



Children's Hospital School

Child Protection Policy

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Approved by:	Full Governing Body
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Chair of Committee:	Marie Bradley
Signed:	

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Keeping Children Safe: Children’s Hospital School Safeguarding and Child Protection Policy

This policy will be reviewed annually by the Finance, Personnel and Premises Governor committee who have responsibility for overseeing matters related to safety across the school. The policy was last reviewed on 15th September 2021.

The nominated **Safeguarding Governor** is Lynne Folwell.

The **Chair of Governors** is Marie Bradley.

DESIGNATED SAFEGUARDING LEADS:

Stephen Deadman (Head Teacher)
James Stafford (Assistant Head Teacher)

DEPUTY DESIGNATED SAFEGUARDING LEADS:

Diane Davies (Deputy Head Teacher / Head of School - Willow Bank)
Claire Mooney (Assistant Head of School – Willow Bank)
Nikki Cole (Deputy Head Teacher)
Danny Riley (Head of School - LRI)
Lorraine Biddle (Head of School - The Beacon)
Amy Thorpe (The Beacon Teacher)
Stewart Scragg (SENCO)
Emma Compton (Assistant SENCO)
Micki Handford (Pastoral Manager)

OTHER CONTACTS:

Diane Davies (Attendance)
Jayne Lister (Family Support Worker)
Stewart Scragg (Designated Teacher for Looked After Children)

1. Introduction

1.1 **THE CHILDREN'S HOSPITAL SCHOOL** fully recognises the contribution it can make to protect children and support pupils in school. Safeguarding and promoting the welfare of children is **everyone's** responsibility. Everyone who comes into contact with children and their families has a role to play. To fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child, identify concerns early, provide help for children, promote children's welfare and prevent concerns from escalating. The aim of this policy is to safeguard and promote our pupil's welfare, safety and health by fostering an honest, open, caring and supportive climate and our staff members working with pupils to maintain an attitude of '**it could happen here**' where safeguarding is concerned. This policy sets out how the school and the governing body discharges its statutory responsibilities relating to safeguarding and promoting the welfare of children who are pupils at the school.

Safeguarding and promoting welfare of children is defined as:

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

1.2 No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. **THE CHILDREN'S HOSPITAL SCHOOL** is committed to safeguarding and promoting the welfare of all its students. We believe that:

- All children/young people have the right to be protected from harm and abuse
- Children/young people need to be safe and to feel safe in school;
- This means our staff consider, at all times, what is in the best interest of the children/ young people
- Children/young people need support which matches their individual needs, including those who may have experienced abuse;
- All children/young people have the right to speak freely and voice their values and beliefs;
- All children/young people must be encouraged to respect each other's values and support each other;
- All children/young people have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy healthy sociable child/young person will achieve better educationally;
- The staff within our school are prepared to identify children and young people who may benefit from Early Help intervention
- Schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk taking behaviours; and
- All staff and visitors have an important role to play in safeguarding children and protecting them from abuse.

1.3 **THE CHILDREN'S HOSPITAL SCHOOL** will fulfil local and national responsibilities and accepted best practice as laid out in the following documents:-

- Working Together to Safeguard Children 2018 (Rev Dec 2020)
- Keeping Children Safe in Education: Statutory guidance for schools and colleges (DfE Sept 2021)
- What To Do If You Are Worried A Child Is Being Abused March 2015
- Education and Training (Welfare of Children) Act 2021
- Sexual violence and sexual harassment between children in schools and colleges (DfE Sept 2021)

