The Heights Primary School Policy for **Child Protection & Safeguarding**

Version 1.9

Responsible officer: Responsible Committee:

Headteacher Full Governing Body

Date of last review: Date of next review: September 2023 September 2024

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The Heights Primary

AIMS

The aim of this Policy is to ensure that the school safeguards and promotes the welfare of children effectively, in accordance with the principles established by the Children Act in 1989 and in line with the following:

- Keeping Children Safe in Education 2023
- Working Together to safeguard Children 2019

PRINCIPLES

It is a basic right of every child to feel safe and protected from any situation or practice that result in a child being harmed through abuse or neglect.

The Heights Primary School recognises its legal and ethical duty to promote the well-being of pupils at the school, protect them from harm, and take appropriate action where we have concerns. We agree that we have a primary responsibility for the care, welfare and safety of the pupils in our charge, and we will carry out this duty through our teaching and learning, extra curricular activities, pastoral care and extended school activities.

The Heights seeks to adopt an open and accepting attitude towards children as part of their responsibility for pastoral care. We hope that parents and children will feel free to talk about any concerns and will see school as a safe place if there are any difficulties at home.

Safeguarding and promoting the welfare of children is **everyone's** responsibility. It is defined for the purpose of this guidance as:

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

KCSIE 2023 states that no single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.¹

As a consequence, we

- will maintain an attitude of 'it could happen here'
- assert that teachers and other members of staff (including volunteers) in the school are an integral part of the child safeguarding process;
- recognise that abuse and neglect are likely to have significant detrimental impacts on a child's learning, mental and physical health and development, behaviour and attendance
- accept totally that safeguarding children is an appropriate function for all members of staff in the school, and wholly compatible with their primary pedagogic responsibilities.
- recognise that safeguarding children in this school is a responsibility for all staff, including volunteers, and the Governing body;
- will ensure through training and supervision that all staff and volunteers in the school are alert to the possibility that a child is at risk of suffering harm, and know how to report concerns or suspicions;
- will designate a senior member of staff with knowledge and skills in recognising and acting on child protection concerns. They will act as a source of expertise and advice, and is responsible for co-ordinating action within the school and liaising with other agencies;
- will ensure that all members of staff and volunteers who have suspicion that a child may be suffering, or may be at risk of suffering significant harm, refer such concerns to the Designated Person, who will refer on to Children's Services.
- safeguard the welfare of children whilst in the school, through positive measures to address bullying, especially where this is aggravated by sexual or racial factors, disability or special educational needs
- will ensure that all staff are aware of the child protection procedures established by the Pan Berkshire Safeguarding Children Partnership, and act on any guidance or advice given by them. These can be found at <u>http://proceduresonline.com/berks/</u>
- will ensure through our recruitment and selection of volunteers and paid employees that all people who work in our school are suitable to work with children,
- will act swiftly and make appropriate referrals where an allegation is made that a member of staff has committed an offence against a child, harmed a child, or acted in a way that calls into question their suitability for working with children.

All members of staff (including volunteers and governors) in this school, in whatever capacity, will at all times act pro-actively in child welfare matters. Where any member of staff fails to act in accordance with this policy, this may be dealt with as a disciplinary matter.

CONTEXT OF THE SCHOOL WITH REGARD TO SAFEGUARDING

Local issues

Reading is regarded as a "hotspot" for:

- FGM
- Deaths from drug use
- County Lines
- Knife crime

There are also a significant number of people who are homeless and who live below the poverty line in the Reading area.

School issues

• Significant number of children with SEN & EHCPs including those with disabilities that mean they may not be able to communicate any safeguarding concerns

The school will have due regard to the above issues by:

FGM	See section in this policy Reminders to teachers and regular online training re: lifestyle choices
Deaths from Drug use	See Heights PSHE programme (JIGSAW)
County Lines	Include in briefings where appropriate
High % SEN and EHCPs and EAL	DSL and SENCO must have regard to pupil voice when safeguarding concerns arise and should use drawing techniques when appropriate. Translators should be used where appropriate – either internal or external
Reading children's services	DSL to follow up cases where communication is poor

DESIGNATED MEMBER OF STAFF

The Designated Safeguarding Lead (and Deputy) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.

