



**THE ARNEWOOD SCHOOL**  
11 – 19 Academy

ARN/0057

# **CHILD PROTECTION POLICY**

**PROCEDURE AND GUIDANCE**

**2023/2024**



**Hampshire**  
**Safeguarding**  
**Children**  
**Partnership**

## POLICIES AND PROCEDURES PROFORMA

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## THE ARNEWOOD SCHOOL CHILD PROTECTION POLICY

### Policy Statement

At The Arnewood School we recognize not only our statutory but also our moral responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness in which children and adults feel secure, able to talk and listened to.

Where safeguarding is concerned, we maintain an attitude of 'it could happen here'.

The purpose of this policy is to provide staff, volunteers and governors with the frameworks they need to keep children safe when we need to respond to protect a child.

Specific guidance is available to staff within the procedure documents contained in the appendix to this document.

### Definitions

Within this document:

**Child protection** is the term used to describe the activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm.

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 a voluntary capacity. This also includes parents and governors.

**Child** refers to all young people who have not yet reached their 18th birthday. This will apply to students 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, step-parents, and carers including foster carers.

**Abuse** could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or by failure to provide proper care. Explanations of these are given within the procedure document.

### The aims of this policy are:-

- To provide staff with the frameworks required when responding to identified safeguarding concerns.
- To ensure consistent good practice across the school.
- To fulfil our commitment to protecting children.

This policy should be read in conjunction with the school's Safeguarding Policy which focuses on how we promote child welfare and prevent harm.

### Principles and Values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children have a right to be protected from harm.
- All staff have a role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm, either in the school or in the community, taking into account contextual safeguarding.
- It is essential we work in partnership with other agencies throughout the child protection process to safeguard children.
- While the school will work openly with parents as far as possible, it reserves the right to contact Children's Social Care or the police, without notifying parents if this is believed to be in the child's best interests.
- All adults working within the school should maintain professional curiosity if they are concerned about a child.

### **Leadership and Management**

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

In this school all individuals have a duty to contact the Designated Safeguarding Lead (DSL) or the Deputy (DDSL) if they have safeguarding concerns about a young person.

- DDSL - Mr James Anderson, Headteacher.
- DSL - Mrs Alex Reece, Assistant Headteacher.
- DDSL - Ms Melissa Evans.
- DDSL - Mrs Kim Watson, (DT for LACs/PLACs), Assistant Headteacher.
- DDSL Mrs Laura Sheppard, Deputy Head of Sixth Form (P/T)
- Designated Safeguarding Governor - Mrs Elizabeth Cook, Chair of Governors who will take leadership responsibility for safeguarding.

The Chair of Governors, Mrs Elizabeth Cook, will receive reports of allegations against the headteacher and act on the behalf of the governing body.

### **Training**

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Training is provided annually during the first INSET day of Autumn Term; through weekly staff briefings throughout the school year; and by online training courses. Separate training is provided to all new staff on appointment, either through group workshops or one-to-one session. The DSL and DDSL will attend biannual training to enable them to fulfil their role.

In addition, for Autumn 2021 in line with government expectations further training on sexual violence and sexual harassment between children (peer-on-peer abuse) will be provided in a second INSET in November 2021.

Governor training is provided as required by KSSiE 2022.

### **Referral**

Following any concerns raised, the DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached, or if it is not clear if the threshold is met, then the DSL will contact Children's Social Care and if appropriate the police. If the DSL or DDSL is not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate.

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

Generally, the DSL will inform the parents prior to making a referral. However, there are situations where this may not be possible or appropriate, particularly when informing parents/carers may place the child at further risk. If a parent informs us of a concern about their own child, we will inform them of what action we will take with the information they provide.

### **Confidentiality**

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2015) guidance.
- There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.
- Information will be shared with individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

### **Educating Students**

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

- The content of the curriculum will be tailored to the specific needs and vulnerabilities of individual children, including children who are victims of abuse, and children with SEND.
- A school ethos which helps children feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.
- Every child having access to a 'trusted adult' in the school.
- Personalised interventions as required, including risk assessments and individual safety plans.
- The pastoral and daily tutorial programme.
- RSHE Workshops and programmes.
- Children will be taught about how to keep themselves and others safe when on-line.

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

If a concern is raised about the practice or behaviour of a member of staff, this information will be recorded and passed to the headteacher, Mr James Anderson and Mrs Alex Reece (DSL). The headteacher, Mr James Anderson and Mrs Alex Reece (DSL) will make an assessment to determine if the matter is a 'low level concern' or an 'allegation'. The Local Authority Designated Officer (LADO) will be contacted for all allegations and the relevant guidance will be followed. If the headteacher, Mr Anderson or Mrs Reece (DSL) needs advice or guidance they will contact the LADO. If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or Chair of Governors directly.

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

If a concern is raised that a child under 18 abusing another child under 18, the 'Child-on-child Abuse' guidance will be followed.

#### **Legal context**

Section 175 of the education act 2002; the Education (Independent School Standards) Regulations 2014; the Non-Maintained Special Schools (England) Regulations Children Act 2004 & 1989

#### **Guidance**

Hampshire Safeguarding Children Board protocols and guidance and their procedures: [Working Together to Safeguard Children \(2018\)](#)

[Keeping Children Safe in Education \(2022\)](#)

[FGM Act 2003 Mandatory Reporting Guidance \(2016\)](#)

### **Policy review**

As a school, we review this policy at least annually in line with DfE, HSCP and HCC requirements and other

relevant statutory guidance.

**Date approved by governing body: 14.03.23**

**Date reviewed by governing body: 14.03.23**

## **SAFEGUARDING AND CHILD PROTECTION ROLES AND RESPONSIBILITIES WITHIN THE ARNEWOOD SCHOOL**

### **Staff responsibilities**

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

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school who they can approach if they are worried or have concerns.
- Plan opportunities within the curriculum for children to develop the skills they need to recognise, assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of “it could happen here” with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the DSL as soon as practical that day. If the DSL is not contactable immediately a DDSL should be informed.
- Be prepared to refer directly to Social Care, and the police if appropriate, if there is a risk of significant harm and the DSL or DDSL is not available.
- Follow the allegations procedures (Annex 3) if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the HSCP and take account of guidance issued by the DfE.
- Support students in line with their child protection plan.
- Treat information with confidentiality but never promising to ‘keep a secret’.
- Notify the DSL or DDSL of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of ‘Early Help’ and be prepared to identify and support children who may benefit from early intervention.
- Liaise with other agencies that support students and provide early help.
- Ensure they know who the DSL and DDSL are and know how to contact them.
- Have an awareness of the Child Protection Policy, the Behaviour Policy, the Staff Behaviour Policy (or Code of Conduct), procedures relating to the safeguarding response for children who go missing from education and the role of the DSL.