- The School Staffing (England) Regulations 2009 & Amended Regulations 2015; Safer Recruitment in Education including
- Guidance for Safer Working Practice 2019 (Rev April 2020) Safer Recruitment consortium
- Prevent Duty 2015
- Information sharing: Advice for Practitioners providing safeguarding services to children, young people parents and carers. (March 2015)
- Leicester Safeguarding Children's Partnership Board (LSCPb)
- The Children Act 1989 and 2004
- The Education Act 2002 s175/s157
- Mental Health and Behaviour in Schools: Departmental Advice (DfE 2014)
- Framework for the Assessment of Children in Need and their Families 2000
- Sexual Offences Act 2003 (Position of Trust offence)
- Voyeurism (Offences Act) 2019
- Childcare (Disqualification) Regulations 2009
- Counter Terrorism and Security Act 2015
- Female Genital mutilation Act 2003/Updated regulations July 2020
- Safeguarding & Child Protection education procedures in Leicester, notes, information, and training for Designated Safeguarding Leads (DSL) in schools
- Children and Families Act 2014
- Safeguarding and Vulnerable Group Act 2006
- Sharing Nudes and Semi Nudes – UK Council for Internet Safety

1.4 The Governing Body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

1.5 We recognise that all staff and governors have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

1.6 All staff¹ believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.

2 Overall Aims

- This policy will contribute to safeguarding our students and promoting their welfare and mental health by supporting the child's development in ways that will foster security, confidence and resilience at the same time considering the best interest of the child.
- Providing an environment in which children and young people feel safe, secure, valued and respected, feel confident and know how to approach adults if they are in difficulties
- Raising the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- Ensure our staff identify concerns early, provide help for children, promote children's welfare and prevent concerns from escalating.
- Providing a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support plans for those children including Child Missing from Education.
- Acknowledging the need for effective and appropriate communication between all members of staff in relation to safeguarding pupils.
- Developing a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.

¹ 'Staff' Covers ALL adult staff on site, including temporary, supply and ancillary staff, and volunteers working with children

- Developing effective working relationships with all other agencies involved in safeguarding children including Early Help and intervention
- Work within the curriculum raising awareness of and promoting safeguarding, to our children/young people including e-safety and online safety inside and outside of establishment
- Ensuring that all adults within our school who have access to children have been checked as to their suitability. This includes other community users of our facilities.

3 Key processes

Our school procedures for safeguarding children are in line with the *Leicester City Safeguarding Children's Board (LSCPB), Multi Agency Child Protection/Safeguarding Procedures;* (<https://lscpb.proceduresonline.com/>), in addition to the statutory requirements as outlined in 1.3.

4 Expectations

4.1 All staff and visitors will be familiar with this safeguarding policy;

- Staff will have access to, a copy of, and be well versed in our Child Protection Policy; which will also form part of their induction and revisited annually through Whole School Safeguarding Training.
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc;
- For those regular external visitors/providers such as cleaners and caterers; to have shown the school a copy of their H & S and Child Protection Guidelines as best practice and where applicable; and that the school has a statement in main reception notifying external visitors who the Schools DSL is and what to do if they have any concerns about a child's welfare
- Be involved in the implementation of individual education programmes, integrated support plans, child in need plans and interagency child protection plans;
- Be alert to signs and indicators of possible abuse (Appendix A)
- Record concerns/disclosures through CPOMS for DSLs; and
- Deal with a disclosure of abuse from a child in line with our school procedures; informing the DSL immediately, and provide a written account as soon as possible. This includes making the appropriate contact with children's social care (DSL).
- Record safeguarding information using school procedures electronically.

4.2 All parents will be familiar with this safeguarding policy;

- Parents/Cares will have access to the Child Protection Policy as part of initial information given to perspective/existing Parents/Carers and will be available through our school's website. Additional copies will be issued as and when required including notifying parents of changes within the document ie revised annual policy.

4.3 Communicating with parents:

In addition to section 4.2 above, the following statement is provided and highlighted to parents so they are aware of the school's responsibilities:

'Our school/establishment ensures children learn in a safe, caring and enriching environment. Children are taught how to keep themselves safe, on and off line, to develop positive and healthy relationships and how to avoid situations where they might be at risk including by being exploited.'

