Safeguarding (incorporating the Child Protection) Policy

Safeguarding is broader than ‘Child Protection’ as it also includes prevention. Safeguarding involves all agencies working with children, young people and their families taking all reasonable measures to ensure that the risks of harm to children’s welfare are minimized. Horndean Technology College (HTC) is a Level 2 Rights Respecting College and as such, seeks to promote a positive, supportive and secure environment where students have their views valued and are encouraged to talk and are listened to. Consequently, the overall aim of this policy is to safeguard and promote the welfare of the students in our care. All children have a right to be protected from abuse. Whilst HTC will work openly with parents as far as possible, the College reserves the right to contact Children’s Services, without notifying parents if this is in the child’s best interests. This policy has been updated in response to ‘Keeping Children Safe in Education September 2018.’

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

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

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of “it could happen here” where safeguarding is concerned.

The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school and to inform parents and carers how we will safeguard their children whilst they are in our care.
Specific guidance is available to staff within the procedure documents.

**Definitions**
Within this document:

**Child protection** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

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

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

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

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

**Aims**
- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the College.
- To demonstrate our commitment to protecting children.

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

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 College.

All students in 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 student, take their worries seriously and share the information with the DSLs.

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

As a College, we review this policy at least annually in line with DfE, HSCB, HCC and any other relevant guidance.
• Children have a right to feel secure and cannot learn effectively unless they do so.
• All children have a right to be protected from harm.
• All staff have a 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 College 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 College 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.

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

In this College any individual can contact the Designated Safeguarding Lead (DSL) or the Deputies if they have concerns about a young person.

**DSL** is **Deidre Hurn (Deputy Headteacher)** and the **Deputy DSLs** are Jo Skeet, Fiona Wynn and Nicola Bugden. Designated Safeguarding officers (DSOs) are Vera Newman, Kelly Godfray, Philippa Atwood and Matthew Shaw. There is a nominated safeguarding governor, **Natalie Webb**, who will take leadership responsibility for safeguarding. The Chair of Governors **Phil Gibbs** will receive reports of allegations against the Headteacher and act on the behalf of the Governing Body.

As an employer we comply with the “Disqualification under the childcare act 2006” guidance issued in February 2015.

Training
All staff in our College are expected to be aware of the signs and symptoms of abuse, sign to declare that they have read Safeguarding Policies and Part 1/Appendix A of KCSiE 2018 and must be able to respond appropriately. Training is provided at least annually at full staff INSET and weekly safeguarding reminders and guidance are also published in Staff Announcements. All DSLs and DSOs meet half termly to review practice and set action plans for improvement. Separate training is provided to all new staff on appointment through our induction programme. All staff are required to sign to confirm they have been trained and have read this policy. The DSLs 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 College training. This policy will be updated during the year to reflect any changes brought about by new guidance.
Referral
Following any concerns raised, the DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached, or if it is not clear if the threshold is met, then the DSL will contact Children’s Social Care and if appropriate the Police. If the DSL 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.

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.

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

As a College we will educate and encourage students to keep safe through:
- The content of the curriculum.
- A College ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.
- Carefully considered and annually reviewed PSHRE, Assembly and Tutor programmes which promote awareness of risk and how to safeguard against it.

Dealing with allegations against staff
If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the Deputy Headteacher Deidre Hurn. 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 directly.

Dealing with allegations against students
If a concern is raised that there is an allegation of a student abusing another student within the College, the ‘Peer on Peer Abuse’ guidance will be followed (Appendix 6).

Legal context
Section 175 of the education act 2002; the Education (Independent School Standards) Regulations 2014; the Non-Maintained Special Schools (England) Regulations Children Act 2004 and 1989
Guidance
Hampshire Safeguarding Children Board protocols and guidance and their procedures
Working Together to Safeguard Children (2018)
Keeping Children Safe in Education (2018)
Disqualification under the Childcare Act 2006 (2015)

Annual review
As a College, we review this policy at least annually in line with DfE, HSCB and HCC requirements and other relevant statutory guidance.