### **Senior Leadership Team responsibilities:**

- Contribute to inter-agency working in line with Working Together to Safeguard Children 2018 guidance.
- Provide a coordinated offer of early help when additional needs of children are identified.
- Ensure staff are alert to the various factors that can increase the need for Early Help (KCSiE, page 19, 2022).
- Working with Children’s Social Care, support their assessment and planning processes including the school’s attendance at conference and core group meetings and the contribution of written reports for these meetings.
- Carry out tasks delegated by the governing body such as training of staff, safer recruitment and maintaining a single central register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff, regardless of their position within the school.
- Treat any information shared by staff or students with respect and follow agreed policies and procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE) and the Hampshire Safeguarding Children Partnership (HSCP) procedures.
- Determine if a concern about a member of staff is a ‘low level concern’ or an allegation. (KCSiE 2022 Part 4).



### **Governing body responsibilities**

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

**DSL responsibilities** (to be read in conjunction with DSL role description in KCSiE 2021)

**In this school the DSL is Mrs Alex Reece**

**The Deputy DSLs are Mr James Anderson (Headteacher), Ms Melissa Evans; Mrs Kim Watson; Mrs Laura Sheppard.**

In addition to the role of all staff and the senior leadership team, the DSL will:

- Refer cases to Children's Social Care, the Channel Programme and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.
- Assist the Governing Body in fulfilling its safeguarding responsibilities set out in legislation and statutory guidance.
- Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.
- Ensure every member of staff knows who the DSL and the DDSLs are, have an awareness of the DSL role and know how to contact them.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the headteacher.
- Ensure whole school training occurs regularly, with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably.
- Ensure any members of staff joining the school outside the agreed training schedule receive induction prior to commencement of their duties.
- Keep records of child protection concerns securely and separately from the main student file and use these records to assess the likelihood of risk.
- Ensure that safeguarding records are transferred accordingly (separate from student files) and in a timely fashion when a child transfers school.
- Ensure that, where a student transfers school and is on a child protection plan or is a child looked after, their information is passed to the new school immediately and that the child's social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or on-going.
- Be aware of the training opportunities and briefings provided by HSCP to ensure staff are aware of the latest local guidance on safeguarding.
- Develop, implement and review procedures in the school that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Meet any other expectations set out for DSLs in KCSiE 2022.

## **THE ARNEWOOD SCHOOL CHILD PROTECTION PROCEDURES**

### **Overview**

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

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

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

All staff are aware that very young children, those with disabilities, special needs, certain medical conditions or with language deficit/English as a second language may have more difficulties in communicating concerns or feelings. They may be more likely to communicate concerns with behaviours rather than words. Additionally, staff will question the cause of knocks and bumps in children who have limited mobility which will include children (for example younger siblings) visiting the site in addition to students.

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

Make an initial record of the information on CPOMS (or paper if necessary).

Report it to the DSL immediately and the DSL will consider if there is a requirement for immediate medical intervention. Urgent medical attention should not be delayed if the DSL is not immediately available.

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

- dates and times of their observations
- dates and times of any discussions in which they were involved
- any injuries
- explanations given by the child / adult
- what action was taken
- any actual words or phrases used by the child

The records must be signed and dated by the author (or equivalent on electronic based records).

In the absence of the DSL or their Deputy, refer directly to Children's Social Care (and the police if appropriate) if there is the potential for immediate and/or significant harm.

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

1. Decide whether there are sufficient grounds for suspecting significant harm, in which case a referral must be made to Children's Social Care and the police if it is in keeping with National Police Chiefs Council. The rationale for this decision should be recorded by the DSL.
2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. The child's views should also be taken into account when appropriate.