The Designated Safeguarding Leads for child protection in this school are:

Mrs K. Edwards (Head teacher)

In her absence, these matters will be dealt with by:

Mrs E. Fallon (Deputy Head teacher & Deputy Designated Safeguarding Lead)

The areas of responsibility for the Designated Safeguarding Lead are:

Managing referrals as appropriate by:

- referring cases to social care
- referring cases that involve a staff member to the LADO (Local Authority Designated Officer)
- referring cases to the DBS (Disclosure and Barring Service)
- referring to the police
- acting as a source of support, advice and expertise to staff

Managing Training by:

- ensuring that staff receive Universal Safeguarding Training on induction and that it is subsequently updated as required so that they are all aware of the definitions, signs and symptoms of abuse and are able to respond appropriately.
- Ensuring that all staff are aware of their responsibility & how to report concerns and abuse promptly and accurately and maintain confidentiality issues.
- ensuring staff have other training on induction, including online training on Prevent, Female Genital Mutilation & GDPR and are alerted to safeguarding updates regularly via the weekly bulletin and emails as necessary throughout the year.
- ensuring appropriate training every 2 years for the DSL and Deputy DSL
- understanding the assessment process for early help and intervention
- having a working knowledge of the procedures for child protection case conferences and reviews and attending and contributing to said conferences
- ensuring staff members understand school policy and that they alert the DSL (Designated Safeguarding Lead) immediately on concerns
- being alert to children's needs
- keeping accurate records of concerns and referrals
- obtaining resources and attending refresher training for staff members
- encouraging a culture of listening to children
- ensuring that all staff receive part 1 of "Keeping Children Safe in Education" September 2023 at induction and that the contents of this document are discussed on the Inset Day at the beginning of each academic year.

Please note both KCSIE 2023 and Universal Safeguarding training will cover the definitions, signs and symptoms of the different kinds of abuse and neglect (Physical, Emotional, Sexual and Neglect).Following the Domestic Abuse Bill becoming Law in April 2021 and a significant rise in incidences of domestic abuse in the home during the Pandemic, domestic abuse has been added to the list of Safeguarding issues that all staff should be aware of.

Raising awareness by:

- ensuring The Heights's safeguarding policy and child protection procedures are known, understood and used appropriately;
- ensuring The Heights's safeguarding policy and child protection procedures are reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with the governing body regarding this;
- ensuring the safeguarding policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this; and
- linking with the Pan Berkshire Safeguarding Children Partnership. to make sure staff are aware of training opportunities and the latest local policies on safeguarding

The DSL will also manage the use of the CPOMS programme to record concerns and incidents.

LOOKED AFTER CHILDREN

The designated senior members of staff (designated persons) for looked after children in this school are:

Mrs A Mullaney & Mrs T van Schie (SENCOs)

Information will be kept on:

- The child's looked after legal status
- Contact arrangements with those with parental responsibility
- Child's care arrangements and levels of authority delegated by the authority
- Details of the child's social worker
- The name of the virtual head in the authority who looks after the child

The designated persons for looked after children will work with the virtual school head to ensure pupil premium plus additional funding is best used to support looked after children in school.

DESIGNATED GOVERNOR

The Designated Governor for Safeguarding is:

Mrs L. Glithro (who can be contacted via the school office or at Linda.glithro@theheightsprimary.co,uk

The Governors will ensure that sufficient resources are made available to enable the necessary tasks to be carried out properly under inter-agency procedures.

The Governors will ensure that the designated member of staff for child protection is given sufficient time to carry out his or her duties, including accessing training.

All Governors will complete Safeguarding & Child Protection training on Induction and then every 2 years.

The Governors will audit and review safeguarding practices in the school on a regular basis, and no less than annually, to ensure that:

- The Heights is carrying out its duties to safeguard the welfare of children at the school;
- Members of staff and volunteers are aware of current practices in this matter, and that staff receive training where appropriate;
- Safeguarding and Child protection is integrated with induction procedures for all new members of staff and volunteers
- The Heights follows the procedures agreed by the Pan Berkshire Safeguarding Children Partnership
- Only persons suitable to work with children shall be employed at The Heights, or work here in a voluntary capacity
- Where safeguarding concerns about a member of staff are substantiated, take appropriate disciplinary action

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Children with special educational needs (SEND) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- The potential for children with SEND being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs;
- Communication barriers and difficulties overcoming these barriers.
- Mental health conditions which may cause barriers for reporting concerns ⁴