Roles and responsibilities within HTC

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

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the College 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 a DSL as soon as practical that day.
- 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 Deputies are not available.
- Follow the allegations procedures (Appendix 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 students in line with their child protection plan.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify the DSL or their Deputies 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 students and provide early help.
- Ensure they know who the DSL and Deputy DSLs are and know how to contact them.
- Have an awareness of the Safeguarding and Child Protection Policy, the Relationship Management Policy, the Staff Dignity at Work Code of Conduct, The Equal Opportunities Policy, the Bullying Policy, the Drugs, tobacco and alcohol Policy, the Physical Restraint Policy, the E-Safety Policy and procedures relating to the safeguarding response for children who go missing from education and the role of the DSL.
Senior Management Team responsibilities:
- Contribute to inter-agency working in line with Working Together to Safeguard Children 2018 guidance.
- Provide a co-ordinated offer of early help when additional needs of children are identified.
- Ensure staff are alert to the various factors that can increase the need for early help (para 18 KCSiE 2018).
- Working with Children’s Social Care, support their assessment and planning processes including the College’s attendance at conference and core group meetings.
- Carry out tasks delegated by the Governing Body such as training of staff, safer recruitment and maintaining a single central register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the College.
- Treat any information shared by staff or students with respect and follow agreed policies and procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE), Hampshire Safeguarding Children Board (HSCB) and Hampshire County Council (HCC).

Governing body responsibilities:
- Ensure the College 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.

In addition to the role of all staff and the senior management team the DSLs will:
- Refer cases to Social Care, and the Police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.
- Assist the Governing Body in fulfilling their safeguarding responsibilities set out in legislation and statutory guidance.
- Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.
- Ensure every member of staff knows who the DSL and the Deputy are, have an awareness of the DSL role and know how to contact them.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the Headteacher.
• Ensure whole College training occurs regularly with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably.
• Ensure any members of staff joining the College outside of the agreed training schedule receive induction prior to commencement of their duties.
• Keep records of child protection concerns securely and separately from the main student file and use these records to assess the likelihood of risk.
• Ensure that safeguarding records are transferred accordingly (separate from student files) and in a timely fashion when a child transfers College.
• Ensure that where a student transfers school and is on a child protection plan or is a child looked after, their information is passed to the new College immediately and that the child’s social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or on-going.
• Be aware of the training opportunities and briefings provided by HSCB to ensure staff are aware of the latest local guidance on safeguarding.
• Develop, implement and review procedures in the College that enable the identification and reporting of all cases, or suspected cases, of abuse.
• Meet any other expectations set out for DSLs in KCSiE 2018.
HTC Child Protection Procedures

Overview
The following procedures apply to all staff working in the College 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.

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.
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 using the Recording Form in Appendix 2 (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
   - Dates and times of their observations.
   - Dates and times of any discussions in which they were involved.
   - Any injuries.
   - Explanations given by the child/adult.
   - What action was taken.
   - Any actual words or phrases used by the child.

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

Storage of records

It is essential that accurate records be kept where there are concerns about the welfare of a child. These records are kept in secure, confidential files, which are separate from the child’s College records. (Please see the DSL or Inclusion Officer for access). It is important to recognise that Regulations published in 1989 do not authorise or require the disclosure to parents of any written information relating to Child Protection.
**Code of Practice**

All College staff should take care not to place themselves in a vulnerable position with relation to Child Protection. It is always advisable for interviews or work with individual students or parents to be conducted in view of other adults or with appropriate measures taken such as leaving doors open. See the 'Staff at Work' Code of Conduct. Any concerns should be reported to the DSL, Deputy Headteacher who keeps a 'staff protection' record.

Physical intervention should only be used when the student is endangering him/herself or others and such events should be recorded and signed by a witness (see Physical Intervention Policy).

All College staff should work towards providing an environment and atmosphere for students and young people to enable them to feel safe to talk. However, staff should never promise a student to keep certain information confidential. It must be explained that staff have certain duties to help keep that student safe, which may involve informing others.

**Supervision and Support**

Any member of staff affected by issues arising from concerns for students’ welfare or safety can seek support from the DSL or CPLOs.