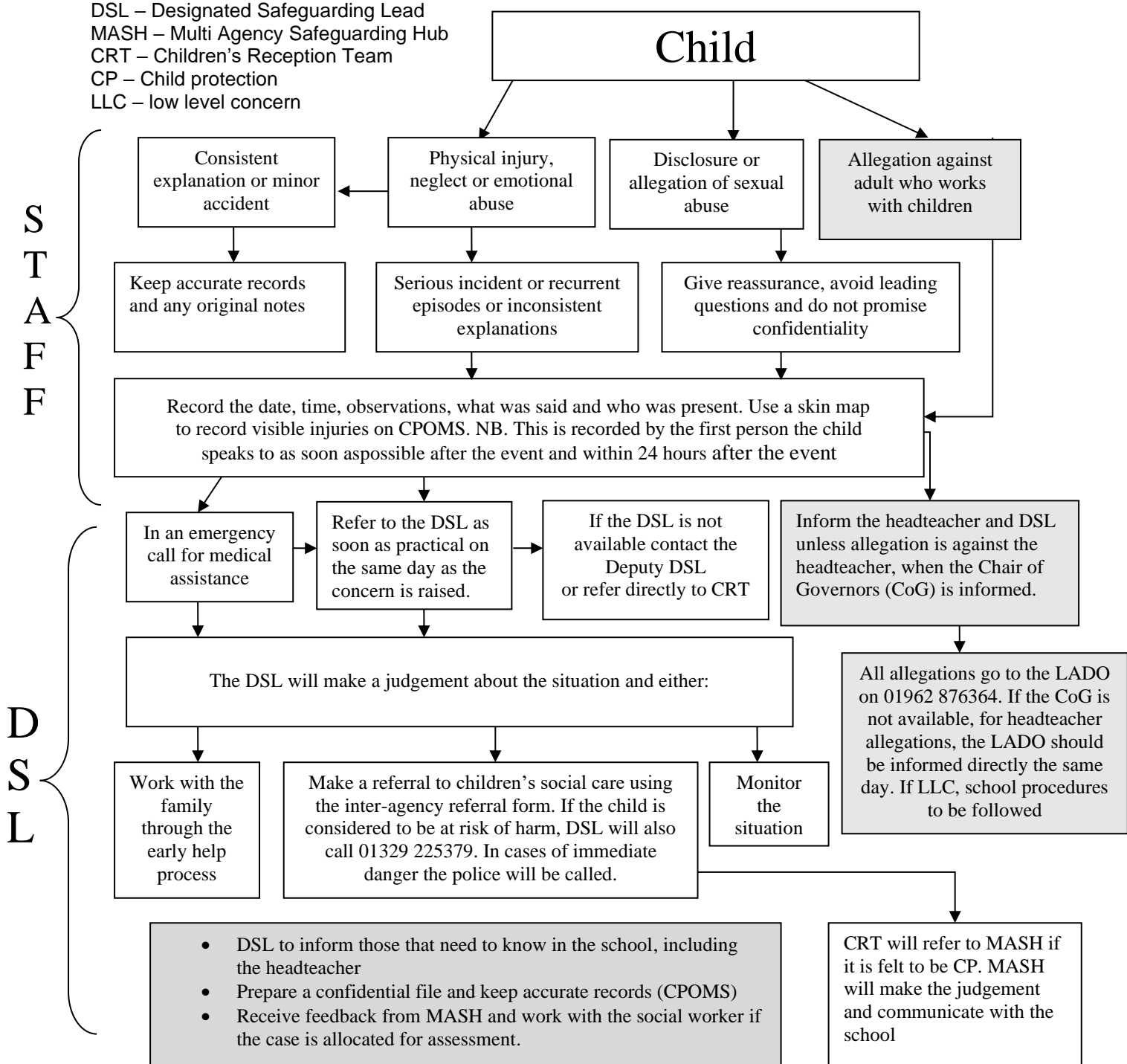
3. If there are grounds to suspect a child is suffering, or is likely to suffer significant harm the DSL (or Deputy) must contact Children's Social Care via the Inter-Agency Referral Form (IARF) making a clear statement of:
  - the known facts
  - any suspicions or allegations
  - whether or not there has been any contact with the child's family

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

4. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Children's Social Care of the occurrence and what action has been taken.
5. When a student needs urgent medical attention and there is suspicion of parental abuse causing the medical need, the DSL or their Deputy should take the child to the accident and emergency unit at the nearest hospital and inform Children's Social Care. Advice should be sought from Children's Social Care about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.
6. If there is not a risk of significant harm, the DSL will either actively monitor the situation or consider the Early Help process.
7. In cases of allegations against staff or low-level concerns, the HSCP procedure or the school Low Level Concerns (LLC) procedure will be followed.

# ANNEX 1 - FLOWCHART FOR CHILD PROTECTION PROCEDURES

DSL – Designated Safeguarding Lead  
 MASH – Multi Agency Safeguarding Hub  
 CRT – Children’s Reception Team  
 CP – Child protection  
 LLC – low level concern



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

## **ANNEX 2 - DEALING WITH DISCLOSURES**

A member of staff who is approached by a child making a disclosure should maintain a positive attitude and try to reassure them. They must not promise complete confidentiality and must explain that they may need to pass information to other professionals, to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

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

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

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

#### **Receive**

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

#### **Reassure**

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

#### **Respond**

- Respond to the student only as far as is necessary for you to establish whether you need to refer this matter, but do not interrogate for full details.
- Do not ask 'leading' questions i.e. 'Did he touch your private parts?' or 'Did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court.
- Do not ask the child why something has happened.
- Do not criticise the alleged perpetrator; the student may care about him/her, and reconciliation may be possible.
- Do not ask the student to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the student that it will be a senior member of staff.

#### **Report**

- Share concerns with the DSL as soon as possible in person or by telephone. Do not leave a voicemail.
- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children's services social care department directly.

#### **Record**

- If possible, make some very brief notes at the time, and type them up as soon as possible onto CPOMS.
- Keep your original notes on file.
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Complete a body map on CPOMS to indicate the position of any noticeable bruising or marks.
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'.

## **Remember**

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

## **Review (led by DSL)**

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

## **What happens next?**

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

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

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately. For some staff, use of an employee-based counselling service may be appropriate. Education Support Helpline provides immediate, confidential emotional support (08000 562561).

## ANNEX 3 - ALLEGATIONS AGAINST ADULTS WHO WORK WITH CHILDREN

Working Together to Safeguard Children (2018) states that organisations should have clear policies for dealing with allegations against people who work with children. Those policies should make a clear distinction between an allegation, a complaint, or a concern about the quality of care or practice.

Allegations as defined by KCSiE 2022 should be reported to the LADO. Complaints or concerns can be managed independently by the school under internal procedures.

Complaints could include: -

- breaches of the Staff Code of Conduct
- failure to follow policy, procedure or guidance
- any breach of data protection or confidentiality
- poor behaviour management
- inappropriate use of social media
- misadministration of medication

Concerns could include: -

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

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

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

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

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

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

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

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

In line with our referral process:

- Staff will report any concerns about the conduct of any member of staff, supply staff or volunteer to the headteacher and/or DSL as soon as possible. The DSL will inform the headteacher.
- If an allegation is made against the headteacher, the concerns need to be raised with the Chair of Governors as soon as possible. If the Chair of Governors is not available, then the LADO should be contacted directly.
- There may be situations when the headteacher, DSL or Chair of Governors will want to involve the

police immediately, if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.

- Once an allegation has been received by the headteacher, DSL or Chair of Governors, they will contact the LADO on 01962 876364 or child.protection@hants.gov.uk as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to do so.

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

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

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in chapter 4 of 'Keeping Children Safe in Education' (2022) and the HSCP procedures.

### **Supply Staff**

While supply staff are not employees of the school, it is still required that the school report the allegation to LADO. Contact will also be made with the supply agency.

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

### **Low Level Concerns (LLCs)**

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

Examples of LLCs include, but is not limited to: -

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

The LLC policy will: -

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

In line with the LLC policy: -

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

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



## **ANNEX 4 - SEXUAL VIOLENCE AND SEXUAL HARASSMENT BETWEEN CHILDREN IN SCHOOL**

### **Child-on-child Abuse Policy**

#### **Context**

This policy is about how staff should respond to all reports and concerns of child-on-child sexual violence and sexual harassment, including those that have happened outside of school premises, and / or online. All staff are reminded to maintain an attitude of “could happen here”.