At The Heights School the SENCOS (Mrs Annalisa Mullaney & Mrs Tanja van Schie) will be responsible for the upkeep of a SEND and Susceptible children register to ensure that safeguarding needs are considered,

RECRUITMENT

- The Heights Primary is committed to ensuring the development of a safe culture and that all steps are taken to recruit staff and volunteers who are safe to work with our pupils and staff.
- The Governing Body and Senior Leadership Team are responsible for ensuring that the school follows safe recruitment processes outlined within guidance.
- The Heights Primary is responsible for ensuring that the school maintains an accurate Single Central Record.
- At least one of the people who conducts a recruitment interview has completed Safer Recruitment Training.
- We are also committed to supporting the statutory guidance from the Department for Education on the application of the Childcare (Disqualification) Regulations 2009 and related obligations under the Childcare Act 2006 in schools.
- We advise all staff to disclose any reason that may affect their suitability to work with children, including convictions, cautions, court orders, reprimands and warnings.

Please also see Recruitment and Selection Policy

SUPPLY TEACHERS

Supply agencies must give written notification of enhanced DBS checks for staff used by the school. Supply teachers not from an agency must obtain an enhanced DBS which must be recorded on the school's Single Central Register (SCR)

VOLUNTEERS

We understand that some people otherwise unsuitable for working with children may use volunteering to gain access to children; for this reason, any volunteers in the school, in whatever capacity, will be given the same consideration as paid staff.

Where a parent or other volunteer helps on a one-off basis, he/she will only work under the direct supervision of a member of staff, and at no time have one to one contact with children. However, if a parent or other volunteer is to be in school regularly or frequently, we will treat them as if they were paid employees and check them to ensure their suitability to work with children.

Volunteers and visitors will be invited to read the Visitors Policy & Safeguarding Statement at Reception.

WORK EXPERIENCE

Children under the age of 16 on work experience will not be expected to provide an enhanced DBS check. An enhanced DBS check may be requested for children on work experience over the age of 16 depending on how long or how regular the placement is. This decision will be taken by the DSL and a risk assessment form must be completed.

STUDENTS

Students on placement must have an enhanced DBS check.

LANYARDS

All staff, governors, visitors or volunteers who have an enhanced DBS certificate which has been seen by the school, will be given a black Heights lanyard and badge when they sign in. Anyone who does not have an enhanced DBS certificate, is given a red lanyard to wear whilst they are on site and will be supervised by a DBS checked member of staff at all times.

CONFIDENTIALITY AND INFORMATION SHARING

- The Heights Primary recognises that all matters relating to child protection are confidential. The Headteacher or DSL will only disclose information about a pupil to other members of staff on a 'need to know' basis.
- All members of staff must be aware that whilst they have duties to keep any information confidential, they also have a professional responsibility to share information with other agencies to safeguard children.
- All staff must be aware that they cannot promise a child they will keep secrets which might compromise the child's safety or wellbeing.
- There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.

DISCLOSURE

Staff should be aware that some children may not feel ready, or know how to tell someone they are being abused, exploited or neglected, and/or they may not recognise their experiences as harmful. Children may feel embarrassed, humiliated, or threatened due to their vulnerability, disability, sexual orientation and/or language barriers. None of this should stop staff from having a 'professional curiosity' and speaking to the DSL. KCSIE 2023

REPORTING AND REFERRING CONCERNS

KCSIE 2023 states that no single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.¹

To this end, volunteers and staff will act immediately and follow the procedures below;

- Upon the receipt of any information from a child, or if any person has suspicions that a child may be at risk of harm, or
- If anyone observes injuries that appear to be non-accidental, or
- where a child or young person makes a direct allegation or implies that they have been abused,
- makes an allegation against a member of staff ²
- 1. They must record what they have seen, heard or know accurately at the time the event occurs either on paper or electronically in CPOMS, but not investigate the suspicions.
- 2. They must understand that not everyone who has been subjected to abuse considers themselves a victim, or would want to be described that way. They should be prepared

² Allegation that the member of staff has harmed a child, committed an offence against a child, or behaved in a way that questions their suitability to work with children.

to use any term the child feels comfortable with when managing an incident. They should also consider the terminology used in front of children when talking about 'alleged perpetrator(s)' and 'perpetrator(s)', as in some cases, abusive behaviour can be harmful to the perpetrator too.