All Newly Qualified Teachers/ITT students and classroom assistants have a mentor or co-ordinator with whom they can discuss concerns, including the area of Child Protection as well as Child Protection training as part of their induction.

The CPLO can put staff and parents in touch with outside agencies for professional support if they so wish.
Appendix 1

Flowchart for child protection procedures

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

**Child**

- Consistent explanation or minor accident.
- Physical injury, neglect or emotional abuse.
- Disclosure or allegation of sexual abuse.
- Allegation against adult who works with children.

**Staff**

- Keep accurate records and any original notes.
- Serious incident or recurrent episodes or inconsistent explanations.
- Give reassurance, avoid leading questions and do not promise confidentiality.

**Staff**

- Record the date, time, observations, what was said and who was present. Use a skin map to record visible injuries. NB. This is recorded by the first person the child speaks to as soon as possible after the event and within 24 hours after the event.

**Staff**

- In an emergency call for medical assistance.
- Refer to the DSL as soon as practical on the same day as the concern is raised.
- If the DSL isn’t available, then contact the Deputy DSL or refer directly to CRT.

**DSL**

- The DSL will make a judgement about the situation and either:
  - Work with the family through the early help process
  - Make a referral to children’s social care using the inter-agency referral form. If the child is considered to be at risk of harm DSL will also call 01329 225379. In cases of immediate danger, the Police will be called.
  - Monitor the situation

- DSL to inform those that need to know in the College including the Headteacher.
- Prepare a confidential file and keep accurate records.
- Receive feedback from MASH and work with the social worker if the case is allocated for assessment.

**DSL**

- Inform the Headteacher, unless allegation is against the head when the Chair of Governors (CoG) is informed.

- All allegations go to the LADO on 01962 876364. If the CoG is not available, for headteacher allegations, the LADO should be informed directly the same day.

- CRT will refer to MASH if it is felt to be CP. MASH will make the judgement and communicate with the College.

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*In the cases of known FGM, the Teacher who was made aware will also make contact with the Police*
Appendix 2

Child Protection Referral Form

All sections MUST be completed

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Class:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area for concern: (Delete as necessary)</td>
<td>Physical</td>
<td>Emotional</td>
<td>Sexual</td>
</tr>
<tr>
<td></td>
<td>Radicalisation</td>
<td>Female Genital Mutilation</td>
<td>Child Sexual Exploitation</td>
</tr>
</tbody>
</table>

Outline concerns (use child’s words) | Previous information if appropriate (ie Social Services/health involvement):

Note: This must be handed/ emailed to either Jo Skeet or Fiona Wynn and not left on a desk, in class, etc. If you would like the opportunity to discuss/reflect upon the issues you have had cause to report, please ask Jo Skeet who will be happy to arrange.

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Action Taken:</th>
<th>Outcome of Action:</th>
</tr>
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<table>
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<th>Signed:</th>
<th>Date:</th>
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<table>
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<tr>
<th>Signed:</th>
<th>Date:</th>
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</table>
Appendix 3

Skin Map

Name of Child: ............................................................................................................................

Date of Birth: ..................................... Date of recording: ..................................................

Name of Completer: ....................................................................................................................

Safeguarding Policy
November 2018

13
Appendix 4

Dealing with disclosures

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

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

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

Guiding principles, the seven R’s

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

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

Respond
- Respond to the student only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details.
- Do not ask ‘leading’ questions i.e. ‘did he touch your private parts?’ or ‘did she hurt you?’ Such questions may invalidate your evidence (and the child’s) in any later prosecution in court.
- Do not ask the child why something has happened.
- Do not criticise the alleged perpetrator; the student may care about him/her, and reconciliation may be possible.
- Do not ask the student to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the student that it will be a senior member of staff.
Report
- Share concerns with the DSL as soon as possible.
- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children’s services department directly.
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.

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

Remember
- Support the child: listen, reassure, and be available.
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.
- Try to get some support for yourself if you need it.