#### **Sexual assault is any act of physical, psychological and emotional violence in the form of a sexual act.**

This could be touching someone without their consent or using an object to penetrate them or forcing them to take part in any sexual activity. It can involve forcing or manipulating someone to witness or participate in any sexual acts.

Not all cases of sexual assault involve violence, cause physical injury, or leave visible marks but can still have a long-term profound effect on the victim. Sexual assault can cause severe distress and emotional harm, which can take a long time to recover from. Some people who have been sexually assaulted experience Post Traumatic Stress Disorder (PTSD)

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. It includes contact and non-contact abuse, child sexual exploitation (CSE) and grooming a child in preparation for abuse.

Abusive sexual activity may involve coercion, threats, aggression together with secrecy or where one participant relies on an unequal powerbase.

Sexual abuse also includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual.

‘Sexting’ describes the use of technology to generate text, images or videos that are of a sexual nature and are indecent. The content can vary, from text messages to images of partial or full nudity to sexual images or video. These images are then shared between young people and/or adults and with people they may not even know. Young people are not always aware that their actions are illegal and the increasing use of smart phones has made the practice much more common place.

If these behaviours are not recognised, acknowledged or understood the scale of harassment and abuse, and /or downplaying some behaviours relating to abuse can lead to a culture of unacceptable behaviour. It leads to an unsafe environment and in a worst-case scenario a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

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

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

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

## **Policy**

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

We recognise that children are capable of abusing other children and this will be dealt with under our child protection policy and in line with KCSiE (2022).

This policy is underpinned by the principle that there is a zero-tolerance approach to sexual violence and sexual harassment. We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.

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

### **Prevention:**

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

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

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

### **Risk Assessment: -**

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

- The victim, especially their protection and support.
- The alleged perpetrator, their support needs and any discipline action.
- All other children at the school.
- The victim and the alleged perpetrator sharing classes and space at school.

The risk assessment will be recorded and kept under review.

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

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

- the wishes of the victim
- the nature of the incident including whether a crime has been committed and the harm caused
- ages of the children involved
- developmental stages of the children
- any power imbalance between the children

- any previous incidents
- on-going risks
- other related issues or wider context

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

- manage internally
- early Help
- refer to Children's Social Care
- report to the police (generally in parallel with a referral to Social Care)

**Ongoing Response:**

- All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded on CPOMS. Records should be reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified and addressed.
- The DSL will manage each report on a case-by-case basis and will keep the risk assessment under review. Annex 6 is an exemplar of an assessment. The Brook Sexual Traffic Light tool (Annex 5) will be used to assist this process.
- Where there is a criminal investigation into rape, assault by penetration or sexual assault, the alleged perpetrator should be removed from any classes they share with the victim during the investigation.
- The DSL will consider how best to keep the victim and alleged perpetrator a reasonable distance apart on school premises and on transport where appropriate.
- Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, the school will take suitable action. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the perpetrator to remain in the same school would seriously harm the education or welfare of the victim (and potentially other students or students).
- Where a criminal investigation into sexual assault leads to a conviction or caution, the school will, if it has not already, consider any suitable sanctions in light of their behaviour policy, including consideration of permanent exclusion. Where the perpetrator is going to remain at the school, the principle would be to continue keeping the victim and perpetrator in separate classes. Consideration would be given to the most appropriate way to manage potential contact on school premises and transport. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.
- The victim, alleged perpetrator and other witnesses (children & adults) will receive appropriate support and safeguards on a case-by-case basis.
- When ongoing support is required by the victim, the victim should be asked whether they would find it helpful to have a designated trusted adult to talk about their needs. The choice of any such adult should be made by the victims (as far as possible) and this choice should be supported.
- The school will take any disciplinary action against the alleged perpetrator in line with behaviour and discipline in school.
- The school recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

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

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

**Physical Abuse**

While a clear focus of child-on-child abuse is around sexual abuse and harassment, physical assaults and initiation violence and rituals from students to students can also be abusive.

These are equally not tolerated and if it is believed that a crime has been committed, will be reported to the police. The principles from the anti-bullying policy will be applied in these cases, with recognition that any police investigation will need to take priority.

References:

KCSiE (DfE 2022)

Sexual Violence and Sexual Harassment between Children in Schools and Colleges (DfE 2022)

HSCP are currently working on a child-on-child protocol and once published the policy will be updated to take account of any relevant additions.

## ANNEX 5 - BROOK SEXUAL BEHAVIOURS TRAFFIC LIGHT TOOL

Brook’s nationally recognised Sexual Behaviours Traffic Light Tool and training provides a highly visible, multi-agency response for professionals to identify, understand and respond appropriately to sexual behaviour in young people. During 2022/2023 the DSL and DDSL will have certificated training to be able to use this tool. At present it remains as a guide to ‘Presenting Behaviours’.

