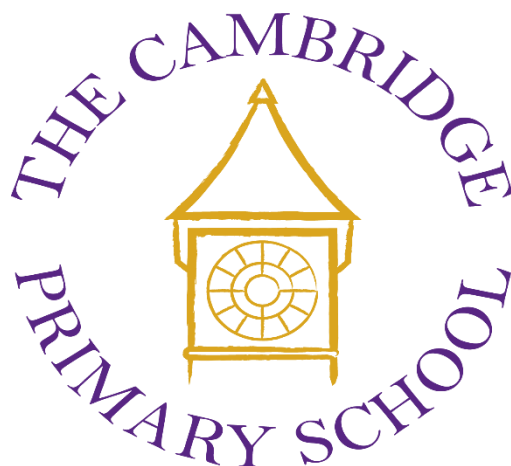


THE CAMBRIDGE PRIMARY SCHOOL

SAFEGUARDING AND CHILD PROTECTION POLICY

2018



Date of Approval:	DRAFT
Date of Next Review:	Statutory Annual September 2019



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



The Cambridge Primary School
Safeguarding and Child Protection

Contents

1. Introduction	5
1.1 Safeguarding Statement	5
1.2 Terminology	5
1.3 Policy Aims	5
1.4 Principles and Values	6
1.5 Confidentiality	6
1.6 Roles and Responsibilities	7
1.6.1 Key Personnel	7
1.6.2 Designated Safeguarding Lead	7
1.6.3 Head Teacher	8
1.6.4 All School Staff	9
1.6.5 The Governing Body	9
1.7 Training	10
2. Child Protection Procedures	11
2.1 Concerns or Disclosures	11
2.1.1 Concerns	11
2.1.2 Disclosures	11
2.2 Flowchart for child protection procedures	14
2.3 Referrals	15
2.4 Notifying parents	15
2.5 Dealing with allegations against staff	15
2.6 Whistle-Blowing	16
2.7 Dealing with allegations against pupils	16
2.8 Supporting Staff	16
2.9 Vulnerable children	17
3. Areas of Safeguarding	18
3.1 High risk and emerging safeguarding issues	18
3.1.1 Contextual Safeguarding	18
3.1.2 Preventing Radicalisation and Extremism	18
3.1.3 Gender based violence / Violence against women and girls	20
3.1.4 Female Genital Mutilation (FGM)	20
3.1.5 Forced Marriage	21
3.1.6 Honour Based Violence	22



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



3.1.7	Sexual Violence and Sexual Harassment Between Children	23
3.1.8	The Trigger Trio.....	23
3.1.9	Domestic Abuse	23
3.1.10	Parental mental health	25
3.1.11	Parental Substance misuse.....	25
3.1.12	Missing, Exploited and Trafficked Children (MET).....	26
3.1.13	Children Missing from Education	26
3.1.14	Children Missing from Home or Care	26
3.1.15	Child Sexual Exploitation (CSE)	27
3.1.16	Child Criminal Exploitation (including county lines).....	28
3.1.17	Trafficked Children and modern slavery	29
3.1.18	Technologies.....	30
3.1.19	Cyberbullying	31
3.1.20	Sexting	31
3.1.21	Gaming.....	32
3.1.22	Online reputation	32
3.1.23	Grooming.....	32
3.2	Safeguarding issues relating to individual pupil needs	32
3.2.1	Homelessness	32
3.2.2	Children & the Court System	33
3.2.3	Children with family members in prison	33
3.2.4	Pupils with medical conditions (in school)	33
3.2.5	Pupils with medical conditions (out of school).....	34
3.2.6	Special educational needs and disabilities	34
3.2.7	Intimate and personal care.....	34
3.2.8	Fabricated or induced illness.....	36
3.2.9	Mental Health.....	36
3.3	Other safeguarding issues that may potentially have an impact on pupils	37
3.3.1	Bullying	37
3.3.2	Prejudice based abuse.....	37
3.3.3	Faith Abuse	38
3.3.4	Gangs and Youth Violence	38
3.3.5	Private fostering	39
3.3.6	Parenting	39
3.4	Safeguarding processes	39
3.4.1	Safer Recruitment.....	39
3.4.2	Staff Induction	40
3.4.3	Health and Safety	40



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



3.4.4	Site Security	40
3.4.5	Off site visits	40
3.4.6	First Aid	40
3.4.7	Physical Intervention (use of reasonable force).....	40
3.4.8	Taking and the use and storage of images	41
3.4.9	Transporting pupils.....	41
3.4.10	Disqualification under the childcare act.....	41
Appendix 1	Community Partnership Information Rationale (SG annex 3).....	43
Appendix 2	Community Partnership Information Form (SG annex 3).....	44
Appendix 3	Recording form with instructions and body map.....	45
Appendix 4	Dealing with Disclosures and Signs of Abuse Support Sheet	47
Appendix 5	Sexual behaviours traffic light tool (Brook)	48
Appendix 6	Hampshire Safeguarding Children Board and Children's Trust Thresholds	50
Appendix 7	Briefing sheet for visitors and temporary staff	51
Appendix 8	Gifts and Hospitality Disclosure Form	52
Appendix 9	Useful contacts CP	53
Appendix 10	Links.....	54
Appendix 11	Safeguarding Children & Young People – Safe Working Practice Agreement	55



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



1. Introduction

This policy has been written with guidance from the Hampshire Safeguarding Children Board, the Ofsted Inspection guidance and the Keeping Children Safe in Education (2018) document.

This policy applies to all members of staff and governors in the school.

1.1 Safeguarding Statement

At Cambridge Primary School, the Health and Safety of all children is of paramount importance. Parents send their children to school each day with the expectation that our school provides a secure environment in which their children can flourish. We therefore have to ensure that this expectation becomes reality.

The Cambridge Primary School recognises our moral and statutory responsibility to safeguard and promote the welfare of all pupils. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice. Child protection forms part of the school's safeguarding responsibilities.

Engage Enrich Excel Academy Schools are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults, and expects all staff and volunteers to share this commitment. All our staff are required to go through the disclosure and barring service (DBS) to safeguard our pupils.

1.2 Terminology

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's 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.

Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Staff refers to all those working for or on behalf of the school, full or part time, temporary or permanent, in either a paid or voluntary capacity. Wherever the word "staff" is used, it covers ALL staff on site, including ancillary supply and self-employed staff, contractors, volunteers working with children etc, and governors

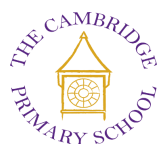
Child includes everyone under the age of 18.

Parents refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.

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 failure to provide proper care. Explanations of these are given within the procedure document.

1.3 Policy Aims

- To provide all staff with a framework to promote and safeguard the wellbeing of children and in doing so meeting their statutory responsibilities.
- To ensure consistent good practice across the school, ensuring that all staff support the child's development in ways that will foster security, confidence and independence.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



- To demonstrate the school's commitment with regard to safeguarding and child protection to pupils, parents and other partners. This includes preventing harm; promoting wellbeing; creating safe environments; educating on rights, respect and responsibilities; and responding to specific issues and vulnerabilities.
- To emphasise the need for good levels of communication between all members of staff.

1.4 Principles and Values

The welfare of the child is paramount. Safeguarding is everyone's responsibility. As such it does not rest solely with the Designated Safeguarding Lead (DSL).