Our school has a statutory responsibility to share any concerns it might have about a child in need of protection with other agencies and in particular police, health and children's services. Schools/college are not

able to investigate concerns but have a legal duty to refer them. In most instances, the school/college will be able to inform the parents/carer of its need to make a referral. However, sometimes the school/college is advised by Children's Social Care or police that the parent/carer cannot be informed whilst they investigate the matter. We understand the anxiety parents/carers understandably feel when they are not told about any concerns from the outset. The school/college follows legislation that aims to act in the best interests of the child.

5 Extended school and before and after school activities

5.1 Where the governing body provides services or activities directly under the supervision or management of school staff, the school's arrangements for child protection will apply.

5.2 Where services or activities are provided separately by another body, the governing body should seek assurance in writing that the body concerned has appropriate policies and procedures in place to safeguard and protect children and there are arrangements to liaise with the school on these matters where appropriate

6 Procedures

6.1 The Children's Hospital School will ensure that:

- The governing body understands and fulfils its safeguarding responsibilities.
- We have a Designated Safeguarding Lead and a Deputy Designated Safeguarding Lead for child protection and safeguarding, who have undertaken DSL training delivered by either Leicester City Council or Leicestershire County Council; of which their training will be refreshed every two years.
- All members of staff are provided with opportunities **annually** to receive Safeguarding Training by the Designated Safeguarding Leads in order to develop their understanding of safeguarding and child protection in particular the signs and indicators of abuse.
- All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse, and the procedure to be followed in appropriately sharing a concern of possible abuse or a disclosure of abuse.
- All parents/carers are made aware of the school's responsibilities in regard to child protection procedures through publication of the school's Safeguarding and Child Protection Policy, and reference to it in our pupil information booklet and home school agreement.
- Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.
- Community users organising activities for children are aware of and understand the need for compliance with the school's child protection guidelines and procedures.
- THE CHILDREN'S HOSPITAL SCHOOL is committed to safer recruitment as outlined in Keeping Children Safe In Education 2021. The school will ensure all appropriate checks are carried out for all staff and volunteers. Appropriate checks will be recorded on the Single Central Record which will be audited termly by James Stafford and Stephen Deadman. The school will ensure at least one person who is safer recruitment trained will be part of the recruitment process. All volunteers will undergo a risk assessment. See also the Safer Recruitment policy.
- All governors will undergo a DBS check and a S128 / Section 128 direction check as outlined in Keeping children safe in education 2021
- The name of any member of staff considered not suitable to work with children will be notified to either the Disclosure and Barring Service or the relevant Government Department/Agency (where appropriate), depending on the nature of the concern, with the advice and support of the Local Authority Designated Officer (LADO), and that a member of our SLT has attended LADO training

(Managing allegations against staff members) and understands the harms threshold/low level concerns thresholds as set out in KCSIE 2021

- Our procedures will be annually reviewed and up-dated and ratified by the Governing Body.
- The name of the Designated Safeguarding Lead and Deputy Designated Safeguarding Lead will be clearly shown in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse. (Reception, Staff room, Website etc.).
- All adults, (including supply teachers, non-teaching staff and volunteers), new to our school will be given or directed to a copy of; our Safeguarding and Child Protection Policy, Staff Code of Conduct, the school's behaviour policy, the school's child missing protocols, the booklet 'What To Do if You're Worried A Child is Being Abused'², Keeping Children Safe in Education 2021 Part 1 and Annex C³, and the name and contact details of the Designated Safeguarding Lead will be explained as part of their induction into the school. In addition to this, all such staff and volunteers will be made aware of the 'Guidance for safer working practice for those working with children and young people in education settings, 2020 (Safer Recruitment Consortium).⁴

7 Responsibilities

7.1 We understand that our responsibility to safeguard children requires that we all appropriately share any concerns as soon as a staff member or volunteer suspects/knows of a concern that we may have about children. The first point of contact is the DSL or other members of the Safeguarding Team (in their absence). The DSL will inform the Headteacher of any referrals to be made. If the concerns is in regards to the conduct of a staff member the report is made to the Headteacher. If the concerns is regarding the Headteacher then the Chair of Governors should be informed.