### Behaviours: age 5 to 9 and 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary:

<p><b>What is a green behaviour?</b> Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices.</p> <p><b>What can you do?</b> Green behaviours provide opportunities to give positive feedback and additional information.</p> <p><b>Green behaviours 5-9</b> Feeling and touching own genitals. Curiosity about other children's genitals. Curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships. Sense of privacy about bodies. Telling stories or asking questions using swear and slang words for parts of the body.</p> <p><b>Green behaviours 9-13</b> Solitary masturbation use of sexual language including swear and slang words. Having girl/boyfriends who are of the same, opposite or any gender. Interest in popular culture, e.g. fashion, music, media, online games, chatting online. Need for privacy. consensual kissing, hugging, holding hands with peers.</p>	<p><b>What is an amber behaviour?</b> Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.</p> <p><b>What can you do?</b> Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p> <p><b>Amber behaviours 5-9</b> Questions about sexual activity which persist or are repeated frequently, despite an answer having been given. Sexual bullying face to face or through texts or online messaging. Engaging in mutual masturbation. Persistent sexual images and ideas in talk, play and art. Use of adult slang language to discuss sex.</p> <p><b>Amber behaviours 9-13</b> Uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing. Verbal, physical or cyber/virtual sexual bullying involving sexual aggression. LGBT (lesbian, gay, bisexual, transgender) targeted bullying exhibitionism, e.g. flashing or mooning. G giving out contact details online viewing pornographic material worrying about being pregnant or having STIs.</p>	<p><b>What is a red behaviour?</b> Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur.</p> <p><b>What can you do?</b> Red behaviours indicate a need for immediate intervention and action.</p> <p><b>Red behaviours 5-9</b> Frequent masturbation in front of others. Sexual behaviour engaging significantly younger or less able children. Forcing other children to take part in sexual activities. Simulation of oral or penetrative sex sourcing pornographic material online.</p> <p><b>Red behaviours 9-13</b> Exposing genitals or masturbating in public. Distributing naked or sexually provocative images of self or others sexually explicit talk with younger children. Sexual harassment. Arranging to meet with an online acquaintance in secret. Genital injury to self or others. Forcing other children of same age, younger or less able to take part in sexual activities. Sexual activity e.g. oral sex or intercourse. Presence of sexually transmitted infection (STI). Evidence of pregnancy.</p>
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## Behaviours: age 13 to 17

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary:

<p><b>What is a green behaviour?</b> Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices.</p> <p><b>What can you do?</b> Green behaviours provide opportunities to give positive feedback and additional information.</p> <p><b>Green behaviours</b> Solitary masturbation, Sexually explicit conversations with peers. Obscenities and jokes within the current cultural norm. Interest in erotica/pornography use of internet/e-media to chat online. Having sexual or non-sexual relationships. Sexual activity including hugging, kissing, holding hands. Consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability. Choosing not to be sexually active.</p>	<p><b>What is an amber behaviour?</b> Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity, type, frequency, duration or context in which they occur.</p> <p><b>What can you do?</b> Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p> <p><b>Amber behaviours</b> Accessing exploitative or violent pornography. Uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress. Withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing. Concern about body image. Taking and sending naked or sexually provocative images of self or others. Single occurrence of peeping, exposing, mooning or obscene gestures. Giving out contact details online. Joining adult- only social networking sites and giving false personal information. Arranging a face to face meeting with an online contact alone.</p>	<p><b>What is a red behaviour?</b> Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur.</p> <p><b>What can you do?</b> Red behaviours indicate a need for immediate intervention and action.</p> <p><b>Red behaviours</b> Exposing genitals or masturbating in public. Preoccupation with sex, which interferes with daily function. Sexual degradation/humiliation of self or others. Attempting/forcing others to expose genitals. Sexually aggressive/exploitative behaviour. Sexually explicit talk with younger children. Sexual harassment. Non-consensual sexual activity. Use of/acceptance of power and control in sexual relationships. Genital injury to self or others. Sexual contact with others where there is a big difference in age or ability. Sexual activity with someone in authority and in a position of trust. Sexual activity with family members. Involvement in sexual exploitation and/or trafficking. Sexual contact with animals. Receipt of gifts or money in exchange for sex.</p>
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This is intended to be used as a guide only. Please refer to the guidance tool at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

Print date: 01/10/2015 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

## ANNEX 6 - SEXUAL VIOLENCE AND SEXUAL HARASSMENT BETWEEN CHILDREN RISK AND NEEDS ASSESSMENT TEMPLATE

EXAMPLE assessment

Presenting Behaviours	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
<p><b>Red Behaviour:</b> Forcing other children to engage in sexual activity. Subject is a male child. A female child has been taken into the boys' toilets. Subject has exposed himself, grabbed the girl by the wrist and forced her to touch his genitals.</p> <p>Subject is under the age of criminal responsibility. Subject has no known CP history There have been no previous concerns about the Subject.</p>	All students in the class may be forced or coerced into sexual activity. Early indication is that female students may be more at risk.	Key members of staff with supervisory responsibility have been briefed by the DSL and will increase monitoring at break times. Subject will be escorted to the toilet.	DSL Staff ELSA	From Immediate effect	01/02/2020. Increased monitoring & toilet supervision in place
	Other children within the community	Subject's parents Informed re: Incident & behaviour and the risk plan put in place. Made aware of referral to CSD. Agreement for Referral to CAMHS Increased monitoring & toilet. supervisor Keep safe work.	DSL	01/02/20	01/02/20 Contract of agreement has been signed by the parents to include increased monitoring, toilet supervision and keep safe work.
		Referral to Children's social care	DSL	01/02/20	01/02/20 Children & Family Assessment to be completed by CAST
		Victim's parents informed, and child's views gained. Child offered keep safe work.	DSL	01/02/20	Parents are satisfied with the school's actions & safeguarding measures so far. Child & family want child to remain in the same class. Keep safe work accepted.
		Referral to CAMHS	DSL	02/02/20	Referral made. ACTION – follow up with CAMHS as to the status of referral after 10 working days if not heard before

		Safeguarding measures to be reviewed.	DSL & key Staff members	09/02/20	No additional concerns raised. ACTION - Review plan again in one week's time
Presenting Behaviours	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
		Keep safe work to be completed. Combination of whole class and targeted work to be carried out	ELSA	23/02/20	OUTSTANDING Work planned and due to be delivered w/c 16/02
	Community Impact Assessment LOW The parents of the Subject and the victim are satisfied that the school is taking all necessary safeguarding measures to manage the risk. There are no indications at this stage for community unrest. This will be kept under review.	DSL and SLT to be aware of any community noises about the incidents.	DSL and SLT	01/04/20	
	Media Media and communication team to be informed if community impact assessment risk increases	SLT to contact HCC communication team if required. Monitor during term	SLT	05/04/20	
	Information Sharing. All information sharing has been completed in line with the school's CP and GDPR policies.	Relevant information to be recorded on each child's CP file as required.			



	Social Media There are no current risks from community use of social media. This will be kept under review.	Monitoring of social media during the term	Key staff	05/04/20	
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Presenting Behaviours	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
Red Behaviour:					
Red Behaviour:					
Amber Behaviour:					

## ANNEX 7 - PREVENTING RADICALISATION AND EXTREMISM

The Arnewood School values freedom of speech and the expression of beliefs/ideology. Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

The threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity to support terrorism. The normalisation of extreme views may also make young people vulnerable to future manipulation and exploitation. The Arnewood School is clear this exploitation and radicalisation requires a response to protect a child.