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

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

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

- All children regardless of age, gender, culture, language, race, disability, ability, sexual identity or religion have equal rights to protection, safeguarding and opportunities.
- All children have a right to feel secure and cannot learn effectively unless they do so.
- All staff have a key 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*, in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst 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.
- We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting our pupils from harm and have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm.
- All staff believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.
- Pupils and staff involved in child protection issues will receive appropriate support.

1.5 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.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



All staff recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential and the Headteacher or DSLs will only disclose information about a child to other members of staff on a need to know basis.

We will always share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation.

All staff are aware that they cannot promise a child to keep a disclosure confidential.

As a school we will educate and encourage pupils to keep safe through:

- The content of the curriculum
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

1.6 Roles and Responsibilities

1.6.1 Key Personnel

Designated Safeguarding Leads (DSL)	Sarah Kennedy (Head Teacher) Sue Tancock (Class Teacher)
Safeguarding Governor	Angela Beeson
Chair of Governors	Claire Funnell

1.6.2 Designated Safeguarding Lead

- **Manage referrals**
 - refer cases of suspected abuse to Children's Social Care, and support staff who have raised concerns about a child or have made a referral to Children's Social Care
 - where there are concerns about radicalisation, to make referrals to the Channel programme and offer support to other staff who have concerns about radicalisation
 - refer cases to the Disclosure and Barring Service (DBS) where a member of staff has been dismissed or has left due to risk or harm to a child
 - refer cases where a crime has been or may have been committed to the Police
- **Work with others**
 - liaise with the headteacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
 - as required, liaise with the "case manager" and the designated officer(s) at the local authority for child protection concerns which concern a staff member
 - liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies
 - act as a source of support, advice and expertise for staff.
- **Undertake training** In addition to formal training the DSL should keep knowledge and skills up to date via online training, e-bulletins, opportunities to network with other DSLs, and attend locally arranged briefings. These opportunities should be taken up at least once a year but more regularly if possible so that the DSL:
 - understands the referral and assessment process for early help and intervention
 - knows about child protection case conferences and reviews and can contribute to these effectively when required



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



- ensures that all staff have access to and understand the school's safeguarding and child protection policy
 - is aware of the needs of children in need, those with special educational needs and young carers
 - keeps detailed, accurate and secure records of concerns and referrals
 - understands the role of the school in terms of the Prevent duty
 - attends refresher and other relevant training
 - encourages a culture of listening to children and taking account
- **Raise Awareness**
 - work with the governing body to ensure the school's child protection policy is updated and renewed annually and that all members of staff have access to and understand it.
 - provide regular briefings and updates at staff, departmental and governor meetings to help ensure that everyone is kept up to date on latest policy developments and reminded of their responsibilities.
 - ensure the child protection policy is available publicly and that parents are aware of the policy and that schools may make referrals to Children's Social Care if there are concerns about abuse or neglect.
 - link with the LSCB to keep up to date with training opportunities and the latest local policies

- **Record Keeping**

It is also the designated safeguarding lead's responsibility to keep detailed, accurate and secure written records of safeguarding concerns. These records are confidential and should be kept separately from pupil records. They should include a chronology of concerns, referrals, meetings, phone calls and emails.

Where children leave the school or college, ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

- **Training of other staff**

- have induction training covering child protection, an understanding of safeguarding issues including the causes of abuse and neglect.
- are able to identify the signs and indicators of abuse, respond to disclosures appropriately and respond effectively and in timely fashion when they have concerns.

1.6.3 Head Teacher

The Head Teacher is responsible for ensuring:

- the Child Protection and Safeguarding Policy and procedures are implemented and followed by all staff;
- sufficient time, training, support, resources, including cover arrangements where necessary, is allocated to the DSL and deputy/(ies) DSL(s) to carry out their roles effectively, including the assessment of pupils and attendance at strategy discussions and other necessary meetings;
- where there is a safeguarding concern that the child's wishes and feelings are taken into account when determining what action to take and what services to provide;
- systems are in place for children to express their views and give feedback which operate with the best interest of the child at heart;
- all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistle-blowing procedures;
- that pupils are provided with opportunities throughout the curriculum to learn about safeguarding, including keeping themselves safe online;
- they liaise with the Local Authority Designated Officer (LADO), before taking any action and on an ongoing basis, where an allegation is made against a member of staff or volunteer;



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



- anyone who has harmed or may pose a risk to a child is referred to the Disclosure and Barring Service.

1.6.4 All School Staff

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 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 Deputy DSL 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 their Deputy is not available.
- Follow the allegations procedures (Annex 5) if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the HSCB and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify the DSL or their Deputy 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 help.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and Deputy DSL 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.

1.6.5 The Governing Body

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



1.7 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 as required. Separate training is provided to all new staff on appointment via educare and during the initial staff training at the beginning of the academic year. The DSL will attend training at least every other year to enable them to fulfil their role.

Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training. This policy will be updated during the year to reflect any changes brought about by new guidance.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



2. Child Protection Procedures

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

The aim of our procedures is to provide a robust framework which 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 with those with disabilities, special needs or with language delay 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.

2.1 Concerns or Disclosures

2.1.1 Concerns

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:

1. Make an initial record of the information, either on CPOMS, a form or a piece of paper
2. Report it to the DSL immediately
3. 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 (see point 8 below)
4. 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 childThe records must be signed and dated by the author or / equivalent on electronic based records.
5. In the absence of the DSL or their Deputy, be prepared to refer directly to Children's Social Care (and the police if appropriate) if there is the potential for immediate significant harm

There will be occasions when staff may suspect that a pupil may be at risk, but have no 'real' evidence. The pupil's behaviour may have changed, their artwork could be bizarre, and they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed. The Cambridge Primary School recognise that the signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred. However, they may also indicate a child is being abused or is in need of safeguarding. In these circumstances staff will try to give the child the opportunity to talk. It is fine for staff to ask the pupil if they are "OK" or if they can help in any way.

Staff should still express their concern using CPOMS to record these early concerns.

2.1.2 Disclosures

See Dealing with Disclosures Support Sheet in Appendices.

We recognise that it takes a lot of courage for a child to disclose they are being abused. They may feel ashamed, guilty or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



A child who makes a disclosure may have to tell their story on a number of subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

During their conversation with the pupil staff will;

- Listen to what the child has to say and allow them to speak freely
- Remain calm and not overact or act shocked or disgusted – the pupil may stop talking if they feel they are upsetting the listener
- Reassure the child that it is not their fault and that they have done the right thing in telling someone
- Not be afraid of silences – staff must remember how difficult it is for the pupil and allow them time to talk
- Take what the child is disclosing seriously
- Ask open questions and avoid asking leading questions
- Avoid jumping to conclusions, speculation or make accusations
- Not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused.
- Avoid admonishing the child for not disclosing sooner. Saying things such as ‘I do wish you had told me about it when it started’ may be the staff member’s way of being supportive but may be interpreted by the child to mean they have done something wrong.
- Tell the child what will happen next.

If a pupil talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on – staff are not allowed to keep secrets.

The member of staff should write up their conversation as soon as possible, CPOMS or a piece of paper, in the child’s own words. Staff should make this a matter of priority. A paper record should be signed and dated, the member of staff’s name should be printed and it should also detail where the disclosure was made and who else was present. The record should be handed to the DSL.

Following a report of concerns the DSL must:

1. Decide whether or not 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 appropriate
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. 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 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.

If the child is in immediate danger, the police will be contacted on 999.