7.2 If a staff member feels they cannot disclose information to their DSL, Headteacher or Governor(s), they must then follow our schools whistleblowing procedures to report their concerns. (Appendix C) – Staff should refer to the school's Whistleblowing Policy).

7.3 All staff will be versed in our Whistleblowing procedure, understand when it is appropriate to use the procedures and will be given details of the NSPCC whistleblowing helpline.

7.4 All staff will be well versed in the school's Child Missing protocols and know and understand that any child that is regularly absent or missing can be a cause for concern and a possible indicator that the child is at risk of abuse or in need of help and support. Where students are attending school through an inpatient session (The Beacon or the Leicester Royal Infirmary) the Head of School or Deputy DSL on each site will speak to the clinical team and refer back to the main school about engagement whilst in hospital. Students attending Willow Bank School will be monitored by the Head of School and appropriate actions taken where necessary to ensure the safety and welfare of students. This may include but not limited to calls home, review meeting, home visit or following our attendance policy.

8 The Designated Safeguarding Lead (DSL) – Roles and Responsibilities⁵

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014057/KCSIE_2021_September.pdf

⁴ <https://saferrecruitmentconsortium.org/>

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014057/KCSIE_2021_September.pdf - Annex C, Role of

Designated Safeguarding Lead

8.1 Keeping Children Safe in Education September 2021, Annex C, outlines specific responsibilities of a DSL (A member of the School's Leadership Team) and their responsibilities within this role. Our lead DSL will take lead responsibility for safeguarding and child protection (including online safety). This is also explicit in their job description. We also have a number of deputy designated safeguarding leads who are trained to the same standard and provide the same level of support. Their key areas of responsibilities include:-

Manage Referrals:

- Refer cases of suspected abuse and neglect to children's social care/police
- Support staff who make referrals to local authority
- The Channel programme where there is a radicalisation concern and support staff with this
- Cases in relation to allegations against staff members to LADO including disclosure and barring
- Cases where any crime may have been committed to the Police

Work with Others:

- Act as a source of support, advice and expertise for all staff
- Act as a point of contact with the safeguarding partners
- Liaise with the headteacher or principal to inform him or her of issues- especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- As required, liaise with the "case manager" (as per Part four) and the local authority designated officer(s) (LADO) for child protection concerns in cases which concern a staff member
- Liaise with staff (especially teachers, pastoral support staff, school nurses, IT Technicians, Tutors and the SENCO, on matters of safety and safeguarding and welfare (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies so that children's needs are considered holistically
- liaise with the senior mental health lead and, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health
- promote supportive engagement with parents and/or carers in safeguarding and promoting the welfare of children, including where families may be facing challenging circumstances
- work with the headteacher and relevant strategic leads, taking lead responsibility for promoting educational outcomes by knowing the welfare, safeguarding and child protection issues that children in need are experiencing, or have experienced, and identifying the impact that these issues might be having on children's attendance, engagement and achievement at school or college. This includes:
 - ensure that the school or college knows who its cohort of children who have or have had a social worker are, understanding their academic progress and attainment, and maintaining a culture of high aspirations for this cohort; and,
 - support teaching staff to provide additional academic support or reasonable adjustments to help children who have or have had a social worker reach their potential, recognising that even when statutory social care intervention has ended, there is still a lasting impact on children's educational outcomes.

Information sharing and managing child protection files

Our DSL(s) are responsible for ensuring that our child protection files are kept up to date. The information is kept confidential and stored securely. Our records will contain the following information:

- A clear and comprehensive summary of the concern
- Details of how the concern was followed up and resolved
- A note of any action taken, decisions reached and the outcome
- Transfer child protection files (including in year transfers) to the new school or college as soon as possible, and within 5 days for an in-year transfer or within the first 5 days of the start of a new term, ensuring secure transit and confirmation of receipt will be obtained

Our DSL(s) will ensure the file is only accessed by those who need to see it and where the file or its contents are shared, this happens in line with information sharing advice outlined government guidance KCSIE 2021.

