4LSABs) in Hampshire, Isle of Wight, Portsmouth and Southampton. The protocol was commissioned in response to findings from a range of reviews across all Board's which highlight the need for professionals to work effectively together to achieve better outcomes for adults, children and their families across all areas.

This protocol, and its supporting documents in the online toolkit replace what was previously produced in the Joint Working Protocol (JWP). The information from the JWP has been distilled and presented in a more digestible format, and has been co-produced by agencies in both the children's and adult's workforce. The summary and flowchart from the JWP is still available for professionals here

The aspects of practice described in this protocol are a shared responsibility, and must be at the heart of practice across all partner agencies of the 4LSAB and 4LSCBs.

Scope

This Protocol applies to any partner organisation working with children, adults with care and support needs and their families in and across Pan-Hampshire. This extends to unborn babies and their parents. Agencies should note that the likelihood of the risk and harm to children and an adult with care and support needs increases when they live with a family member with one of the following vulnerability factors:

- Domestic abuse

- Parental/familial mental ill-health
- Learning disabilities
- Substance misuse
- Sexual exploitation

It should be noted that families can often experience more than one of any of the above factors at any one time. The co-existence of any of the above factors will increase the overall risk for a child / adult / family. Where this occurs assessments should be updated frequently to ensure there is an accurate understanding of risk factors and how they may impact on each other.

A protective factor can be defined as "a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes." A non- affected partner can be a protective factor. It should be emphasised that a child should not be considered to be a protective factor for an adult on the basis that they are not able to impact on risk or outcomes.

Agencies should note that there are a range of vulnerability factors which may impact on an adult with care and support needs and their ability to protect themselves from harm. These include:

- Loneliness, social isolation, limited social contacts and living alone. No family, no friends, visitors or professionals to tell
- Poor health or disability
- Dependence on others to meet vital care needs, lack of suitable alternative accommodation
- Mental frailty – poor memory, lack of or fluctuating capacity, medication effects, depression
- Tolerance of abuse by other vulnerable adults
- Low expectations of families and service users about the quality of care they're entitled to.
- Barriers to reporting – powerlessness, dependence on others, fear of consequences of speaking out
- Fear of loss of relationships
- Self neglect.
- Adult Sexual Exploitation

The protocol should be used by:

- Practitioners and their managers;
- Voluntary and community organisations
- Commissioners;
- Organisations working with adults, children and their families;
- Members of the 4LSABs and 4LSCBs.

All professionals need to avoid focussing ONLY on the individuals to whom they have a responsibility to offer support. When children's services staff know of adults in need of care and support in the families or linked to the children with whom they have contact, they should be liaising with colleagues in Adult Services about the Adult's needs. Similarly, when Adult Services staff know of children who live with or are in regular contact with adults with care and support needs and who may benefit from an assessment of their own needs or the risks they might face, then they should liaise with Children's services colleagues about the child's needs.

Definition

A Family Approach is one that secures better outcomes for children (including unborn babies), adults with care and support needs, children and their families by co-ordinating the support they receive from Adult and Children and Family Services. The support provided by these services should be focused on problems affecting the family

as this is the only effective way of working with families experiencing the most significant problems.

1. Why is it important to work with a Family Approach?

Research and data show that many families face multiple, entrenched and serious problems that will have a serious impact on the children and adults within the family. Research suggests that a multi- agency, 'family approach' can be effective in helping families, even for those who have not benefited from traditional service approaches. This can be for a variety of reasons;

- Multi-agency, flexible and coordinated services, with an underpinning 'think family' ethos, are most effective in improving outcomes. This includes staff in adults' services being able to identify children's needs, and staff in children's services being able to recognise needs of adults with care and support needs. Such services are viewed positively by families and professionals alike.

- Early intervention prevents problems becoming entrenched; the practical help, advice and emotional support can often be given without referral to specialist services. People also prefer an informal approach.

- In order to access services, people must feel reassured that they are not being judged or stigmatised, and be helped to overcome their fears of having their children removed.