4. If there is not a risk of significant harm, the DSL will either actively monitor the situation or consider the Early Help process
5. The DSL must confirm any referrals in writing to Children’s Social Care, within 24 hours, including the actions that have been taken. The written referral must be made using the Inter-Agency Referral Form



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



(IARF) which will provide Children's Social Care with the supplementary information required about the child and family's circumstances. (IARF can be accessed at the following page <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/contacts>)

6. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must also notify Children's Social Care of the occurrence and what action has been taken
7. 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.
8. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DSL or their Deputy should take the child to the accident and emergency unit at the nearest hospital, having first notified Children's Social Care. The DSL should seek advice about what action Children's Social Care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

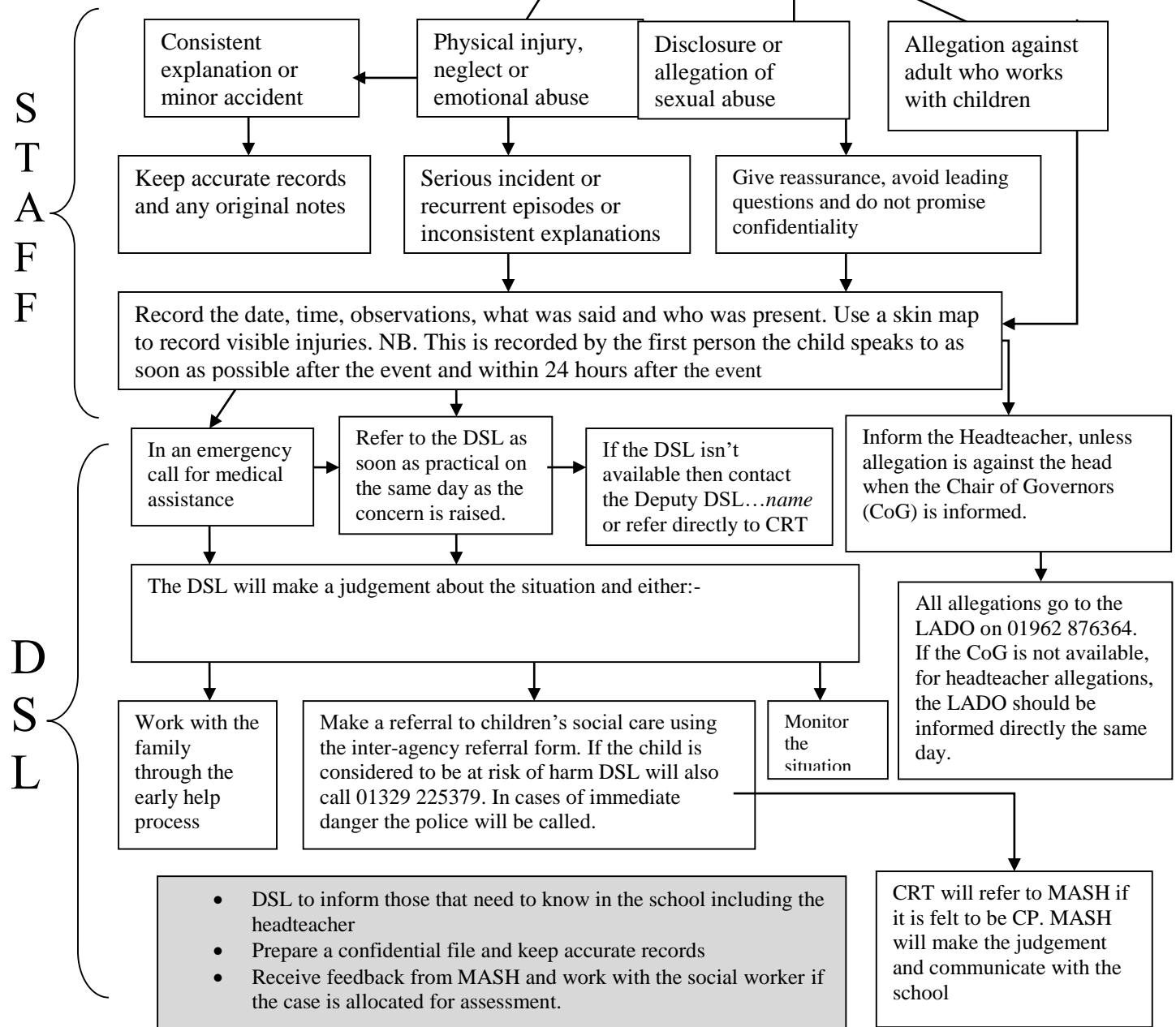


The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



2.2 Flowchart for child protection procedures

DSL – Designated Safeguarding Lead
MASH – Multi Agency Safeguarding Hub
CRT – Children's Reception Team
CP – Child protection



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



2.3 Referrals

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, using Hampshire Safeguarding Children's Board and Children's Trust Thresholds Chart.

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 is not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate.

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 after a referral the child's situation does not appear to be improving the designated safeguarding lead (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the child's situation improves.

If a child is in immediate danger or is at risk of harm a referral should be made to the police immediately. Anybody can make a referral. The child should not return home if the danger is imminent.

Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

N.B. 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.

2.4 Notifying parents

The School will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and the DSL will make contact with the parent in the event of a concern, suspicion or disclosure.

However, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's social care.

Where there are concerns about forced marriage or honour based violence parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk.

2.5 Dealing with allegations against staff

All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

All staff should be aware of The Cambridge Primary School's Behaviour, Code of Conduct, Gifts and Hospitality and Social Media policy. Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction

All staff must declare gifts received by pupils and parents using The Cambridge Primary School Gifts and Hospitality Form (see Appendix)

Staff, parents and governors are reminded that publication of material that may lead to their identification of a teacher who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing including content placed on social media sites.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



It is understood that a pupil may make an allegation against a member of staff or staff may have concerns about another staff member. If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Head Teacher, or Chair of Governors in the event of an allegation against the Head Teacher.

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 (Sarah Kennedy). The Local Authority Designated Officer (LADO) will be contacted and the relevant guidance will be followed

If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or Chair of Governors (Claire Funnell) directly.

LADOs: Barbara Piddington / Mark Blackwell

Tel: 01962 876364 Fax: 01962 876229 (secure line)

E-mail: child.protection@hants.gcsx.gov.uk

Please also refer to our Complaint Procedure Policy and our Whistle blowing Policy.

2.6 Whistle-Blowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in the school's safeguarding arrangements. If it becomes necessary to consult outside the school, they should speak in the first instance, to the Area Education Officer/LADO following the Whistleblowing Policy.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00am to 8:00pm, Monday to Friday and Email: help@nspcc.org.uk.

Whistle-blowing re the Headteacher should be made to the Chair of the Governing Body whose contact details are readily available to staff (as pertinent to setting).

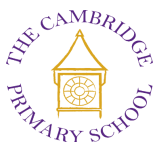
2.7 Dealing with allegations against pupils

If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, refer to our Managing Allegations Against Other Pupils Policy.

2.8 Supporting Staff

We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



2.9 Vulnerable children

The Cambridge Primary School recognises that some children are more vulnerable to abuse and neglect and that additional barriers exist when recognising abuse for some children.

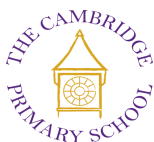
We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment or circumstances.