Raise Awareness

- Ensure each member of staff (new and part-time) has access to and understands our child protection policy and procedures
- Ensure our child protection policy is reviewed annually, updated, and reviewed regularly, and work with our governing bodies/ proprietors regarding this
- Ensure our child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this.
- Link with the safeguarding partners ensuring our staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements
- Help promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues that children who have or have had a Social Worker are experiencing, with teachers and school and college leadership staff

Training Knowledge and Skills

- Understand the assessment process for providing early help and statutory intervention, and social care referral arrangements
- Have a working knowledge of how local authorities conduct a child protection case conference/review conference and attend to these effectively
- Understand the importance DSL(s) has in providing information and support to children social care in order to safeguard and promote the welfare of children
- Understand the lasting impact that adversity and trauma can have, including on children's behaviour, mental health and wellbeing, and what is needed in responding to this in promoting educational outcomes
- Are alert to the specific needs of children in need, those with special educational needs and disabilities (SEND), those with relevant health conditions and young carers
- Understand the importance of information sharing, both within the school and college, and with the safeguarding partners, other agencies, organisations and practitioners
- Understand and support the school or college staff with regards to the requirements of the Prevent duty and protecting children from the risk of radicalisation;
- Are able to understand the unique risks associated with online safety and be confident to keep children safe whilst they are online at school or college
- Recognise additional risks that children with (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support children with SEND to stay safe online
- Obtain access to resources and attend any relevant or refresher training courses
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

In addition to the formal training set out above, our DSL(s) knowledge and skills are regularly at regular intervals to allow them to understand and keep up to date with any developments relevant to their role.

Providing support to staff

- Ensure our staff are supported during the referrals processes
- Support staff to consider how safeguarding, welfare and educational outcomes are linked, including to inform the provision of academic and pastoral support

Understanding the views of children

It is important that children feel heard and understood. Therefore, our DSL(s) designated safeguarding leads will be supported in developing knowledge and skills to:

- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, and in any measures the school or college may put in place to protect them
- Understand the difficulties that children may have in approaching staff about their circumstances and consider how to build trusted relationships which facilitate communication

Holding and sharing Information

Our DSL(s) will be equipped to:

- Understand the importance of information sharing, both within the school and college, and with other schools and colleges on transfer including in-year and between primary and secondary education, and with the safeguarding partners, other agencies, organisations and practitioners
- Understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the UK General Data Protection Regulation (UKGDPR)
- Be able to keep detailed, accurate, secure written records of concerns and referrals and understand the purpose of this record-keeping

Availability

- During term time, our DSL(s) will always be available on school site. The school will arrange adequate and appropriate cover arrangements for any out of hours/out of term activities and trips and in exceptional circumstances, availability will be made via phone and or Microsoft Teams.

8.2 Roles and responsibilities of the Headteacher

The Headteacher of The Children's Hospital School will ensure that:

- The policies and procedures adopted by the governing body are fully implemented, and followed by all staff:
- Specifically, the Safeguarding & Child Protection Policy, Behaviour Policy, Staff Code of Conduct, LADO Procedures, Peer on Peer Abuse/Sexualised Behaviour Policy, Safer Recruitment Policy and other relevant policies are updated annually, ratified by the Governing body proprietors/ trustees annually and that policies are available publicly either via the school website, parents evening, open days or by other means
- That staff undergo and attend annual Whole School Safeguarding Training (INSET)
- That all staff undergo appropriate online safety training
- That all staff receive regular updates in relation to safeguarding, child protection and online safety
- Sufficient resources and time are allocated to enable DSLs and other staff to discharge their responsibilities; including taking part in inter-agency meetings and contributing to the assessment of children