2. Family Approach Principles for Successful Partnership Working

Successful partnership working puts the adult, children and families at the centre. It recognises the importance of family, relationships and environment on their health, wellbeing and aspirations. The partners to this protocol understand that safeguarding is a shared responsibility.

Effective partnership working is enabled by:

- Timely sharing of vital information
- Avoidance of a 'refer on' culture
- A family approach
- Attention to developing or strengthening a support network
- Clarity about the respective roles and responsibilities of each agency involved
- A solution focused approach
- Co-ordination and management of case work and the interface with other processes
- Regularly review and communicating progress
- Ability to provide professional challenge to resolve issues and escalation

3. What will the Safeguarding Children and Safeguarding Adults Boards do?

1. Provide strong leadership on a Family Approach and safeguarding at a senior level to ensure it has a high strategic profile;

2. Provide joint training to the adults and children's workforce in their respective areas;

3. Produce 'quick guides' on key safeguarding themes relevant to the collective workforce;

4. Ensure that publications from the Boards are 'jargon free' to enable ease of access and understanding to professionals from both the adults and children's workforce;

5. Provide opportunities for shared learning from relevant board activity, for example, Serious Case Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews, Mental Health Homicide

Reviews, audits.

6. Provide a glossary of common references and legal frameworks to assist professionals in both workforces' understand the other.

7. Seek assurance that a Family Approach is embedded, for example, through audits, reviews and training.

8. Ensure that there are clear pathways for referral and communication to key agencies in the Children's and Adults workforce.

9. Ensure there is an effective Conflict Resolution and Escalation Policies in place to ensure there is a clear process for resolving any disagreements between services over the handling of concerns and referrals.

4. What will agencies do?

10. Ensure all staff are aware of the protocol and online resources.

11. Ensure that basic induction / training for staff includes information and / or placements in other areas of the business, e.g. information on adults services for the children's workforce and vice versa.

12. Add information on the importance of working with the family into agency training material and organisational procedures.

13. Provide appropriate supervision to enable professionals to reflect on the needs of the family.

14. Promote the importance of information sharing with partners in both the children and adults workforce.

5. What will professionals do?

15. Make a commitment to take a 'family approach' in their work.

16. Be professionally curious when working with families. Find out who is living in a household, who cares for whom. Staff need to remain curious and inquisitive about what they are seeing and assessing in terms of indicators of potential harm.

17. Ensure that they are familiar with the referral pathways for both children and adults.

Key areas of focus

Restorative Practice

Whilst there may be a range of different working practices and approaches across adults and children's services in Hampshire, Isle of Wight, Southampton, Portsmouth and Southampton; national and local research and evidence highlights how applicable Restorative Practice is across a range of settings and professional disciplines, bringing a shared sense of direction, a common language and improved outcomes to children and families

Restorative Practice is about building and maintaining relationships. It's about working 'with' people at every opportunity and in doing so:

- Providing meaningful challenge and setting clear boundaries i.e. holding parents to account in a

meaningful and constructive way - **high challenge**; and at the same time

- Providing the right support and encouragement to enable them to reach agreed goals - **high support**

Creating meaningful and lasting change requires both high challenge **and** high support.

Restorative Practice is a way to be, not a process to follow or a thing to do at certain times. It's a term used to describe principles, behaviours and approaches which build and maintain healthy relationships. It is a way of being with people that can enable workers, parents and children to communicate effectively by removing barriers, developing family led problem solving and decision making, and leads to shared accountability.

When we work with and alongside people, rather than make decisions about them in isolation, there is strong evidence to say that outcomes for children and their families are improved

Strength based approach

This protocol endorses the work already underway in both Children's and Adult's services to develop a 'strengths based approach' to the way that professionals work with children, adults and their families. Strengths-based practice is a collaborative process between the person / family supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's / families strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and those being supported, as well as the elements that the person / family seeking support brings to the process.

Person centred working

Responses should be person centred and designed around the needs and wishes of the person with a focus on actively encouraging them to engage and participate in the support offered or provided. This will ensure they experience help and support that is both joined up and effective, which will in turn achieve better outcomes.