In some cases possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

To ensure that all of our pupils receive equal protection we will give special consideration to children who are;

- Disabled or have special educational needs
- Young carers
- Affected by parental substance misuse, domestic abuse or parental mental health needs
- Asylum seekers
- Living away from home
- Vulnerable to being bullied or engaged in bullying
- Already viewed as a 'problem'
- Living in temporary accommodation
- Live transient lifestyles
- Living in chaotic and unsupportive home situations
- Vulnerable to discrimination on the grounds of race, ethnicity, religion, disability or sexuality
- At risk of sexual exploitation
- Do not have English as a first language
- At risk of female genital mutilation
- At risk of forced marriage
- At risk of being drawn into extremism.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



3. Areas of Safeguarding

3.1 High risk and emerging safeguarding issues

3.1.1 Contextual Safeguarding

In KCSiE 2018 the DfE refer to contextual safeguarding as a specific term that has come out of research from the University of Bedfordshire.

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

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

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

3.1.2 Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks will need to be considered for political; environmental; animal rights; or faith based extremism that may lead to a child becoming radicalised. All staff have undertaken Prevent Online Training Course, provided by HM Government in order that they can identify the signs of children being radicalised.

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

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

INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



3. Extremism is defined by the Crown Prosecution Service as:
The demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
 - Seek to provoke others to terrorist acts;
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts;
or
 - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
 - Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
 - Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
 - Personal Circumstances – migration; local community tensions; and events affecting the student / pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
 - Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
 - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
 - Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
 - Being in contact with extremist recruiters;
 - Accessing violent extremist websites, especially those with a social networking element;
 - Possessing or accessing violent extremist literature;
 - Using extremist narratives and a global ideology to explain personal disadvantage;
 - Justifying the use of violence to solve societal issues;
 - Joining or seeking to join extremist organisations; and
 - Significant changes to appearance and / or behaviour;
 - Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



The Department of Education guidance [The Prevent Duty](#) can be accessed via this link.

3.1.3 Gender based violence / Violence against women and girls

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

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

3.1.4 Female Genital Mutilation (FGM)

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

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

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

At no time will staff examine pupils to confirm this.

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

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

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



- Gives a sense of belonging to the community
- Fulfills a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay** and make a referral to children's services.

3.1.5 Forced Marriage

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

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

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

Policies and practices in this school reflect the fact that while all members of staff, including teachers, have important responsibilities with regard to pupils who may be at risk of forced marriage, teachers and



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



school leaders should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

Characteristics that may indicate forced marriage

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

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

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

3.1.6 Honour Based Violence

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

It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct.

For example, honour based violence might be committed against people who:

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

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

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

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



3.1.7 Sexual Violence and Sexual Harassment Between Children

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

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

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

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

Within the child protection policy, there is a clear procedure for how we deal with situations where sexual assaults or behaviour considered criminal between children has taken place.

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

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

3.1.8 The Trigger Trio

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

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

These factors will have a contextual impact on the safeguarding of children and young people.

3.1.9 Domestic Abuse

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

- Psychological
- Physical
- Sexual
- Financial
- Emotional.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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

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

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

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

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

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

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

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

How does it affect children?

Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to mental health issues such as depression, self-harm and anxiety.

What are the signs to look out for?

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

3.1.10 Parental mental health

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

For children the impact of parental mental health can include:

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

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

3.1.11 Parental Substance misuse

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

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

For children the impact of parental substance misuse can include:

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

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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

3.1.12 Missing, Exploited and Trafficked Children (MET)

Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or being exploited; or who are at risk of or are being trafficked. Given the close links between all of these issues, there has been a considered response to join all these issues, so that cross over of risk is not missed.

3.1.13 Children Missing from Education

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

DSL's and staff should consider:

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

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

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

- Is the child being sexually exploited during this day?
- Do the parents appear to be aware and are they condoning the behaviour?
- Are the pupil's peers making comments or suggestions as to where the pupil is at?
- Can the parent be contacted and made aware?

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

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

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

3.1.14 Children Missing from Home or Care

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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

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

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

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

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

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

Push factors include:

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

Pull factors include:

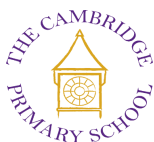
- Wanting to be with family/friends
- Drugs, money and any exchangeable item
- Peer pressure
- For those who have been trafficked into the United Kingdom as unaccompanied asylum seeking children there will be pressure to make contact with their trafficker.

As a school we will inform all parents of children who are absent (unless the parent has informed us). If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to contact the police to inform them or do so ourselves

3.1.15 Child Sexual Exploitation (CSE)

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

- Exploitation can be isolated (one-on-one) or organised group/criminal activity
- There can be a big age gap between victim and perpetrator, but it can also be peer-on-peer
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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

Indicators a child may be at risk of CSE include:

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

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

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

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form (see Annex 1 for a hard version of this attachment and Annex 3 for the Community Partner Information Rationale).

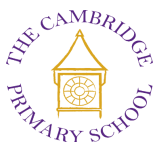
3.1.16 Child Criminal Exploitation (including county lines)

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

The exploitation of children and young people for crime is not a new phenomenon as evidenced by Fagan's gang in Charles Dickens book, Oliver Twist. Children under the age of criminal responsibility, or young people who have increased vulnerability due to push/pull factors who are manipulated, coerced or forced into criminal activity provide opportunity for criminals to distance themselves from crime.

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

Indicators that a child may be criminally exploited include:



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



- Increase in **Missing episodes** – particular key as children can be missing for days and drug run in other Counties
- Having unexplained amounts of money, **new high cost items** and multiple mobile phones
- Increased social media and phone/text use, almost always secretly
- **Older males** in particular seen to be hanging around and driving
- Having injuries that are unexplained and unwilling to be looked at
- Increase in **aggression, violence and fighting**
- Carrying **weapons** – knives, baseball bats, hammers, acid
- Travel receipts that are unexplained
- **Significant missing** from education and disengaging from previous positive peer groups
- Parent concerns and significant changes in behaviour that affect emotional wellbeing

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

3.1.17 Trafficked Children and modern slavery

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

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

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

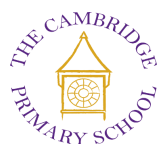
There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

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

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault)
- Prevalence of a sexually transmitted infection or unwanted pregnancy
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation / the child has been seen in places known to be used for sexual exploitation
- Evidence of drug, alcohol or substance misuse



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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

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

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

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

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

3.1.18 Technologies

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

Online Safety and Social Media

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

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

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

- Acceptable use agreements for children, teachers, parents/carers and governors
- Curriculum activities involving raising awareness around staying safe online



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



- Information included in letters, newsletters, web site, VLE
- Parents evenings / sessions
- High profile events / campaigns e.g. Safer Internet Day
- Building awareness around information that is held on relevant web sites and or publications
- Social media policy

3.1.19 Cyberbullying

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

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

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

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

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

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

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

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

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

3.1.20 Sexting

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

While sexting often takes place in a consensual relationship between two young people, the use of sexted images in revenge following a relationship breakdown is becoming more commonplace. Sexting can also be used as a form of sexual exploitation and take place between strangers.

As the average age of first smartphone or camera enabled tablet is 6 years old, sexting is an issue that requires awareness raising across all ages.

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



3.1.21 Gaming

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

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate
- By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode
- By talking to parents about setting boundaries and time limits when games are played
- By highlighting relevant resources.

3.1.22 Online reputation

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

3.1.23 Grooming

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

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

- Only has friends on-line that they know in real life
- Is aware that if they communicate with somebody that they have met on-line, that relationship should stay on-line.