- That the Headteacher is aware of Local Authority Designated Officer (LADO) processes regarding allegations about other staff members, specifically the ‘harms’ and ‘low-level concerns’ thresholds
- That the Headteacher has attended LADO Training and refreshed no later than every 2 years
- That the Headteacher has attended Safer Recruitment Training and that training is refreshed no later than every 5 years; and that at least 1 member of the Governing body proprietors/ trustees has attended Safer Recruitment Training
- All staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children and processes, and such concerns are addressed sensitively and effectively in a timely manner. (Whole school approach, child centred practice and culture of vigilance)
- All staff consider the best interest of a child and are made aware that they have an individual responsibility for referring child protection concerns, promptly and using the proper channels.
- All staff have an understanding of Early Help and have the ability to identify children who would benefit from Early Help intervention.
- That regular external visitors/providers such as cleaners, caterers have shown the school a copy of their H & S and Child Protection guidelines as best practice and where applicable; and that the school has a statement in main reception notifying external visitors who the Schools DSL(s) are and what to do if they have any concerns about a child's welfare
- The DSLs undergo safeguarding and child protection training which is updated regularly, with advice from the LSCP, Safeguarding in Education and in line with Keeping Children Safe in Education, September 2021, Annex C
- New members of staff, temporary or permanent including volunteers are given a full induction that includes Safeguarding and Child Protection Guidelines and names of DSL(s).
- All staff are made aware of their right to whistleblowing, have a copy of the whistleblowing procedures, are well versed with the procedures and have been made aware of the NSPCC whistleblowing helpline. (Appendix C and Schools Whistleblowing Policy)

8.3 Roles and responsibilities of the Governing Body

The Children’s Hospital School Governing body have a strategic leadership responsibility for our school’s/college’s safeguarding arrangements and comply with their duties under legislation. Our governing body ensures policies, procedures and training in our school/college are effective and comply with the law at all times. Our Lead Governor for Safeguarding is Lynne Folwell. In addition to this, the governors of our school will ensure that:

- Our school has a Safeguarding and Child Protection Policy and procedures in place, and the policy is made available to parents on request and available on the school website [Safeguarding \(childrenshospital.school.leicester.sch.uk\)](http://childrenshospital.school.leicester.sch.uk)
- That all school staff members working with children consider the best interests of children and are advised to maintain an attitude of *‘it could happen here’* where safeguarding is concerned
- There is a senior member of the school’s leadership team who is designated to take lead responsibility for dealing with child protection – James Stafford, Assistant Head Teacher (Lead DSL).
- There is an appointed deputy(s) for child protection, in the event of the unavailability of the Lead DSL
- Where there is a safeguarding concern, Governing Body and SLT will ensure the child’s wishes and feelings are taken into account when determining what action to take and what services to provide for them
- That systems are in place, well promoted, easily understood and easily accessible for children to confidently report abuse, knowing their concerns will be treated seriously, and knowing they can safely express their views and give feedback