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

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

If they have concerns that the disclosure has not been acted upon appropriately they might inform the Safeguarding Governor of the school and/or may ultimately contact the Children’s Services Department.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases additional counselling might be needed and staff should be encouraged to recognise that disclosures can have an impact on their own emotions.
Appendix 5

Allegations against adults who work with children

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

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children

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

- Report any concerns about the conduct of any member of staff or volunteer to the DSL, Deputy Headteacher, as soon as possible.
- If an allegation is made against the Headteacher, the concerns need to be raised with the Chair of Governor as soon as possible. If the Chair of Governors is not available, then the LADO should be contacted directly.
- There may be situations when the Headteacher or Chair of Governors will want to involve the police immediately if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- Once an allegation has been received by the Headteacher or Chair of Governors they will contact the LADO on 01962 876364 or child.protection@hants.gov.uk as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to.

In liaison with the LADO, the College will determine how to proceed and if necessary the LADO will refer the matter to Children’s Social Care and/or the Police.

If the matter is investigated internally, the LADO will advise the College to seek guidance from their personnel/HR provider in following procedures set out in chapter 4 of ‘Keeping Children Safe in Education’ (2018) and the HSCB procedures [http://4lscb.proceduresonline.com/hampshire/p_alleg_against_staff.html](http://4lscb.proceduresonline.com/hampshire/p_alleg_against_staff.html).
Appendix 6

Sexual violence and sexual harassment between children in schools and colleges

Peer on Peer Abuse – Model Policy

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

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

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

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

We recognise that children are capable of abusing their peers and this will be dealt with under our child protection policy and in line with KCSIE (2018).

We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.

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

Prevention:
- Taking a whole College approach to safeguarding and child protection.
- Providing training to staff through Inset and weekly announcements.
- Providing a clear set of values and standards, underpinned by the College’s Relationship Management policy and pastoral support system, and by a planned programme of evidence based content delivered through the curriculum.
- Engaging with specialist support and interventions.

Responding to reports of sexual violence and sexual harassment:
- Children making a report of sexual violence or sexual harassment will be taken seriously, kept safe and be well supported.
- If the report includes an online element staff will be mindful of the Searching, Screening and Confiscation: advice for schools (DfE 2018) guidance.
- Staff taking the report will inform the DSL or their Deputy as soon as practicably possible but at least within 24 hours.
- Staff taking a report will never promise confidentiality.
- Parents or carers will normally be informed (unless this would put the child at greater risk).
- If a child is at risk of harm, is in immediate danger, or has been harmed, a referral will be made to Children’s Social Care (01329 225379).

**Risk Assessment:**
Following a report the DSL will make an immediate risk and needs assessment on a case-by-case basis. The Risk assessment will consider:
- The victim, especially their protection and support.
- The alleged perpetrator, their support needs and any discipline action.
- All other children at the College.
- The victim and the alleged perpetrator sharing classes and space at school.

The risk assessment will be recorded and kept under review.

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

**Action:**
The DSL will consider:
- The wishes of the victim.
- The nature of the incident including whether a crime has been committed and the harm caused.
- Ages of the children involved.
- Developmental stages of the children.
- Any power imbalance between the children.
- Any previous incidents.
- Ongoing risks.
- Other related issues or wider context.

**Options: The DSL will manage the report with the following options:**
- Manage internally.
- Early Help.
- Refer to Childrens Social Care.
- Report to the police (generally in parallel with a referral to Social Care).

**Ongoing Response:**
- The DSL will manage each report on a case by case basis and will keep the risk assessment under review.
- Where there is a criminal investigation into a rape, assault by penetration or sexual assault, the alleged perpetrator should be removed from any classes they share with the victim.
- The DSL will consider how best to keep the victim and perpetrator a reasonable distance apart on College premises and on transport where appropriate.
Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, the College will take suitable action. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the perpetrator to remain in the same school or college would seriously harm the education or welfare of the victim (and potentially other pupils or students).

Where a criminal investigation into sexual assault leads to a conviction or caution, the school or college will, if it has not already, consider any suitable sanctions in light of their behaviour policy, including consideration of permanent exclusion. Where the perpetrator is going to remain at the school or college, the principle would be to continue keeping the victim and perpetrator in separate classes and continue to consider the most appropriate way to manage potential contact on school and college premises and transport. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.