The Arnewood School seeks to protect its students against the messages of all violent extremism including, but not restricted to, those linked to religious beliefs or too Far Right/Neo Nazi/White Supremacy ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements. Young people can be exposed to extremist influences or prejudiced through different methods, such as social media or within the home environment.

This school does not tolerate any extremist view expressed by any visitors to the school, including parents. If a staff member hears such views they must refuse further dialogue with that person and inform the DSL or DDSL immediately.

All staff at The Arnewood School receive training to help identify the signs that a child may be vulnerable to radicalization through Prevent training.

We're here to protect our students from harm. It can be hard to know when extreme views become something dangerous. And the signs of radicalisation aren't always obvious. The NSPCC have identified the following as signs that a young person is being radicalised.

- Isolation from friends and family
- An unwillingness or inability to discuss their views
- Increased levels of anger
- Talking as if from a scripted speech
- A sudden disrespectful attitude towards others
- Increased secretiveness, especially around internet use.
- 

Young people who are at risk of radicalization may have low self-esteem, or be victims of bullying or discrimination. Extremists might target them and they can be part of something special, later brainwashing them into cutting themselves off from their friends and family. However, these signs don't necessarily mean a young person is being radicalized – it may be normal teenage behavior or a sign that something else is wrong.

Opportunities are provided in the curriculum to enable students to discuss issues of religion, ethnicity and culture. The school also promotes the fundamental British values as part of SMSC (spiritual, moral, social and cultural education) in schools.

Where there is imminent risk of an act of terror any member of staff may dial 999. The DSL or DDSL must be notified.

If a member of staff has concerns, but there's no immediate risk to a student then a 101 call will be made for further advice. The DSL or DDSL must be notified at the earliest opportunity.

At The Arnewood School we will always take a considered approach and sensitive approach in order that we protect all of our students. This will be done by:-

- Assessing the risk of students being drawn into terrorism.

- The DSL or DDSL must make a referral to Children's services for intervention and support when there is a case or a suspected case.
- The DSL or DDSL must respond to all allegations in a timely manner following school procedures.
- Training staff and governors to recognise radicalisation and extremism.
- Referring vulnerable students to Channel.
- Prohibiting extremist speakers and events.
- Managing access to extremist material - IT filters.
- Providing a safe environment for students to learn and develop in our setting.

The Channel Programme is a key element of the Prevent strategy. It is a multi-agency safeguarding approach to identify and provide support to individuals who are at risk of being drawn into terrorism. It is a programme which involves:

- Identifying individuals at risk
- Assessing the nature and extent of that risk and
- Developing the most appropriate support plan for the individuals concerned.

### **Prevent Duty**

The Counter-Terrorism and Security Act 2015 requires us to have 'due regard to the need to prevent people from being drawn into terrorism'. This is known as the **Prevent Duty**.

### **Where there is imminent risk of an act of terror any member of staff may dial 999.**

There is also the dedicated DfE telephone helpline and mailbox for non-emergency advice for staff and governors (020 7340 7264 and counter.extremism@education.gov.uk ).

### **The DSL must notify the headteacher.**

## ANNEX 8 - ONLINE SAFETY

At The Arnewood School it is essential that we safeguard children from potentially harmful and inappropriate online material.

A comprehensive approach to online safety empowers staff to protect and educate students, students, and colleagues in their use of technology and establishes the following mechanisms to identify, intervene in, and escalate any concerns where appropriate. Concerns raised should be placed onto CPOMS or given to the DSL. The IT Manager will support with technical aspects of online devices in line with school procedures.

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

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

We ensure that online safety is a running and interrelated theme when devising and implementing policies and procedures.

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

## ANNEX 9 - WHISTLEBLOWING IN A SAFEGUARDING CONTEXT

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

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

**Whistleblowing** is a term that is used when staff want to report a concern within their organisation that involves their manager or a person senior to them in the organisation which may prevent them from following the normal reporting systems.

There are a limited number of areas that can be called Whistleblowing, and the policy protects staff from being punished for raising concerns.

Within The Arnewood School, the headteacher, Mr James Anderson, is the senior manager and responsible for all staff. If you are concerned that any member of staff within the school is not following safeguarding processes or behaving in a way that is placing children at risk, you should in the first place make the headteacher aware. The DSL may also be notified and will inform the headteacher.

If your concern is about the headteacher, you should raise this with the Chair of Governors whose contact details are held by Mrs Lindsey Harper.

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

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

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

## **ANNEX 10 - BRIEFING SHEET FOR TEMPORARY AND SUPPLY STAFF**

### **For Supply staff and those on short contracts in The Arnewood School**

While working in The Arnewood School, you have a duty of care towards the children and young people here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, particularly if you think they may have been abused or neglected, it is your responsibility to share that concern with the school designated safeguarding lead (DSL), who is Mrs Alex Reece and can be found in the safeguarding office in Sixth Form or via Mrs Lindsey Harper (PA to Headteacher).

This is not an exhaustive list, but you may have become concerned as a result of:

- Observing a physical injury, which you think may have been non-accidental.
- Observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for.
- Observing behaviour that leads you to be concerned about a child or young person.
- A child or young person telling you that they have been subjected to some form of abuse.
- Observing adult behaviour that leads you to be concerned about their suitability to work with children or young people.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL as soon as possible and no longer than 24 hours later. This may be the beginning of a legal process.

It is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive.
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish.
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it and mention anyone else who was present. Then sign it and give your record to the DSL who should follow due process, including contacting Children's Social Care if appropriate.

The school has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff, in "Library" on CPOMS, Staff drive 'Safeguarding folder' or in paper form in the Staff Room.

If your concern involves the DSL or a member of the Senior Leadership Team, contact the LADO on 01962 847364 or the NSPCC whistleblowing line on 0800 02f8 0285.

**Remember, if you have a concern, report it to the DSL.**

## **ANNEX 11 - WHAT IS CHILD ABUSE?**

The following definitions are taken from Working Together to Safeguard Children HM Government (2018). In addition to these definitions, it should be understood that children can also be abused by being sexually exploited, through honour-based violence, forced marriage, or female genital mutilation. To support the local context, all staff have access to the Hampshire Safeguarding Children Partnership (HSCP) threshold chart.