That the school will support parents to:

- Recognise the signs of grooming
- Have regular conversations with their children about on-line activity and how to stay safe on-line

The school will raise awareness by:

- Running sessions for parents
- Include awareness around grooming as part of their curriculum
- Identifying with parents and children how they can be safeguarded against grooming.

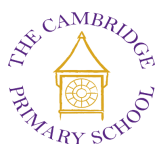
3.2 Safeguarding issues relating to individual pupil needs

3.2.1 Homelessness

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

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

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



3.2.2 Children & the Court System

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

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

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

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

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

3.2.3 Children with family members in prison

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

This school aims to:-

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

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

3.2.4 Pupils with medical conditions (in school)

There is a separate policy outlining the school's position on this.

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

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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

3.2.5 Pupils with medical conditions (out of school)

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

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

Where it is clear that an absence will be for more than 15 continuous school days the Education and Inclusion branch of Children Services will be contacted to support with the pupil's education.

3.2.6 Special educational needs and disabilities

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

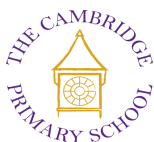
- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers
- Have fewer outside contacts than other children
- Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
- Have an impaired capacity to resist or avoid abuse
- Have communication difficulties that may make it difficult to tell others what is happening
- Be inhibited about complaining for fear of losing services
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers.

As a school we will respond to this by:

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

3.2.7 Intimate and personal care

There is a separate policy outlining the school's position on this.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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

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

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

Those Personal Care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

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

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

1. Involve the child in the intimate care

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

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

Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

3. Be aware of your own limitations

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

4. Promote positive self-esteem and body image

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

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

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

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

6. Helping through communication

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

7. Support to achieve the highest level of autonomy

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

3.2.8 Fabricated or induced illness

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

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

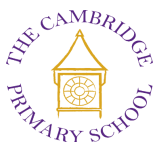
If we are concerned that a child may be suffering from fabricated or induced illness we will inform children's social care.

3.2.9 Mental Health

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

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

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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

Where the needs require additional professional support referrals will be made to the appropriate team or service with the parent's agreement or child's if they are considered to be competent.

3.3 Other safeguarding issues that may potentially have an impact on pupils

3.3.1 Bullying

The school has a separate anti-bullying policy (available on the school website).

3.3.2 Prejudice based abuse

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

- Disability
- Race
- Religion
- Gender identity
- Sexual orientation

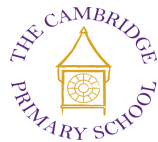
Although this sort of crime is collectively known as 'Hate Crime' the offender doesn't have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

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

As a school we will respond by:

- clearly identifying prejudice based incidents and hate crimes and monitor the frequency and nature of them within the school
- taking preventative action to reduce the likelihood of such incidents occurring
- recognising the wider implications of such incidents for the school and local community
- providing regular reports of these incidents to the Governing Body and Academy Trust
- ensuring that staff are familiar with formal procedures for recording and dealing with prejudice based incidents and hate crimes
- dealing with perpetrators of prejudice based abuse effectively



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



- supporting victims of prejudice based incidents and hate crimes
- ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again

3.3.3 Faith Abuse

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

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

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

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

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

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

3.3.4 Gangs and Youth Violence

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

As a school we have a duty and a responsibility to protect our pupils. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While pupils generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education.

Primary schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work can be done within school to prevent negative behaviour from escalating and becoming entrenched.

As a school we will:

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



3.3.5 Private fostering

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

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

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

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

3.3.6 Parenting

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

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

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

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

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

- providing details of community based parenting courses <http://www3.hants.gov.uk/childrens-services/familyinformationdirectory.htm>
- linking to web based parenting resources (for example <http://www.familylives.org.uk/>)
- referring to the school parenting worker/home school link worker (where available)
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence based parenting programmes)
- Considering appropriate early help services <http://www3.hants.gov.uk/childrens-services/childrens-trust/earlyhelp.htm>

3.4 Safeguarding processes

3.4.1 Safer Recruitment

The school operates a separate safer recruitment process. On all recruitment panels there is at least one member who has undertaken safer recruitment training.

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



3.4.2 Staff Induction

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff code of conduct, and part one of Keeping Children Safe in Education.

This induction may be covered within the annual training if this falls at the same time; otherwise it will be carried out separately during the initial starting period.

3.4.3 Health and Safety

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

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

3.4.4 Site Security

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

- All gates are locked except at the start and end of the school day
- Doors are kept closed to prevent intrusion
- Visitors and volunteers enter at the reception and must sign in
- Visitors and volunteers are identified by identification badge
- Children are only allowed home during the school day with adults/carers with parental responsibility or permission being given
- All children leaving or returning during the school day have to sign out and in
- Empty classrooms have windows closed.

3.4.5 Off site visits

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the school and residential visits, can involve higher levels of risk. If these are annual or infrequent activities, a review of an existing assessment may be all that is needed. If it is a new activity, a visit involving adventure activities, residential, overseas or an 'Open Country' visit, a specific assessment of significant risks must be carried out.

3.4.6 First Aid

There is a separate First Aid policy.

3.4.7 Physical Intervention (use of reasonable force)

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

Such events should be recorded and signed by a witness.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Staff who are likely to need to use physical intervention will be appropriately trained in the Positive Options or Positive Touch techniques.

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

As a school we have a separate policy outlining how we will use physical intervention.

3.4.8 Taking and the use and storage of images

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

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

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

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

3.4.9 Transporting pupils

<http://documents.hants.gov.uk/education/LADOsafeguardingchildrenineducation2014templateletterforparent.doc>

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

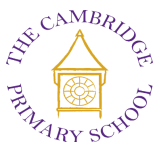
In managing these arrangements the school will put in place measures to ensure the safety and welfare of young people carried in parents' and volunteers' cars. This is based on guidance from the local authority and follows similar procedures for school staff using their cars on school business.

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

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

3.4.10 Disqualification under the childcare act

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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

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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 1 Community Partnership Information Rationale (SG annex 3)

Hampshire police would like partner agencies to submit intelligence on CPI forms to ensure we build intelligence cases on Perpetrators who are exploiting children, and to ensure that the police have accurate information to safeguard children when for instance they go missing. The rationale regarding the use of these forms is as follows;

1. CPI forms offers **protection to the source or informant of the intelligence**. For all agencies this must be a priority when considering information sharing, as the compromise of a source could result in considerable harm to the source and bring corporate liability under ECHR. The CPI forms should be sent to 24/7-Intel@hampshire.pnn.police.uk where intelligence processors convert the form onto a 5x5x5 intelligence log. The source details and the information is sanitised in a way that ensures we do not compromise the source if action is taken or when the information is relevant during any court proceedings. It is important the partner agency has the confidence to pass the original source details on the CPI form. Further clarification around the 5x5x5 system can be provided upon request.
2. The submission of intelligence **should be dynamic and a 24/7 function**. If a partner has information to pass this should not wait for a meeting which might be weeks away, when the information could have led to the disruption of a perpetrator or the safeguarding of a child during the interim period.
3. The submission of the **intelligence should be auditable**. Therefore it must be recorded. Passing intelligence verbally leaves the sender and the recipient vulnerable to criticism as to when and how they passed the intelligence if for instance the route of information sharing is scrutinised during a public enquiry.
4. By recording the information we ensure the **accuracy of the information** is not lost in transition. By verbally passing the information to a 3rd party such as a police officer we increase the risk of the intelligence being contaminated due to another layer being created in the chain of the intelligence flow. This increases the risk of **collateral intrusion** on third parties, and the misuse of overt and covert tactics. The aim should be to record and submit the intelligence as close to how the source told it as possible.
5. The CPI form ensures that the **intelligence is uploaded onto the Police National Database**. This ensures other police forces can see the intelligence, an important factor considering the threat of trafficking and movement of children in the case of county lines for instance, or when a child is moved into the care of another county.
6. It should be noted that Hampshire police seek to comply with the above points by submitting **PPN1 forms**.