- The DSL and the appointed deputy(s) for child protection undertakes training for designated safeguarding leads, in addition to inter-agency child protection training, that is provided by, or to standards agreed by, LSCPB, and attends refresher DSL training at two-yearly intervals
- That clear systems and processes are in place for identifying and responding to potential mental health problems to a child including routes to escalate, referrals and accountability systems
- The Headteacher, and all other staff and volunteers who work with children, undertake appropriate training which is kept up-to-date through Whole School Training (annually); and that new staff, temporary staff and volunteers who work with children are made aware of the school's arrangements for child protection and their responsibilities. (Through the induction process)
- The Headteacher, and all other staff and volunteers who work with children, undertake appropriate online safety training
- There are procedures for dealing with allegations of abuse against members of staff and volunteers (LADO) and that the thresholds for allegations (Harms Thresholds/Low Level Concerns) against staff and volunteers are understood and reported appropriately by all staff members. (Appendix C)
- That Code of Conduct is up to date, maintained and adhered by staff so as not to bring the school into disrepute
- The chair of governors (or, in the absence of a chair, the vice chair) deals with any allegations of abuse made against the Headteacher, in liaison with the Local Authority Designated Officer. (Appendix C)
- That at least 1 member of the Governing body has attended LADO Training as a minimum and is refreshed regularly
- That at least 1 member of the Governing Body has attended Safer Recruitment Training as a minimum and is refreshed regularly
- The governing body nor individual governors will have a role in dealing with individual cases or a right to details of cases except when exercising their disciplinary functions in respect of allegations against a member of staff
- Any deficiencies or weaknesses brought to the attention of the governing body are rectified
- Policies and procedures are reviewed annually, and information is provided to the Local Authority on how the governing body discharges its duties regarding safeguarding and child protection.
- There is an individual member of the governing body who will champion and lead on issues to do with safeguarding children and child protection within the school, liaise with the DSL, and provide information and reports to the governing body , and that person is appropriately trained to discharge their responsibilities effectively. Our schools Lead Governor for Safeguarding is Lynne Folwell.
- Will ensure that school creates a culture of safe recruitment and, as part of that, adopts recruitment procedures that help deter, reject or identify people who might abuse children (Part three: Safer Recruitment, Keeping Children Safe in Education September 2021).
- That the Chair of the governing body completes the Annual Safeguarding Return– supporting schools to exercise their duties in relation to Safeguarding & Child Protection and return the document to the local authority in a timely manner
- That there is a Lead Governor for Antbullying and behaviour in the school. Our lead is NAME OF GOVERNOR LEAD FOR ANTIBULLYING
- That there is a Lead Governor for Mental Health in the School. Our lead is NAME OF GOVERNOR LEAD FOR MENTAL HEALTH

Our Governing Body will ensure they facilitate a whole school approach to safeguarding. This means ensuring safeguarding and child protection are at the forefront and underpin all relevant aspects of process

and policy development. Ultimately, all systems, processes and policies will operate with the best interests of the child at their heart.

9 Supporting Children

Some children may need a social worker due to safeguarding or welfare needs. Children may need this help for various reasons and their experiences of trauma and abuse can lead them to becoming more vulnerable or educationally disadvantaged. When receiving information from the Local Authority that a child has a social worker, our DSL(s) will use this information so that decisions can be made in the best interest of a child's safety and welfare, as routine. Our DSL(s), where appropriate, will share information accordingly with relevant partner agencies to safeguard and promote the physical and mental health wellbeing of any child. In addition to this;

- We recognise that a child who is abused, who witnesses violence or who lives in a violent environment may feel helpless and humiliated, may blame him/herself, and find it difficult to develop and maintain a sense of self-worth
- We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal, too aggressive or being withdrawn

9.1 Our school will support all students by:

- That child's wishes and feelings are taken into account when determining what action to take and what services to provide when dealing with a safeguarding concern
- That systems are in place, place, well promoted, easily understood and easily accessible for children to confidently report abuse, knowing their concerns will be treated seriously, and knowing they can safely express their views and give feedback
- Encouraging the development of self-esteem and resilience in every aspect of school life including through the curriculum
- Identifying children who are in need of extra mental health support which includes working with external agencies
- Promoting a caring, safe and positive environment within the school
- Ensure children are taught to recognise when they are at risk and know how to get help when they need it. Both, physically, mentally, and online.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children including Early Help
- Notifying Children's Social Care as soon as there is a significant concern
- Ensuring that a named teacher is designated for Looked After Children/Children In Need (LAC & CIN) and that an up to date list of LAC/CIN is regularly reviewed and monitored
- Providing continuing support to a student (about whom there have been concerns) who leaves the school by ensuring that such concerns and school medical records are forwarded under confidential cover to the Headteacher and Lead DSL at the pupil's new school as a matter of urgency
- Working with partner agencies to support and safeguard children within; Early Help, Children in Need, Child Protection and Looked After Children
- The school will ensure that children are taught about safeguarding, including online safety and peer on peer abuse and this will be a part of a broad and balanced curriculum. This will include covering relevant issues through Relationships Education and Relationships and Sex Education

10 Confidentiality

We recognise that all matters relating to child protection are confidential and the best interest of a child should be considered at all times. However, The Data Protection Act 2018 and GDPR do not prevent, or limit,

the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

10.1 The Headteacher or DSL will disclose personal information about a pupil to other members of staff on a need to know basis only. Staff will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to deal with an individual student/family. A written record will be made of what information has been shared, with whom, and when.