The victim, alleged perpetrator and other witnesses (children and adults) will receive appropriate support and safeguards on a case-by-case basis.

The College will take any disciplinary action against the alleged perpetrator in line with behaviour and discipline in College.

The College recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

Physical Abuse

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

These are equally not tolerated and if it is believed that a crime has been committed, will be reported to the Police.

The principles from the anti-bullying policy will be applied in these cases, with recognition that any Police investigation will need to take priority.

References: –
KCSiE (DfE 2018)
Sexual Violence and Sexual Harassment between Children in Schools and Colleges (DfE 2018)
Appendix 7

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 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 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?
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

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

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

This is intended to be used as a guide only. For further information, please refer to the guidance tool at https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool

Print date: 01/10/15 - 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.


Safeguarding Policy
November 2018
Behaviours: age 13 to 17
All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

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 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. They may be of concern due to activity type, frequency, duration or context in which they occur.

What is a red behaviour?
Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, 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?
Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours
- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

Amber behaviours
- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress,
- withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, moaning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

Red behaviours
- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

This is intended to be used as a guide only. For further information, please refer to the guidance tool at https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool

Print date: 01/10/15 - 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.
Appendix 8

Briefing sheet for temporary and supply staff

For supply staff and those on short contracts in Horndean Technology College

While working in HTC, you have a duty of care towards the 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 College’s designated safeguarding lead (DSL), who is Deidre Hurn and can be found on Extension 205 or 215.

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 using the Referral Form in Appendix 2. 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 College has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff, in R Drive/Support Departments/Policies

Remember, if you have a concern, report it to the DSL.
Appendix 9

What is child abuse?

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

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

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

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

Sexual abuse
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Neglect
Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

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

Indicators of abuse

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

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

Neglect can include parents or carers failing to:

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

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

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

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.
Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (What to do if You’re Worried a Child is Being Abused DfE 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

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

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

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

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

**Emotional Abuse**
The nature of emotional abuse
Most harm is produced in low warmth, high criticism homes, not from single incidents. Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself. Children can be harmed by witnessing someone harming another person – as in domestic violence.

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

**Indicators of emotional abuse**

**Developmental issues**
- Delays in physical, mental and emotional development.
- Poor school performance.
- Speech disorders, particularly sudden disorders or changes.

**Behaviour**
- Acceptance of punishment which appears excessive.
- Over-reaction to mistakes.
- Continual self-deprecation (I’m stupid, ugly, worthless etc).
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking).
- Self-mutilation.
- Suicide attempts.
- Drug/solvent abuse.
- Running away.
- Compulsive stealing, scavenging.
- Acting out.
- Poor trust in significant adults.
- Regressive behaviour – e.g., wetting.
- Eating disorders.
- Destructive tendencies.
- Neurotic behaviour.
- Arriving early at school, leaving late.

**Social issues**
- Withdrawal from physical contact.
- Withdrawal from social interaction.
- Over-compliant behaviour.
- Insecure, clinging behaviour.
- Poor social relationships.

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

**Physical Abuse**

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

A body map (Appendix 3) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

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

- Multiple bruising or bruises and scratches (especially on the head and face).
- Clusters of bruises—e.g., fingertip bruising (caused by being grasped).
- Bruises around the neck and behind the ears—the most common abusive injuries are to the head.
- Bruises on the back, chest, buttocks, or on the inside of the thighs.
- Marks indicating injury by an instrument—e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle.
- Bite marks.
- Deliberate burning may also be indicated by the pattern of an instrument or object—e.g., electric fire, cooker, cigarette.
- Scalds with upward splash marks or *tide marks*.
- Untreated injuries.
- Recurrent injuries or burns.
- Bald patches.

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

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

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

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers
- has a fear of medical help or attention
- admits to a punishment that appears excessive.
Sexual Abuse
The nature of sexual abuse
Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in College, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

Sexual exploitation is seen as a separate category of sexual abuse. Indicators of CSE can be found later in this policy.