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

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

### **Physical abuse**

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

### **Emotional abuse**

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

### **Sexual abuse**

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

### **Neglect**

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

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

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

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



## Indicators of abuse

### Neglect

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

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

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

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

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

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

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

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

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (What to do if You're Worried a Child is Being Abused DoF 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

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

#### **Indicators of neglect**

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

### **Physical indicators of neglect**

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

### **Behavioural indicators of neglect**

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

### **Emotional Abuse**

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

Most harm is produced in low warmth, high criticism homes, not from single incidents. Emotional abuse is difficult to define, identify/recognise and/or prove. Emotional abuse is chronic and cumulative and has a long-term impact. All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself. Children can be harmed by witnessing someone harming another person – as in domestic violence.

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

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

##### **Developmental issues**

- delays in physical, mental and emotional development
- poor school performance
- speech disorders, particularly sudden disorders or changes

##### **Behaviour**

- acceptance of punishment which appears excessive
- over-reaction to mistakes
- continual self-deprecation (I'm stupid, ugly, worthless etc.)
- neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- self-mutilation
- suicide attempts
- drug/solvent abuse
- running away
- compulsive stealing, scavenging
- acting out
- poor trust in significant adults
- regressive behaviour – e.g., wetting

- eating disorders
- destructive tendencies
- neurotic behaviour
- arriving early at school, leaving late

### **Social issues**

- withdrawal from physical contact
- withdrawal from social interaction
- over-compliant behaviour
- insecure, clinging behaviour
- poor social relationships

### **Emotional responses**

- extreme fear of new situations
- inappropriate emotional responses to painful situations (“I deserve this”)
- fear of parents being contacted
- self-disgust
- low self-esteem
- unusually fearful with adults
- lack of concentration, restlessness, aimlessness
- extremes of passivity or aggression

### **Physical Abuse**

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

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

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

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

- multiple bruising or bruises and scratches (especially on the head and face)
- clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- bruises around the neck and behind the ears – the most common abusive injuries are to the head
- bruises on the back, chest, buttocks, or on the inside of the thighs
- marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- bite marks
- deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- scalds with upward splash marks or tide marks
- untreated injuries
- recurrent injuries or burns
- bald patches.

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

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

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

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

## **Sexual Abuse**

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

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

Sexual exploitation is seen as a separate category of sexual abuse. Indicators of CSE can be found in the school's safeguarding policy.

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

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

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

### **Indicators of sexual abuse**

#### **Physical observations**

- damage to genitalia, anus, or mouth
- sexually transmitted diseases
- unexpected pregnancy, especially in very young girls
- soreness in genital area, anus or mouth, and other medical problems such as chronic itching
- unexplained recurrent urinary tract infections and discharges or abdominal pain

### **Behavioural observations**

- sexual knowledge inappropriate for age
- sexualised behaviour or affection inappropriate for age
- sexually provocative behaviour/promiscuity
- hinting at sexual activity
- inexplicable decline in school performance
- depression or other sudden apparent changes in personality as becoming insecure or clinging
- lack of concentration, restlessness, aimlessness
- socially isolated or withdrawn
- overly compliant behaviour
- acting out, aggressive behaviour
- poor trust or fear concerning significant adults
- regressive behaviour,
- onset of wetting, by day or night; nightmares
- onset of insecure, clinging behaviour
- arriving early at school, leaving late, running away from home
- suicide attempts, self-mutilation, self-disgust
- suddenly drawing sexually explicit pictures
- eating disorders or sudden loss of appetite or compulsive eating
- regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- become worried about clothing being removed
- trying to be 'ultra-good' or perfect; overreacting to criticism.

All staff who have a concern or identify a Child in Need will record their observations on CPOMS or speak in person to the DSL or DDSL

The DSL or DDSL will make a risk assessment to ensure that the student is protected. This must include a referral to Children's services and the Police if appropriate, if a child is suffering or is at risk of significant harm. The DSL will notify the headteacher.

## ANNEX 12: FGM

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

Keeping Children Safe in Education explains that FGM comprises “all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs”.

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

With effect from October 2015, all schools are subject to a mandatory reporting requirement in respect of female genital mutilation (FGM). **When a teacher suspects or discovers that an act of FGM is going to be or has been carried out on a girl aged under 18, that teacher has a statutory duty to report it to the Police. The DSL must be notified. At no time will a staff examine a student to confirm this.**

**All staff who have concern about a student must speak to the DSL who will refer to Children’s services as a Child Protection case.**

**The DSL or DDSL must carry out a risk assessment in school to ensure that the student is protected and safeguarded from further harm.**

#### **Indicators that FGM has already occurred include:**

- A pupil confiding in a professional that FGM has taken place
  - A mother/family member disclosing that FGM has been carried out
  - A family/pupil already being known to social services in relation to other safeguarding issues
- A girl:
- Having difficulty walking, sitting or standing, or looking uncomfortable
  - Finding it hard to sit still for long periods of time (where this was not a problem previously)
  - Spending longer than normal in the bathroom or toilet due to difficulties urinating
  - Having frequent urinary, menstrual or stomach problems
  - Avoiding physical exercise or missing PE
  - Being repeatedly absent from school, or absent for a prolonged period
  - Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
  - Being reluctant to undergo any medical examinations
  - Asking for help, but not being explicit about the problem
  - Talking about pain or discomfort between her legs

#### **Potential signs that a pupil may be at risk of FGM include:**

- The girl’s family having a history of practising FGM (this is the biggest risk factor to consider) FGM being known to be practised in the girl’s community or country of origin
  - A parent or family member expressing concern that FGM may be carried out
  - A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues
- A girl:
- Having a mother, older sibling or cousin who has undergone FGM
  - Having limited level of integration within UK society
  - Confiding to a professional that she is to have a “special procedure” or to attend a special occasion to “become a woman”
  - Talking about a long holiday to her country of origin or another country where the practice is prevalent,

or parents/carers stating that they or a relative will take the girl out of the country for a prolonged period

- Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
- Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
- Being unexpectedly absent from school
- Attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

## **ANNEX 13: CCE AND CSE**

### **Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

#### **Child Sexual Exploitation (CSE)**

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet. CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

Further information about CSE including definitions and indicators is included in Annex B of 'Keeping Children Safe in Education'

#### **Child Criminal Exploitation (CCE)**

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

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

Further information about CCE including definitions and indicators is included in Annex B of 'Keeping Children Safe in Education'.