Detective Inspector 3183 Ross TOMS, Missing, Exploited and Trafficked Team.

December 2017.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 2 Community Partnership Information Form (SG annex 3)

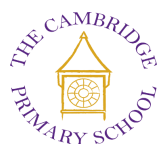
This form is for the sharing of non-urgent information by partner agencies that relates to the **Missing, Exploited and Trafficked** agenda and related issues, such as **Modern Slavery**. This form can also be used for information relating to **Community Cohesion** and related concerns such as; **Tensions, Political Unrest, Racial and Religious** issues, **Immigration, Asylum and Refugees**, and **Anti-Social Behaviour**. Information associated with **Organised Crime Group** activity, including rural, is also sought. This form is not a referral form, nor does it replace any pre-existing referral or notification mechanism. This information may be sanitised and used in subsequent partnership forums for the purposes of identifying and mitigating risk. Any questions or concerns regarding this form can be raised with your Police contact, or to FIB.

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

Your Details			
Name			
Organisation			
Telephone		Email	

Information <i>including date and location</i>	

Information Source	
Where did this information come from?	
Name	
Date of Birth	
Address	
Can they be re-contacted? <i>If yes, provide details</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Telephone Email
How did they find this information out?	
When did they find this information out?	
Who else have you shared this information with?	



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 3 Recording form with instructions and body map

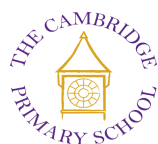
Do you have concerns about a child?

1. Make an initial record of the information, either on CPOMS, a form or a piece of paper
2. Report it to the DSL immediately
3. 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
4. Sign and date an accurate record as soon as possible within 24 hours of the occurrence
5. In the absence of the DSL or their Deputy, be prepared to refer directly to Children's Social Care (and the police if appropriate) if there is the potential for immediate significant harm

Child's name:			
Date and time		D.o.B	
Name and role of person raising concern:			
Signature:			
Name of DSL informed:			
Details of concern: What are you worried about? Who? What (if recording a verbal disclosure by a child use their words)? Where? When (date and time of incident)? Any witnesses? What is the pupil's account/perspective? Professional background information where relevant. Remember - only ask questions for clarification			

***Body Map on Reverse**

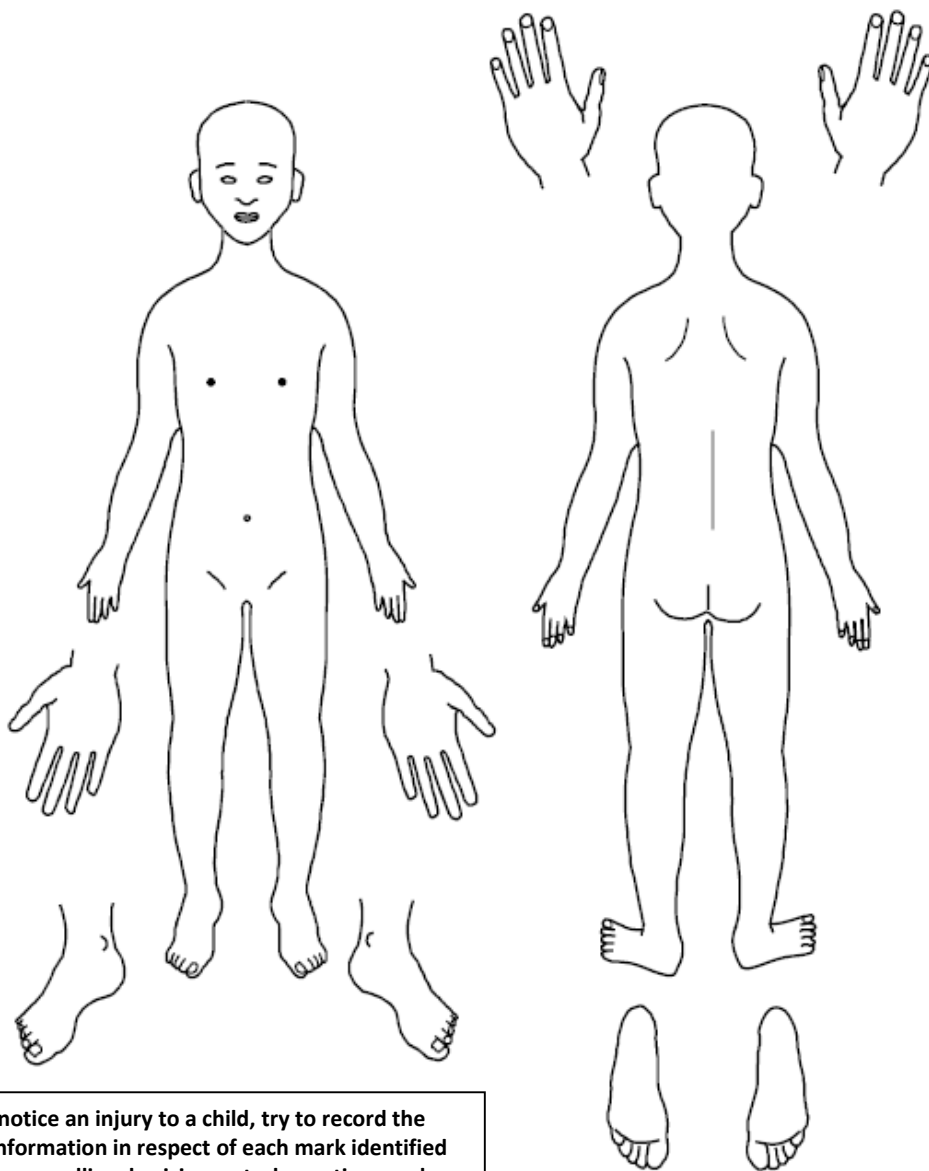
Actions taken			
Date	Person taking action	Action taken	Outcome of action



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Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Body Map - Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment. **No photographic evidence should be taken.**



When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Any additional information:



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 4 Dealing with Disclosures and Signs of Abuse Support Sheet

What to do if you have a SAFEGUARDING concern?

1. **RECOGNISE** key indicators which cause concern
2. Make an initial **RECORD** of the information, either on CPOMS, a form or a piece of paper
3. **REPORT** it to the DSL immediately
4. The DSL will consider if there is a requirement for immediate medical intervention
5. Sign and date an accurate record as soon as possible within 24 hours of the occurrence
6. In the absence of the DSL or their Deputy, be prepared to **REFER** directly to Children's Social Care (and the police if appropriate) if there is the potential for immediate significant harm

*It is not our job to investigate. Only **RECOGNISE**, **RECORD**, **REPORT** and **REFER***

Signs which may indicate something is wrong

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious injuries with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Appear frightened of the parent/s
- Parents/Carers may avoid child health appointments or school meetings
- Parents/Carers may respond aggressively to enquiries about their child's welfare

Physical Abuse

Indicators may include:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Look out for:

- Bruising (variation in colour/outline of object)
- Bite Marks
- Burns or scalds
- Fractures
- Scars

Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- "Scape-goated" within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a "loner" – difficulty relating to others

4 common categories of abuse (often interlinked)

Sexual Abuse

There may be no physical signs and indications are likely to be emotional/behavioural. Victims are often scared to say anything due to guilt and/or fear

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- An anxious unwillingness to remove clothes

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Neglect Abuse

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsible with no apparent medical cause. Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Appendix 5 Sexual behaviours traffic light tool (Brook)

Brook sexual behaviours traffic light tool

Behaviours: age 0 to 5

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

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies,
- doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

What is an amber behaviour?