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

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

Indicators of sexual abuse
Physical observations
• Damage to genitalia, anus or mouth.
• Sexually transmitted diseases.
• Unexpected pregnancy, especially in very young girls.
• Soreness in genital area, anus or mouth and other medical problems such as chronic itching.
• Unexplained recurrent urinary tract infections and discharges or abdominal pain.

Behavioural observations
• Sexual knowledge inappropriate for age.
• Sexualised behaviour or affection inappropriate for age.
• Sexually provocative behaviour/promiscuity.
• Hinting at sexual activity Inexplicable decline in College performance.
• Depression or other sudden apparent changes in personality as becoming insecure or clinging.
• Lack of concentration, restlessness, aimlessness.
• Socially isolated or withdrawn.
• Overly-compliant behaviour.
• Acting out, aggressive behaviour.
• Poor trust or fear concerning significant adults.
• Regressive behaviour.
• Onset of wetting, by day or night; nightmares.
• Onset of insecure, clinging behaviour.
• Arriving early at College, leaving late, running away from home.
• Suicide attempts, self-mutilation, self-disgust.
• Suddenly drawing sexually explicit pictures.
• Eating disorders or sudden loss of appetite or compulsive eating.
• Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.
• Become worried about clothing being removed.
• Trying to be ‘ultra-good’ or perfect; overreacting to criticism.
Appendix 10

High risk and emerging safeguarding issues

Part 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 College, we will consider the various factors that have an interplay with the life of any student about whom we have concerns within the College 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 College gates, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks will need to be considered for political; environmental; animal rights; or faith based extremism that may lead to a child becoming radicalised. All staff have received prevent WRAP or awareness training 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.
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, honour based violence and teenage relationship abuse all fall under this strategy.

Female Genital Mutilation (FGM)

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

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

FGM is illegal in the UK.

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 Headteacher will be informed and that the member of teaching staff has called the Police to report suspicion that FGM has happened.

At no time will staff examine pupils to confirm this.

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

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

Forced Marriage

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

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

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

Policies and practices in this College reflect the fact that while all members of staff, including Teachers, have important responsibilities with regard to students who may be at risk of forced marriage, Teachers and College 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 student’s circumstances or act on the basis of stereotyping. For example, an extended holiday may be taken for entirely legitimate reasons and may not necessarily represent a pretext for forced marriage.

**Honour Based Violence**

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

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

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

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of ‘honour’ do not always include violence. Crimes committed in the name of ‘honour’ might include:
• domestic abuse
• threats of violence
• sexual or psychological abuse
• forced marriage
• being held against your will or taken somewhere you don’t want to go
• assault

If staff believe that a student 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 student 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.

**Teenage Relationship Abuse**
Research has shown that teenagers do not understand what constitutes abusive behaviours and controlling behaviours which could escalate to physical abuse, e.g. checking someone’s ‘phone, telling them what to wear, who they can/can’t see or speak to; or that this abuse is prevalent within teenage relationships. Further research shows that teenagers are likely not to understand what consent means within their relationships. They often hold the common misconception that rape could only be committed by a stranger down a dark alley and do not understand or recognise that it could happen within their own relationships.

This can lead to these abusive behaviours feeling ‘normal’ and therefore left unchallenged as they are not recognised as being abusive.

In response to these research findings the school will provide education to help prevent teenagers from becoming victims and perpetrators of abusive relationships, by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships. The Rights Respecting and ‘Mind to be Kind’ ethos of the College will underpin this education.

**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 College 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 College 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 College 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, pinging or flicking bras, lifting skirts or pulling down trousers and impose appropriate levels of disciplinary action, to be clear that these behaviours are not tolerated or acceptable.

**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.

**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 have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional.

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

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

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

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

Indicators that a child is living within a relationship with domestic abuse may include:
- being withdrawn
- suddenly behaving differently
- anxiety
- being clingy
- depression
- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
- missing College
- 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.

**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 College regularly as (s)he is being kept home as a companion for a parent/carer.
- A child adopts paranoid or suspicious behaviour as they believe their parent’s delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child).
- Obsessional compulsive behaviours involving the child.