- 3. Report it to the DSL immediately.
- 4. The DSL will consider if there is a requirement for immediate medical intervention; however, urgent medical attention should not be delayed if the DSL is not immediately available.
- 5. Make an accurate factual record and ensure the transference to CPOMS where necessary as soon as possible and within 24 hours of the occurrence, of all that 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.
 - Any questions the staff member asked (remembering not to ask any leading questions).

If the records are on paper, they should be signed and dated and can be scanned into CPOMS.

In the absence of the DSL or Deputy DSL, be prepared to refer directly to Children's Social Care and the police if appropriate.

Where there is a safeguarding concern, school leaders should ensure that the child's wishes and feelings are taken into account when determining what action to take and what services to provide.– KCSIE 2023

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 appropriate). The rationale for this decision should be recorded in CPOMS by the DSL.
- 2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible, 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 impact a police investigation. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. The child's views should also be taken into account.
- 3. If there are grounds to suspect a child is suffering, or is likely to suffer significant harm, the DSL (or Deputy) must contact the Single Point of Access (CPOA) Team sharing:
- i. the known facts
- ii. any suspicions or allegations
- iii. whether or not there has been any contact with the child's family.

The Single Point of Access Team can be contacted by phone on: 01189373641

- 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 pupil needs *urgent* medical attention and there is a suspicion of parental abuse causing medical need, the DL or Deputy should seek immediate advice from the (CPOA team) about informing the parent, remembering that parents should normally be informed if a child requires urgent hospital attention. However, as in all cases, if it is felt this could put the child more at risk then all action should be taken in the best interests of the child.
- 6. If there is not considered to be a significant risk of harm, the DSL, will either actively monitor the situation, consider the Early Help process or contact the LADO for advice.

RECORDING CONCERNS

- All safeguarding concerns, discussions and decisions will be recorded in the school's Child Protection Online Monitoring System (CPOMS). SLT will be immediately informed of these in case there is need for further action. If members of staff are in any doubt about recording requirements, they should discuss their concerns with the DSL.
- Welfare concerns about a pupil should be entered into CPOMS without delay.
- Safeguarding records within CPOMS are kept for individual children securely and in accordance with General Data Protection Regulations (GDPR). Safeguarding records are shared with staff on a 'need to know' basis only.
- All safeguarding records will be transferred in accordance with GDPR, confidentially to the child's subsequent school/setting.
- Detailed guidance on Record Keeping is found in a separate document 'Guidelines for Safeguarding Record Keeping in Schools'.
- The Headteacher will be kept informed of any significant issues by the DSL, if they are not the DSL.
- Any serious Safeguarding incidents, including near misses, of a non-confidential nature, will be written up for the CoG and Chairs of the Committees, in a short report, at the time of the incident and circulated by email.

PHYSICAL INTERVENTION

Staff physical interventions with pupils should be avoided unless it is necessary to protect the child, or another person, from immediate danger. Staff should act in accordance with the school's policy on Physical Intervention.

Any incident requiring staff to use physical intervention should be written up in full in CPOMS.

ALLEGATIONS OF ABUSE MADE AGAINST OTHER CHILDREN

Staff should recognise that children are capable of abusing their peers. Please see **APPENDIX 4** on managing allegations by other pupils.

Abuse is abuse and will not be tolerated.

Child on child abuse can manifest itself in many ways including sexting. Please see <u>Sexting advice for schools</u> published by The UK Council for Child Internet Safety (UKCCIS) Education Group.

Staff should be aware that technology is a significant component in many safeguarding and wellbeing issues and that children are at risk of online abuse (as well as face to face). Children can abuse other children & their peers online through:

- Abusive, harassing, misogynistic messages
- Non-consensual sharing of indecent nude and semi nude images and/or videos, especially around chat groups.
- Sharing of abusive images and pornography, to those who don't want to receive such content.

ALLEGATIONS OF ABUSE MADE AGAINST TEACHERS AND OTHER STAFF

If an allegation that any member of staff (including any volunteer or Governor) may have:

- Acted in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work
- Been over friendly with children
- Taken photos of children on their mobile phone
- Used inappropriate, sexualised, intimidating or offensive language
- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children
- been involved in an incident outside of school which didn't involve children but could have an impact on their suitability to work with them (eg domestic abuse).