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.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

What is a red behaviour?

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

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

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.



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Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



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.

What is a green behaviour?

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

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours 5-9

- 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

Green behaviours 9-13

- 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

What is an amber behaviour?

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.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours 5-9

- 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

Amber behaviours 9-13

- 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
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

What is a red behaviour?

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

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours 5-9

- 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

Red behaviours 9-13

- 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



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 6 Hampshire Safeguarding Children Board and Children's Trust Thresholds

Also available at <http://www3.hants.gov.uk/thresholds.htm>

1 Universal Has needs met within universal provision. May need limited intervention within the setting to avoid needs arising.	2 Early Help Has additional needs identified within the setting that can be met within identified resources through a single agency response and partnership working.	3 Targeted Early Help Has multiple needs requiring a multi-agency coordinated response.	4 Children's Social Care Has a high level of unmet and complex needs, or is in need of protection.
Developmental needs Achieving learning targets Good attendance Meeting developmental milestones Has psychological well-being Ability to protect self and be protected	Developmental needs Absence/truancy from school ⓘ Incidence of absence/missing from home ⓘ Use of fixed term exclusions ⓘ Risk of social exclusion ⓘ Poor attachments ⓘ Language and communication difficulties ⓘ Reduced access to core needs ⓘ Disability or additional special need ⓘ Potential for becoming NEET ⓘ Potential not to attain ⓘ Slow in meeting developmental milestones ⓘ Missing health checks/immunisations ⓘ Minor health problems ⓘ Early signs of offending/anti-social behaviour ⓘ Underage sexual activity ⓘ Early signs of drug/alcohol misuse ⓘ Poor self-esteem ⓘ Low level emotional/mental health issues ⓘ	Developmental needs Despite intervention at 2, there is evidence of continuing: Persistent absence from school ⓘ Missing from school / home regularly with no explanation ⓘ Permanent exclusions/no school place ⓘ Social exclusion ⓘ Poor attachments ⓘ No access to core services ⓘ Significant disabilities ⓘ NEET ⓘ Developmental milestones not being met due to persistent parental failure/inability ⓘ Chronic/recurring health problems ⓘ Regular missed appointments affecting developmental progress ⓘ Teenage pregnancy ⓘ Drug/alcohol misuse impacting negatively ⓘ Risky sexual behaviour (e.g. unprotected sex) ⓘ Offending / anti-social behaviour resulting in risk of entering Youth Justice System ⓘ Emotional / mental health issues ⓘ Community harassment / discrimination ⓘ	Developmental needs Persistent/continued/severe: Chronic persistent absence, permanent exclusions or no school ⓘ place that risks entry to the care system Persistent social exclusion ⓘ Poor attachments ⓘ Complex / multiple disabilities ⓘ Complex mental health issues affecting development needs, including self harm ⓘ and very low self-esteem ⓘ Non-organic failure to thrive ⓘ Sexually inappropriate behaviour ⓘ Sexually aggressive behaviour ⓘ Teenage parent/pregnancy under the age of 13 ⓘ Sexual exploitation / abuse ⓘ Drug/alcohol use severely impairing development ⓘ Frequently missing from home resulting in self-neglect ⓘ Relationship breakdown ⓘ Offending and in the criminal justice system ⓘ Unaccompanied minors ⓘ
Family and environment Supportive relationships Housed, good diet and kept healthy Supportive networks Access to positive activities	Family and environment Young carers ⓘ Poor parent/ child relationships ⓘ Children of prisoners/ parents subject to community orders ⓘ Bullying ⓘ Poor housing and poor home environment impacting on child's health ⓘ Community harassment/ discrimination ⓘ Low income affects achievement ⓘ Parenting advice needed to prevent needs escalating ⓘ Poor access to core services ⓘ Risk of relationship breakdown ⓘ Concerns about possible domestic abuse ⓘ	Family and environment Housing tenancy at risk ⓘ Domestic abuse ⓘ Community harassment / discrimination ⓘ Relationship breakdown ⓘ Transient families ⓘ	Family and environment Suspicion of physical, emotional or sexual abuse or neglect ⓘ Domestic abuse resulting in child being at risk of significant harm ⓘ Homeless child/young person ⓘ Family intentionally homeless ⓘ Community harassment/discrimination ⓘ Extreme poverty affecting child well-being ⓘ Forced marriage, Honour Based Violence, Female Genital Mutilation ⓘ
Parents and carers Protected by carers Secure and caring home Receive and act on information, advice and guidance Appropriate boundaries maintained	Parents and carers Inconsistent care arrangements Poor supervision by parent/ carer Inconsistent parenting Poor response to emerging needs Historic context of parents/ carers own childhood	Parents and carers Parental learning or physical disability, substance misuse or mental health impacts on parenting ⓘ Inconsistent care arrangements ⓘ Poor supervision by parent/carers ⓘ Poor response to identified needs ⓘ Historic context of parents/carers own childhood ⓘ	Parents and carers Edge of care ⓘ Parental encouragement of abusive/offending behaviour ⓘ Continuing poor supervision in the home ⓘ Parental non-compliance / disguised non-compliance or co-operation ⓘ Inconsistent parenting affects child's developmental progress ⓘ Private fostering ⓘ
Next steps ✓ No formal assessment Go direct to service or search Supporting Families	Next steps ⓘ Early help checklist/ commencement of early help assessment Consider early help checklist and commencement of early help assessment. Referral to agency for support to meet identified need. For further advice or guidance contact your local team.	Next steps ⚠ Early help assessment and plan If you require advice or guidance about the child or young person's needs, phone Children's reception team on 0300 555 1381	Next steps ⚠ Child and family assessment and plan Contact Children's Reception team on 0300 555 1381, or police on 999 if at immediate risk.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 7 Briefing sheet for visitors and temporary staff

For supply staff and those on short contracts in The Cambridge Primary School

While working in The Cambridge Primary School, you have a duty of care towards the children/pupils/students 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 be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL), who is Sarah Kennedy, Head Teacher.

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.

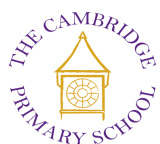
In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL as soon as possible and no longer than 24 hours later. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator 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 designated person/child protection officer, who should contact 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 which can be found on the school website.

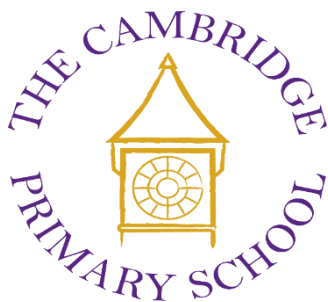
Remember, if you have a concern, report it to the DSL.



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 8 Gifts and Hospitality Disclosure Form



REGISTER OF GIFTS / HOSPITALITY RECEIVED

Use this form to record details of gifts or hospitality, received from third parties.