The person centred approach reflects the core values and practice which are understood to be valued by service users. It is an approach which recognises the person as an expert in their own life and the importance of being able to participate as fully as possible in decision making. Core values include:

- "No decision about me, without me"
- Information, advice and advocacy
- Holistic approach
- Flexibility
- Person-centred support
- Professionals who listen /communicate well while displaying warmth and respect.
  In relation to the children's workforce this would be known as taking a child centred approach.
  In relation to safeguarding adults this would be known as 'making safeguarding personal'.

Mental Capacity Act 2005

The Mental Capacity Act states that responses must reflect the five key principles of the Mental Capacity Act (MCA) 2005 in which the person aged 16 years + is assumed to have capacity and, therefore, be able to make their own decisions (even unwise ones). Practitioners will need to have regard for the five statutory principles of the MCA 2005:

- Every adult / child has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise..
- All practicable steps must have been taken to help them understand the information relevant to the decision.
- People have the right to make unwise or eccentric decisions that carry risks.

- A decision made on behalf of the person who lacks capacity must be done so in their best interests.
- When making the decision on behalf of the person, regard must be given for achieving this in a way that is least restrictive for the person.

A person's mental capacity should be considered regularly. Where a person is found to lack capacity in any area of decision-making, a best interest decision will be made and this must take into account the child / adult's views and wishes in accordance with the MCA Code of Practice.

It is vital that the child/ adult has as much control and choice as possible, and that process is guided by their needs and circumstances. Personalised information, advice, support and good advocacy are essential components to this.

Having access to information and advice will assist the child / adult to make informed choices about support and will help him/her to weigh up the benefits and consequences of different options.

Information and advice can enable the person to keep themselves safe in the first place by helping him/her understand their situation and what is needed to keep him or herself safe now and in the future.

Professional curiosity

Professionals will often come into contact with a child, or adult with care and support needs. These contacts present vital opportunities for professionals to identify concerns and intervene early to prevent further harm occurring. Responding to these opportunities requires the ability to identify the signs of vulnerabilities and potential or actual risks of harm, maintaining an open stance of professional curiosity (or enquiring deeper) and understanding one's own responsibility and knowing how to raise concerns.

People rarely directly disclose abuse and neglect to practitioners and, if they do, it will often occur indirectly through unusual behaviour or comments. This makes recognition and response to abuse and neglect a priority for professionals. However, it is understood that it is better to offer help as early as possible, before issues get worse and escalating to crisis point. This means that all agencies and practitioners need to work together - the first step is to be professionally curious and to be willing to engage with children, their families and adults with care and support needs around promoting their safety and wellbeing.

Professional curiosity is a mind set and is about the capacity and communication skill to explore and understand what is happening within an environment rather than making assumptions or accepting things at face value. In practice, this requires practitioners to consider:

- Am I remaining CURIOUS and INQUISTIVE about what I'm seeing and assessing?

- Are there indicators of potential harm towards the child, or adult with care and support needs?

- Are there indicators that a tipping point may have been reached where not to intervene, poses significant risk to wellbeing and safety?

Not attending / not being brought to medical and health appointments

All children and adults are entitled to receive services to promote their health, wellbeing and development. Where health or medical services for children / adults with care and support needs are refused, or where they are repeatedly not being brought for health appointments by their parents or carers, professionals should consider reasons behind the disengagement. This includes refusing home visits when a professional has deemed this to be appropriate. It is important to be aware of the impact of missed appointments on a child/ adults health and wellbeing, this includes monitoring of medication they may be taking.

Disengagement by a family / parent / child / adult with care and support needs may be partial, intermittent, or persistent. It is important to be aware that this may be a signal of increased stress within a family and/or potential abuse or neglect of children / adults with care and support needs, and so it is important to identify early signs of disengagement so that any potential risk can be assessed.

Examples of disengagement include parental refusal for the child(ren) to be assessed, repeated non- attendance for medical appointments, or failure to attend or be available for pre-arranged appointments. It includes those who discharge child(ren) / adults with care and support needs against medical advice and those who fail to wait for medical care.