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

**Parental Substance misuse**

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

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

For children the impact of parental substance misuse can include:

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

These behaviours themselves do not indicate that a child’s parent is misusing substances, but should be considered as indicators that this may be the case.
If staff believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to be considered for children’s social care.

**Missing, Exploited and Trafficked Children (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.

**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 College 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 students 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 College 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 College been able to make contact with the parent?
- Is medical evidence being provided?
- Are siblings attending College (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 College will view absence as both a safeguarding issue and an educational outcomes issue. The College may take steps that could result in legal action for attendance, or a referral to children's social care, or both.

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

Research shows that children run away from conflict or problems at home or College, 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 College 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.

**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
- 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 College 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 students who are at risk and the DSL will share this information as appropriate with
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 Appendix 1).

**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:

- 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 College premises, these will also be made.
Trafficked Children and modern slavery
Human trafficking is defined by the UNHCR in respect of children as a process that is a combination of:

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

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

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

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

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

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

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

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

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

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

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

**Technologies**

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

**Online Safety and Social Media**

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

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

The College will therefore seek to provide information and awareness to both students and their parents through:

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

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

The College also recognises that it must take note of bullying perpetrated outside College which spills over into the College; therefore, once aware we will respond to any cyber-bullying we become aware of carried out by students 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 College will pass on information to the Police if it feels that it is appropriate or is required to do so.

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 College 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 College for advice.

**Gaming**

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

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate.
- By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode.
- By talking to parents about setting boundaries and time limits when games are played.
- By highlighting relevant resources.
- By holding a Parent Support Evening for parents of Year 6 into 7.

**Online reputation**

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

**Grooming**

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

The College 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 College 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 College will raise awareness by:

- Running Parent Support Evening for parents of Year 6 into 7.
- Include awareness around grooming as part of their curriculum.
- Identifying with parents and children how they can be safeguarded against grooming.
Part 2 Safeguarding issues relating to individual Student needs

**Homelessness**
As a College 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 College 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.

**Children and the Court System**
As a College 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 College will aim to support children through this process.

Along with pastoral support, the College 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 College will support children going through this process.

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

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

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

This school aims to:-

- Understand and Respect the Child’s Wishes
  We will respect the child’s wishes about sharing information. If other children become aware the school will be vigilante to potential bullying or harassment

- Keep as Much Contact as Possible with the Parent and Caregiver
  We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions, we will develop
appropriate systems for keeping the imprisoned caregiver updates about their child’s education.

- **Be Sensitive in Lessons**
  This College 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 College will use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances.

**Students with medical conditions (in College)**
There is a separate policy outlining the College’s position on this

As a College we will make sure that sufficient staff are trained to support any student with a medical condition. Our Education Healthcare Assistant co-ordinates this support.

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

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

**Students with medical conditions (out of College)**
There will be occasions when children are temporarily unable to attend our College 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 College days the Education and Inclusion branch of Children Services will be contacted to support with the student’s education.

**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 College 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.

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.
Mental Health
Form Tutors and class Teachers see their students 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 students.

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

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

When concerns are identified, College staff will provide opportunities for the child to talk or receive support within the College 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. Mental Health support plans and risk assessments are also in place as appropriate.
Part 3 Other safeguarding issues that may potentially have an impact on Students

Bullying
The College has a separate bullying policy that can be found at R/Support Departments/Policies

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 College we will respond by:

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

**Drugs and substance misuse**
The College works to a separate drug policy that can be found at R/Support Departments/Policies/Drugs, Tobacco and Alcohol Policy

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

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

As a College we have a duty and a responsibility to protect our students. 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.

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

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

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

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

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

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

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

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

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

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

As a College 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](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
Part 4 Safeguarding Processes

Safer Recruitment
The College operates a separate safer recruitment process following the model recruitment policy as part of the Manual of Personnel Practice. 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.

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

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

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 College has a Health and Safety policy which details the actions that we take in more detail.

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

- Visitors and volunteers enter at the reception and must sign in.
- Visitors and volunteers are identified by a Visitor badge.
- Children are only allowed home during the College day with adults/carers with parental responsibility or permission being given.
- All children leaving or returning during the College day have to sign out and in.
- Empty classrooms have windows closed.