Any member of staff who is concerned about a student who is involved in or at risk of CSE or CEE must inform the DSL or DDSL. The DSL will notify the headteacher.

**When a child is an imminent risk of CSE and/or CEE any member of staff can dial 999.**

**All staff who have concern about a student must speak to the DSL who will refer to Children's services as a Child Protection case. The DSL will decide whether a call to 101 for further advice is necessary.**

**The DSL or DDSL will take a risk assessment to ensure the student is supported both at school and at home in line with advice from Children's services.**



## ANNEX 14: COUNTY LINES

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”. Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes and care homes. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Children are also increasingly being targeted and recruited online using social media.

One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school), when the victim may have been trafficked for the purpose of transporting drugs and a referral to the *National Referral Mechanism* should be considered.

**If a child is suspected to be at risk of or involved in county lines, the DSL or DDSL must complete an IARF referral. Alongside this the DSL will consider the advice of the Police (101) where there is imminent risk to the student. The DSL or DDSL will inform the headteacher of all actions taken.**

Further information on the signs of a child’s involvement in county lines is available in guidance published by the Home Office.

## ANNEX 15 - USEFUL CONTACTS

Key Personnel	Name (s)	Telephone No.
Headteacher DDSL	Mr James Anderson	Ext 405
DSL	Mrs Alex Reece (Assistant Headteacher)	Ext.466
Deputy DSL(s)	Ms Melissa Evans (Safeguarding Manager) Mrs Kim Watson (Assistant Headteacher) Laura Sheppard (PT) Deputy of Sixth Form Donna Lenton (PT) Family Support Manager	Ext.422 Ext.418 Ext 408 Ext 438
Schools Mental Health Lead (SLT Link) Welfare Assistant	Mrs Alex Reece  Mrs Lisa Freeman (P/T) Miss Rhianna Stephen (P/T)	Ext.404  Ext.444
School's named 'Prevent' lead	Mr Nigel Pressnell	Ext.405
Nominated Safeguarding Governor	Mrs Elizabeth Cook	Contact through Mrs Lindsey Harper Ext. 405
Chair of Governors	Mrs Elizabeth Cook	Contact through Mrs Lindsey Harper Ext. 405
Children's Reception Team	Hampshire County Council	01329 225379
Out of hours social care	Hampshire County Council	0300 555 1373
Police	Hampshire and Isle of Wight Police NSPCC Guidance	101 or in emergencies 999
Safeguarding advisors / Local Authority Designated Officers (LADOs)	Barbara Piddington, Fiona Armfield  Shona McMinn (New Forest)	HCC Safeguarding Unit 01962 876364 Child.protection@hants.gov.uk
School nurse	New Forest & Romsey School's Nursing Team	02380 874537

Children's Service Department, District Service Manager	Vanessa Johns	Vanessa.johns@hants.gov. uk
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## TABLE OF CHANGES 2022/23

Throughout the document changes have been made to punctuation, grammar and readability. These have not all been highlighted in the table below.

Page	Changes
Throughout the document	<ul style="list-style-type: none"> <li>Reference to KCSiE 2021 updated to 2022</li> <li>Policy runs 2023 to 2024 (to allow update to changes in KCSiE released in the autumn term)</li> <li>Language within the policy has changed from peer-on-peer to child-on-child.</li> </ul> <p><u>Name changes with titles added</u></p> <ul style="list-style-type: none"> <li>DSL updated to Mrs Alex Reece as Assistant Headteacher (September 2022)</li> <li>Headteacher (Mr James Anderson) updated to DDSL (January 2023) replacing Mr Nigel Pressnell.</li> <li>DDSL updated to Ms Melissa Evans, replacing Mrs Luan Jupe (January 2023)</li> <li>PA to Headteacher (Mrs Lindsey Harper) replacing Mrs Val Woods (September 2022)</li> </ul>
5	<p>In the principles and values section – addition around professional curiosity:</p> <ul style="list-style-type: none"> <li>All adults working within the school should maintain professional curiosity if they are concerned about a child.</li> </ul>
5	<p>Reference to training added:</p> <ul style="list-style-type: none"> <li>‘Governor training is provided as required by KCSiE 2022’.</li> </ul>
6	<p>Reference to educating students added:</p> <ul style="list-style-type: none"> <li><i>The content of the curriculum</i> will be tailored to the specific needs and vulnerabilities of individual children, including children who are victims of abuse, and children with SEND.</li> <li>Children will be taught about how to keep themselves and others safe when on-line.</li> </ul> <p>Addition of <i>concerns and</i> in the title “<b>Dealing with concerns and allegations against staff</b>” to reflect KCSiE 2022.</p> <p>Change of wording from <b>Dealing with allegations against students</b> to: <b>Dealing with children abusing children</b></p> <p>Text changed to “<b>If a concern is raised that a child under 18 abusing another child under 18, the ‘Child on Child Abuse’ guidance will be followed.</b>”</p>
14	<p>Dealing with disclosures – additional bullet point in remember section:</p> <ul style="list-style-type: none"> <li>All staff should be aware that children may not feel ready or know how to tell somebody they are being abused, exploited or neglected and/or they may not recognize their experiences are harmful..</li> </ul>
16	<p>Reference to examples of LLC’s added:</p> <ul style="list-style-type: none"> <li>humiliating children</li> </ul>
21	<p>Dates updated to 2022/2023 training, subject to availability.</p>
41	<p>Reference to County lines added:</p> <ul style="list-style-type: none"> <li>Children are also increasingly being targeted and recruited online using social media.</li> </ul>
42	<ul style="list-style-type: none"> <li>LADO updated to Shona McMinn, replacing Mark Blackwell. Email added.</li> <li>Telephone numbers and/or extensions updated.</li> <li>Updated Police to include NSPCC guidance.</li> <li>Welfare Assistant Miss Rhianna Stephen (P/T) added</li> </ul>