NAME	
CLASS/LOCATION	

1. DETAILS OF GIFT OR HOSPITALITY

1.a. Brief description of item	
1.b. Reason for gift or hospitality	
1.c. Date(s) of gifts	
1.d. Value of item if over £50.00	
1.e. Action of Goods Received	

Complete part 1 of the form by specifying the nature of the gift or hospitality in boxes 1.a and 1.b. The date it was provided in box 1.c; its known or estimated value in box 1.d (you may estimate to the closest £50.00 For Gifts Received). Summarize what has or will happen to the item(s) in question – e.g. 'kept in school', 'held for raffle', 'retained by recipient', etc. 1.e

2. PROVIDER DETAILS

Use this section to specify details of the person or body who is providing the gift or hospitality.

2.a. Name of Person	
2.b. Address (not applicable if parent)	
2.c. Phone details (not applicable if parent)	
2.d. Relationship i.e. Parent/Supplier/Peripatetic Teacher/Contractor	

Complete part 2 of the form by specifying who is providing the gift or hospitality. In boxes 2.a and 2.b state the name and address of the provider, if not a parent. In box 2.d you must state the nature of the relationship of the provider to the individual. (e.g.' Parent/Supplier/ Peripatetic Teacher/Contractor)

TO BE COMPLETED BY THE FINANCE OFFICE

3. AUDIT & APPROVAL

4.a. Record Made By.	
Formal approval is required for all gifts or hospitality in excess of £50.00	
4.b. Name of Approver	
4.c. Position of Approver	
4.d. Date of Approval	

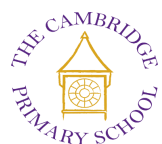


The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 9 Useful contacts

Key Personnel	Name (s)	Telephone No.
DSL	Sarah Kennedy (head teacher)	head@cambridgeschool.hants.sch.uk
Deputy DSL(s)	Sue Tancock (class teacher)	stancock@cambridgeschool.hants.sch.uk
School's named "Prevent" lead	Sarah Kennedy (head teacher)	head@cambridgeschool.hants.sch.uk
Nominated Safeguarding Governor	Angela Beeson	
Chair of Governors	Claire Funnell	
Children's Reception Team		01329 225379
Out of hours social care		0300 555 1373
Police		101 or in emergencies 999
Safeguarding advisors / Local Authority Designated Officers (LADOs)	Barbara Piddington Fiona Armfield Mark Blackwell	HCC Safeguarding Unit 01962 876364
School nurse	Ian Fisher	01252 335655
Children's Service Department, District Service Manager		0300 555 1384 Childrens.services@hants.gov.uk



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 10 Links

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

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

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

The procedures of the Hampshire Safeguarding Children Board can be accessed at <http://4lscb.proceduresonline.com/hampshire/contents.html>

Further advice on child protection is available from:

NSPCC: <http://www.nspcc.org.uk/>

ChildLine: <http://www.childline.org.uk/pages/home.aspx>

CEOPSThinkuknow: <https://www.thinkuknow.co.uk/>

Anti-Bullying Alliance: <http://anti-bullyingalliance.org.uk/>

Beat Bullying: <http://www.beatbullying.org/>

Childnet International –making the internet a great and safe place for children. Includes resources for professionals and parents <http://www.childnet.com/>

Thinkuknow (includes resources for professionals and parents) <https://www.thinkuknow.co.uk/>

Safer Internet Centre <http://www.saferinternet.org.uk/>



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



Appendix 11 Safeguarding Children & Young People – Safe Working Practice Agreement

The Cambridge Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share that commitment.

It is everyone's responsibility to ensure that pupils are cared for appropriately and safeguard them from harm and it is their duty of care to promote the health, safety and well-being of all members of The Cambridge Primary School community.

The Cambridge Primary School Staff Code of Conduct Policy gives clarity to measures required to ensure that all employees and pupils can work with and enjoy being part of a safe and caring environment.

Whilst it is recognised that individual members of an organisation may hold different values and opinions, adults working within a school environment are in a position of trust and their conduct is, therefore, governed by specific laws and guidance and the policies and procedures agreed by the Headteacher and Governing Body.

You should always:

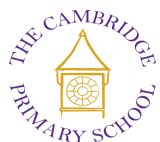
- Adhere to all The Cambridge Primary School Policies, many of which are specifically written with safeguarding as their focus. For example Child Protection & Safeguarding, Staff Code of Conduct, Touch & Physical Restraint, behaviour & Anti-Bullying, Social Media, Complaints, Whistle Blowing, Sex & relationships, E-Safety and Health & Safety Policies.
- Behave in a mature, respectful, safe and considered manner at all times.
- Provide a good example and "positive role model" to all pupils.
- Observe other people's right to confidentiality – unless it is related to a Child Protection issue where a referral to an appropriate agency is required e.g. Hampshire MASH, Hampshire Police and /or Hampshire Social Services.
- Treat all children equally; never confer favour on a particular child, or build "special relationships" with individual children, except where 1 to 1 is part of a plan agreed with the Headteacher

Report to the Head teacher or member of the Senior Leadership Team (SLT):

- Any behaviour or situation which may give rise to complaint, misunderstanding or misconceptions
- Any difficulties that you are experiencing, for example coping with a child presenting particularly challenging behaviour; situations where you anticipate that you may not have sufficiently qualified trained or experienced to deal with or handle appropriately.
- Any behaviours of another adult with the The Cambridge Primary School community which gives you cause for concern or in breach of The Cambridge Primary School Code of Conduct or other Cambridge Primary School policies and procedures.

You should never:

- Behave in a manner that could lead a reasonable person to question your conduct, intentions or suitability to care for others people's children
- Touch children in a manner which is or may be considered sexual, threatening, gratuitous or intimidating



The Cambridge Primary School
Queens Avenue, Wellesley
Aldershot, Hampshire GU11 4AA



- Push, hit, kick, slap throw missiles at, smack or threaten to do so
- Make inappropriate remarks or jokes of a personal, sexual, racial, discriminatory, intimidating or otherwise offensive nature.
- Intentionally embarrass or humiliate, for example, by using sarcasm or humour in an inappropriate way.
- Behave in an illegal or unsafe manner.
- Allow, encourage or condone children to act in an illegal improper or unsafe manner.
- Personally discriminate either favourably or unfavourably towards any child
- Make arrangements to contact, communicate or meet children outside of the The Cambridge Primary School place of work.
- Develop “personal “relationships with children.
- Accept current pupils as “friends” or even ex-pupils on social media sites such Facebook. This is to prevent any possible misinterpretation – see The Cambridge Primary School Social Media Policy.
- Use social media to discuss information linked to The Cambridge Primary School or to discuss specific children or The Cambridge Primary School generally.
- Put photographs relating to The Cambridge Primary School on the internet, without parent’s permission. See The Cambridge Primary School E-safety Policy for more information.
- Staff must not use personal devices, such as mobile phones or cameras to take photographs or video clips of pupils and will only use The Cambridge Primary School equipment provided for the purpose - see The Cambridge Primary School E-Safety Policy
- Mobile phones should not be used in class or while on duty e.g. play and lunchtimes
- Give or receive “gifts” – Our Cambridge Primary School Business Manager has a “gift” recording form for staff to complete e.g. any gift of significant value, see Appendix 10.
- Undertake any work with children when you are not fit and in a proper physical or emotional state to do so.

I have read the above and agree to abide by the Safe Working Practice guidance.

Signed.....

Date

The Head Teacher and Governors of The Cambridge Primary School, thank you for your support of the arrangements made for the safety and care of all the pupils and adults within the The Cambridge Primary School community.



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