The reporting adult should:

- Report any low, or high level concerns ('No Matter how small') about the conduct of any member of staff or volunteer to the Headteacher as soon as possible.
- If an allegation is made against the Headteacher, the concerns need to be raised directly with the Chair of Governors in accordance with the school's Whistleblowing Policy.

The Heights Chair of Governors Mrs Anne Bajorek Contact via the school office on 0118 357 0123 or via email at anne.bajorek@theheightsprimary.co.uk

If the Chair of Governors is not available, then the Designated Officer for Child Protection at the Local Authority should be contacted directly.

The Designated Officer for Child Protection at the local authority can be contacted on:

0118 937 2684

Should you need information, advice or want to make a referral, call the above number. Your call will be answered by a member of the Business Support Team who will direct you to the LADO duty officer for that day. Alternatively, you can contact the SPoA on 0118 937 3641.

- If you would prefer to raise your concerns outside of the school, then you are able to contact the NSPCC Whistleblowing Helpline on 0800 028 0285 (8am – 8pm Mon – Fri) or email <u>Help@nspcc.org.uk</u>.
- If you believe that a member of the school staff is harming a child (an allegation) and this has been reported to the Headteacher/Chair of Governors and no/insufficient action has been taken, then you can contact the LADO directly.
- Whilst schools are not the employer of Supply Teachers, they should ensure allegations are dealt with properly. In no circumstances should a school decide to cease to use a supply teacher due to safeguarding concerns without finding out the facts and liaising with the Local Authority Designated Officer (LADO) to determine a suitable outcome.
- There may be situations when the Headteacher or Chair of Governors will want to involve the police immediately, for example, if the person is deemed to be an immediate risk to children or if there is evidence of a possible criminal offence.
- Once an allegation has been received by the Headteacher or Chair of Governors, they will contact the LADO as soon as possible and <u>before</u> carrying out any investigation into the allegation other than preliminary enquiries.
- In liaison with the LADO, the school will determine how to proceed and if necessary, a referral will be made to the CPOA and/or the police.
- The LADO or a member of the team, will assess the information provided and advise on next steps, in line with KCSIE 2023 part 4 and Pan Berkshire Safeguarding Children Partnership's procedures.

PREVENTING RADICALISATION

All staff will undergo online Prevent Awareness Training as part of their generalist safeguarding training to support them in identifying radicalisation and in understanding what steps they need to take to protect the children and families in our school. The training from the NCSL offers an introduction to the Prevent duty and explains how it aims to safeguard susceptible people from being radicalised, supporting terrorism or becoming terrorists themselves.

As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff at The Heights should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme through the school's DSL.

Channel Awareness

Channel is a training package which focuses on providing support at an early stage to people who are identified as being susceptible to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be susceptible to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

RELATED SAFEGUARDING POLICIES

This policy should be read in conjunction with the policies listed below:

- Personal, Social, Health and Citizenship Education; Relationships & Sex Education; Drug Education; all of which are covered and taught in the whole school JIGSAW scheme.
- Anti-Bullying
- Safer recruitment
- Whistleblowing
- Special Educational Needs and Disabilities
- Behaviour for Learning
- Attendance (including when children are absent from school for prolonged periods of time)
- Health & Safety
- Physical Intervention
- Staff Code of Conduct
- Health and Safety
- Online Safety
- Lone Working
- Intimate care
- Risk Assessments

MONITORING and EVALUATION

Implementation and day to day working of this policy will be monitored by the Designated Safeguarding lead (who is also the Headteacher) and Governors and bring to their attention any concerns that the Policy is not being adhered to, or any changes required arising from changes to statutory guidance or Pan Berkshire Safeguarding Children Partnership procedures.

The Designated Lead will report to the Governing Body Annually

- Numbers of child protection concerns brought to their attention by staff at the school
- Number of such concerns that were reported to the Local Authority, and response
- Number of requests for information by Local Authority and CAFCASS Social Workers
- Attendances at Child Protection Conferences and Core Group Meetings
- Number of staff (including volunteers) who have received safeguarding training within the last year and the number who are due to receive training within the coming year.