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

**First Aid**
There is a separate First Aid policy which can be found at R/Support Departments/Policies/First Aid Policy

**Physical Intervention (use of reasonable force)**
As a College we have a separate policy outlining how we will use physical intervention. This can be found at R/Support Departments/Policies/Physical Intervention Policy

**Taking and the use and storage of images**
As a College we will seek consent from the parent of a student 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 College 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 student 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 College owned equipment and stored on the College network. No images of students will be taken or stored on privately owned equipment by staff members.

**Transporting pupils**
http://documents.hants.gov.uk/education/LADOsafeguardingchildrenineducation2014templatemailletterforparent.doc

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

In managing these arrangements, the College 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 College staff using their cars on College business.

Where parents’/volunteers’ cars are used on College activities the school will notify parents/volunteers of their responsibilities for the safety of students, to maintain suitable insurance cover and to ensure their vehicle is roadworthy.
All parents/volunteers are therefore asked to complete and return an EV6 form, which can be found in R:\Support Departments\Trips and Visits/Use of private car to transport students-EV6, before they offer to use their car to help with transporting students.

**Disqualification under the childcare act**

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

The risk by association element of the Act has now been refocused by the DfE and no longer applies to College 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.
**Appendix 11**

**Community Partnership Information Form**

**Guidance**
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**

<table>
<thead>
<tr>
<th>Your Details</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Organisation</td>
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<td>Telephone</td>
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<table>
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<th>Information</th>
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<td>including date and location</td>
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<table>
<thead>
<tr>
<th>Information Source</th>
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</thead>
<tbody>
<tr>
<td>Where did this information come from?</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Can they be re-contacted?</td>
</tr>
<tr>
<td>If yes, provide details</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
</tbody>
</table>

| How did they find this information out? |

| When did they find this information out? |

| Who else have you shared this information with? |
### Appendix 12

<table>
<thead>
<tr>
<th>Key Personnel</th>
<th>Name(s)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSL</td>
<td>Deidre Hurn</td>
<td>Ext 205</td>
</tr>
<tr>
<td>Deputy DSL(s)</td>
<td>Joanna Skeet</td>
<td>Ext 215</td>
</tr>
<tr>
<td></td>
<td>Fiona Wynn</td>
<td>Ext 291</td>
</tr>
<tr>
<td></td>
<td>Kelly Godfray</td>
<td>Ext 238</td>
</tr>
<tr>
<td></td>
<td>Nicola Bugden</td>
<td>Ext 210</td>
</tr>
<tr>
<td></td>
<td>Vera Newman</td>
<td>Ext 285</td>
</tr>
<tr>
<td></td>
<td>Pippa Attwood</td>
<td>Ext 267</td>
</tr>
<tr>
<td>School’s named “Prevent” lead</td>
<td>Deidre Hurn</td>
<td>Ext 205</td>
</tr>
<tr>
<td>Nominated Safeguarding Governor</td>
<td>Natalie Webb</td>
<td>Ext 231</td>
</tr>
<tr>
<td>Chair of Governors</td>
<td>Phil Gibbs</td>
<td></td>
</tr>
<tr>
<td>Children’s Reception Team</td>
<td></td>
<td>01329 225379</td>
</tr>
<tr>
<td>Out of hours’ social care</td>
<td></td>
<td>0300 555 1373</td>
</tr>
<tr>
<td>Police</td>
<td></td>
<td>101 or in emergencies 999</td>
</tr>
<tr>
<td>Safeguarding advisors/Local Authority Designated Officers (LADOs)</td>
<td>Barbara Piddington, Fiona Armfield, Mark Blackwell</td>
<td>HCC Safeguarding Unit 01962 876364</td>
</tr>
<tr>
<td>College Nurse</td>
<td></td>
<td></td>
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<tr>
<td>Children’s Service Department, District Service Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Help Manager</td>
<td>Rebecca Reeve</td>
<td>023 9244 1454</td>
</tr>
</tbody>
</table>