It is also important to be aware that over engagement of services can be a cause for concern about a child's welfare, especially if there are medically unexplained symptoms or possible fabrication. It is also important to bear in mind that some parents/carers may be disengaging with healthcare for themselves or their own agenda; this may be a precursor to something more serious happening within the family.

Professionals need to consider why families are not engaging and consider the risk in these situations.

Transition to Adulthood

Partners in the 4LSCBs and 4LSABs must work together to support children in transition to adulthood. This is particularly important where young people have ongoing care and support needs or significant safeguarding concerns have been identified and require a robust and seamless plan of intervention and support. Partners across all Safeguarding Boards must plan transition together with the full involvement of the child / young adult. The 4LSABs have developed the Multi-Agency Risk Management Framework relating to adults where there is a high level of risk the circumstances of which sit outside the statutory adult safeguarding framework but for which a multi-agency approach is needed to manage these risks in the most effective way.

Review of the Protocol

The 4LSCBs and 4LSABs will review the Think Family protocol as a part of the reviews of their strategic plans.

This protocol should be used in conjunction with the 4LSAB Safeguarding Adults Escalation Protocol found here and the 4LSAB Multi Agency Risk Management Framework found here.

Appendix 2

Community Partnership Information

AD362

Guidance

This form is used for the sharing of non-urgent information by partner agencies. It can also be used to share information about MAPPA offenders.

This is not a referral form, nor does it replace any pre-existing referral or notification mechanism

This information maybe sanitised and used in subsequent partnership forums for the purposes of identifying and mitigating risk. Further guidance on how to use the form and what it can be used for can be found on the dedicated Safe4me Information Sharing web-page: www.safe4me.co.uk/portfolio/sharing-information/

Any other questions regarding this form can be raised with your police contact or via the email below.

Completed forms should be sent electronically to 24/7-Intel@hampshire.pnn.police.uk

Your Details			
Name			
Organisation			
Telephone		Email	
Information *including date and location*			
Information Source			
Where did this information come from?			
Name			
Date of Birth			
Address			
Can they be re-contacted? *If yes, provide details*	☐ Yes ☐ No Telephone Email		
How did they find this information out?			
When did they find this information out?			
Who else have you shared this information with?			
If Police act on this information what difficulties might there be?			
How can we mitigate those difficulties?			

Police-School Charter Notice to Schools

Dear XXX

I am writing to you to introduce the new **Schools Charter** that Hampshire Constabulary is launching, and myself as your Schools Link Officer (SLO). This initiative is in line with the principles of the Hampshire Children and Young Persons Strategy and the National Child Centred Policing Strategy, we aim to strengthen working relationships and improve engagement with education establishments.

This charter is intended to provide schools with a written commitment outlining the level of service they can expect to receive from local policing teams to build on trust and confidence to reinforce an effective local working partnership. It is hoped that through the commitments articulated in this charter that schools will have the same desire to agree to the terms; by doing so, will commit to building strong working relationships with police which are consistent, sustainable and of value to keeping children safe and informed.

The charter also sets out the role of the school link officer (SLO), the focus of which is for engagement and support, not for delivering education in the classroom, direct reporting of crime, sharing non-urgent information or safeguarding referrals. These matters must be actioned through the correct processes, being the Safe4me web-resources for education, the Community Partnership Information Form (CPI) for sharing non-urgent information, calling 101, 999 or the online feature to report a crime, and referral to !oca! M.A S.H for safeguarding concerns as per your school policy.

The charter also includes guidance from the National Chief Police Council about reporting to police: the 'When to Call Police' handbook; to support schools with delivering education, our Safe4me website (www.safe4me.co.uk) provides a variety of resources for teaching staff to use to help children develop skills to make safe and responsible choices.

I would like the opportunity to visit your school once a **term / half term <DELETE** on prearranged dates and times. Would it possible to meet to discuss the Charter, and for you to nominate a designated member of your staff as a point of contact to take this new initiative forward?

PCSO XXXXX Name
XX XX Neigbourhood Policing Team Hampshire Constabulary
Phone 101 Email: **XXXX**