The Head Teacher will report to the Governing Body Annually

- Incidence of bullying
- Racist Incidents
- Complaints by parents about bullying and racist incidents
- Numbers of allegations against any member of staff
- Number of such concerns that were reported to the Local Authority Designated Officer, and response
- Any concerns raised by the School Council that are relevant to this Policy

Additionally, the Designated Lead and Designated Safeguarding Governor will meet periodically either with the School Council or with a panel of pupils to discuss issues of safety, including bullying.

As a school we review this policy annually, in line with DFE and other relevant statutory guidance.

USEFUL LINKS

Berkshire Child Protection Procedures: http://proceduresonline.com/berks/

USEFUL TELEPHONE NUMBERS

Children's Action Teams:0118 937 6570Children's Social Care, Access and Assessment:0118 955 3641

Pan Berkshire Out of Hours Emergency Team: 01344 786543

SOURCE MATERIAL

- 1. Keeping Children Safe in Education: Statutory guidance for schools and colleges September 2023
- 2. NAHT Prevent Campaign Advice and Guidance
- 3. Recruitment and Pre Employment Checks RBC Model policy for schools
- 4. The Prevent Duty Departmental advice for schools and childcare providers June 2015
- 5. The School Staffing (England) Regulations 2009
- 6. Working Together to Safeguard Children 2015
- 7. Multi- agency guidelines: Handling cases of forced marriage June 2014
- 8. Multi agency statutory guidance on FGM April 2016
- 9. Model Policy & Procedure Managing allegations against other pupils. Hants CC
- 10. Disqualification under the Childcare Act 2006/ Draft statutory guidance for local authorities, maintained schools, academies and free schools/ July 2018
- 11. .Domestic Abuse Act April 2021

Amendments:

Ve	rsion	Date	Review Date
1.8		September 2022	September 2023
1.9		September 2023	September 2024

ANNEX 1

Dealing with disclosures

All staff should ensure:

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

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

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol.

Guiding principles: the seven R's:

Receive

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

Reassure

- Reassure the pupil, but only so far as is honest and reliable.
- Don't make promises you can't 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'm glad you came to me', 'I'm sorry this has happened', 'We are going to do something together to try to get help'.

Respond

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

Report

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

Record

- If possible, make some very brief notes at the time.
- Original notes should then be scanned into CPOMS as soon as possible.
- Record the date, time, place, persons present and noticeable nonverbal behaviour as well as 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.
- Record facts and observational things, rather than your 'interpretations' or 'assumptions'.

Review processes (led by DSL)

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

ANNEX 2

Abuse and Neglect

Knowing what to look for is vital to the early identification of abuse and neglect. **ALL** staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. If staff are unsure, they should **always** speak to the DSL (or Deputy DSL).

All school staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Definitions and indicators of abuse and neglect

Abuse: a form 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 other. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

Physical abuse (including domestic abuse): a form of abuse which 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.

Indicators of physical abuse/factors that should increase concern

- Multiple bruising or bruises and scratches (particularly 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 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.
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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 does not match the injury
- The explanation uses words phrases that do not match the vocabulary of the child (adult words)
- No explanation is forthcoming
- The child (or 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 or change clothing for PE
- 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

Emotional abuse: the persistent maltreatment of a child such as to cause severe and 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 capacity as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child although it may occur alone.

Indicators of emotional abuse, (including experiencing and/or witnessing domestic abuse)

Developmental issues

• Delays in physical, mental and emotional development

- Poor school performance
- Speech disorders, particularly sudden disorders or changes to speech

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-harm
- 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
- Arriving early at school, leaving late

Social issues

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

Emotional responses

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

Most harm occurs 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.

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

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 and 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children. The sexual

abuse of children by other children is a specific safeguarding issue in education see **ANNEX** 3.

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 susceptible 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

Indicators of sexual abuse

Physical observations

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

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 such as becoming insecure or clingy
- 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, day or night, nightmares
- Running away from home
- Suicide attempts, self-disgust, self-harm
- Suddenly drawing 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

Neglect: 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, for example, 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 provision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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 abuse
- Being abandoned or deserted
- Living at home in dangerous physical conditions
- Not being taken to the Doctor when ill
- Not receiving dental care

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

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

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.

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

Domestic Abuse

The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to psychological; physical; sexual; financial and emotional.

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

ANNEX 3

Child on Child abuse

All staff should be aware that children can abuse other children (often referred to as child on child abuse). This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying);
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise

- Causing physical harm
- Sexual violence, such as rape, assault by penetration and sexual assault
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse
- Up skirting, which typically involves taking picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- Sexting (also known as youth produced sexual imagery); and
- Initiation/hazing type violence and rituals

There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy

All staff should be clear as to the school's policy and procedures with regards to child on child abuse. Any incident of Child on Child Abuse, should be reported in CPOMS under the category of the same name.

Allegations against other pupils which are safeguarding issues

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that, to be considered a safeguarding allegation against a pupil, some of the following features will be found. If the allegation:

Procedure:-

- When an allegation is made by a pupil against another pupil, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead (DSL) should be informed.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The DSL should contact the LADO to discuss the case. The DSL will follow through the outcomes of the discussion and make a referral where appropriate.
- If the allegation indicates that a potential criminal offence has taken place, the school and LADO will refer the case to the multi-agency agency safeguarding hub where the police will become involved.
- Parents, of both the pupil being complained about and the alleged victim, should be informed and kept updated on the progress of the referral.
- The DSL will make a record of the concern, the discussion and any outcome in CPOMS.
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures.
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures.

Child on child sexual violence and sexual harassment

Our school follows the DFE policy on sexual violence and sexual harassment between children in schools.

Staff have been advised to read part 5 of KCSIE. Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

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

Staff should be aware that girls are more likely to be victims and boys are more likely to be the perpetrators.

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 and school staff are protected and supported as appropriate.

ANNEX 4

Online safety

- It is recognised by The Heights Primary that the use of technology presents challenges and risks to children and adults both inside and outside of school.
- The DSL has overall responsibility for online safeguarding within the school..

- The Heights Primary identifies that the issues can be broadly categorised into three areas of risk:
 - o Content: being exposed to illegal, inappropriate or harmful material
 - Contact: being subjected to harmful, online interaction with other users
 - **Conduct:** personal online behaviour that increases the likelihood of, or causes, harm.
- The DSL and Leadership team have read annex C regarding Online Safety within 'Keeping Children Safe in Education' 2023. The Heights Primary recognises the specific risks that can be posed by mobile phones and cameras and in accordance with KCSIE 2023, has appropriate policies in place that are shared and understood by all members of the school community, including the school's Online Safety and Mobile Phone policies.
- As schools increasingly work online, it is essential that children are safeguarded from potentially harmful and inappropriate online material. The Heights Primary will ensure that appropriate filtering and monitoring systems are in place when pupils and staff access school devices, systems and internet provision. The school uses Google which has inbuilt filters. The school also uses a cloud hosted filtering service and Windows Defender anti-virus software
- The Heights Primary acknowledges that whilst filtering and monitoring is an important part of schools' online safety responsibilities, it is only one part of our approach to online safety. Pupils and adults may have access to systems external to the school such as mobile phones and other internet enabled devices and technology and where concerns are identified, appropriate action will be taken.
- Where children may be asked to participate in online learning at home, the school and DFE have provided advice to support them to do this safely. Please see Annex 8 (COVID 19) for guidance on Virtual Lessons.

The school will ensure a comprehensive whole school curriculum response is in place to enable all pupils to learn about and manage online risks effectively and will support parents and the wider school community (including all members of staff) to become aware and alert to the need to keep children safe online.

ANNEX 5

Safeguarding issues

All staff should have an awareness of safeguarding issues which can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse,

deliberately missing education and sexting (also known as youth produced sexual imagery) can put children in danger.

Mental Health

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered, or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following the child protection policy and speaking to the DSL or Deputy DSL, who is also the school's senior mental health lead. See KCSIE 2023 for further guidance and links to documents.

Serious violence

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

All staff should be aware of the associated risks and understand the measures in place to manage these. Advice for schools is provided in the Home Office's Preventing youth violence and gang involvement

https://www.gov.uk/government/publications/advice-to-schools-and-colleges-ongangs-and-youth-violence and its Criminal exploitation of children and suceptible adults: county lines guidance:

https://www.gov.uk/government/publications/criminal-exploitation-of-children-andsuceptible-adults-county-lines

Upskirting

'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence. Anyone of any gender can be a victim.

So-called 'honour-based abuse' (including Female Genital Mutilation and Forced Marriage

So-called 'honour-based Abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage and practises such as breast ironing. Abuse committed in the context of 'preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA , or already having suffered HBA.

Female Genital Mutilation

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and is a form of child abuse with long lasting harmful consequences.

Whilst **all** staff should speak to the DSL (or Deputy DSL) with regards to any concerns about FGM, there is a specific **legal duty on teachers**. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher **must** report this to the police.

Contextual Safeguarding

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside of the school and/or can occur between children outside of these environments. All staff, but especially the DSL and Deputy DSL should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be suceptible to multiple harms including (but not limited to) sexual exploitation, criminal exploitation and serious youth violence.

Children's social care assessments should consider such factors so it is important that schools provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse. Additional information regarding contextual safeguarding is available here: https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding

CHILDREN ABSENT FROM EDUCATION FOR PROLONGED PERIOD(S) OF TIME

The Heights will keep **at least two** emergency contact numbers for each child where reasonably possible.

At The Heights we monitor attendance and address it when it is poor or irregular. We notify the LA of any pupil that fails to attend regularly.

If a child is absent from education for a prolonged period of time, this may be a potential indicator of abuse or neglect.

Staff at The Heights should follow the school's procedures for dealing with children that are absent from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.

The Heights Primary will inform the local authority of any pupil who is going to be deleted from the admission register where they:

• have been taken out of the The Heights by their parents and are being educated outside the school system e.g. elected home education (the school will obtain written confirmation/ information from the parents)

• have ceased to attend The Heights and no longer live within reasonable distance of the school at which they are registered

• have been certified by a Doctor or Specialist as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age

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

• have been permanently excluded.

The local authority will be notified if and when the school is to delete a pupil from its register under the above circumstances. This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register. It is essential that schools comply with this duty, so that local authorities can, as part of their duty to identify children of compulsory school age who are absent from education for prolonged periods of time, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

This is done through the Attendance Support Team.

Before deletion we will notify the ASW (Attendance Support Worker) of any children susceptible to going missing. If children move schools and The Heights is notified through a third party, then the ASW will also be informed. We will endeavour to follow up any such moves through the admissions team at the appropriate authority.

As a school we are required to notify the LA within 5 days when a pupil's name is added to the admissions register (other than when pupils are registered at the start of The Heights' youngest year).

Further information can be found in the Children Absent from Education guidance

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

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be a one-off occurrence or a series of incidents over time and can range from opportunistic to complex organised abuse. It can involve force and/or enticement based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted, exploitation as well as being physical can be facilitated and/or take place online.

Some of the following can be indicators of CCE:

- Children who appear with unexplained gifts
- Children who associate with other young people involved in exploitation
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

The above CCE indicators can also be indicators of CSE as can:

- Children who have older boyfriends or girlfriends; and
- Children who suffer from sexually transmitted infections or become pregnant.

Government guidance:

Child sexual exploitation: guide for practitioners

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 area (within the UK), using dedicated mobile phone lines or other forms of 'deal lines'. Exploitation is an integral part of the county lines offending model with children and susceptible 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 drugs debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

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 103 should be considered. If a child is suspected to be at risk of or involved in county lines, a safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation.

ANNEX 6



Protocol for the Administration of Medication

PLEASE CAREFULLY FOLLOW THE STEPS BELOW BEFORE ADMINISTERING MEDICATION TO ANY PUPIL

- Check that there is an 'Administration of Medicine' consent form which has been completed and signed by the parent.
- 2. With a colleague as a witness– verify that the details below match the details on the consent form and dispensing label (if prescribed medication) or dosage on the box/bottle of the medication :
 - Pupil's name
 - > Pupil's date of birth
 - Dosage of medication
- 3. If the name of the medication OR dosage to be administered do not match the details on the consent form, contact the parents <u>before</u> any medication is administered. Ask the parent to follow up the correct details with an email to the school office. Ask the office to print the email so it can be attached to the consent form.

- 4. Wash your hands before any medication is administered.
- 5. Double-check the details on the consent form and dosage.
- 6. Whenever possible, administer the medication in a room/area where the pupil feels comfortable.
- 7. Once the medication has been administered, complete and sign the reverse of the consent form to show how much was administered, the date and time.
- 8. The member of staff witnessing the administration of medication must also sign the form to show they have witnessed.
- 9. Return the medication to the main school office/fridge/medical bag where it was stored.