10.2 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

10.3 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's own safety or well-being, or that of another child as this may ultimately not be in the best interest of the child.

10.4 We will always undertake to share our intention to refer a child to Children's Social Care with their parents/carers consent unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Children's Social Care, duty & Advice Service.

11 Supporting Staff

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

11.2 We will support such staff by providing an opportunity to talk through their anxieties and concerns with the DSL and to seek further support where necessary. This could be provided by, for example, the Headteacher, by Occupational Health and/or a teacher/trade union representative as appropriate. Supervision can be provided to staff through Emma Compton and independent supervision is arranged for DSLs.

11.3 We understand that staff should have access to advice on the boundaries of appropriate behaviour. Guidance for safer working practice for those working with children and young people in education settings, 2019/2020 (Safer Recruitment Consortium).⁶ provides advice on this and the circumstances which should be avoided, in order to limit complaints against staff of abuse of trust, and/or allegations of physical or sexual abuse. These matters form part of staff induction and are referred to in the staff handbook/code of conduct.

11.4 We recognise that DSL's should have access to support (as in 11.2) and appropriate workshops, courses or meetings as organised or arranged through the Local Authority/LSCP

12 Allegations against staff

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

12.2 All staff including supply staff should be aware of the Whole School Behaviour Policy and Staff Code of Conduct

12.3 All staff including supply staff should be aware of the Guidance for Safer Working Practices for Adults who work with Children and Young People 2019/2020⁷

⁶ <https://saferrecruitmentconsortium.org/>

⁷ <https://saferrecruitmentconsortium.org/>

12.4 All staff as part of their annual safeguarding training will receive E Safety Training and will sign the ICT Acceptable Use Policy. This sets out responsibilities for all staff, ensuring they have an up-to-date awareness of e-safety matters and that all digital communications with students/parents/carers should be a professional level and only carried out using official school systems.

12.5 We understand that a pupil may make an allegation against a member of staff;

12.6 If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher or the most senior teacher (Deputy Head Teacher) if the Headteacher is not present.

12.7 The Headteacher/senior teacher on all such occasions will immediately discuss the content of the allegation with the Local Authority Designated Officer (LADO) and follow the process for managing the concern laid down in the LSCP B Procedures (<https://llrscb.proceduresonline.com/>). In addition to this, the Headteacher is aware of the harms thresholds and difference between low level concerns and harms as set out in KCSIE 2021 and within the schools 'Managing Allegations Procedures'. (Appendix C)

12.8 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors / trustees who will consult with Children's Social Care, LADO, without notifying the Headteacher first. (0116 454 2440)

12.9 In all occasions identified in 12.7 & 12.8 above, the school will follow the LSCP B/Local Authority procedures for managing allegations against staff and volunteers, a copy of which can be found in the School's Managing Allegations Policy (Statement of procedures for dealing with allegations of abuse against staff).

12.10 Suspension of the member of staff against whom an allegation has been made needs careful consideration, and we will consult (as in 12.8 above) in making this decision.

12.11 In line with this policy and other school procedures for incident reporting/recording, staff and pupils may provide accounts of events which will be stored under our own secure systems and may be produced in the event of any allegation. However, such accounts must not constitute an official statement and the reporting person must not be questioned over their disclosure at this stage.

12.12 Our lettings agreement for other users requires that the organiser will manage the suspension of adults where necessary from school premises.

12.13 Our school staff including supply staff are aware of and have an understanding of our 'Guidelines for Avoiding Allegations of Abuse' as outlined in Appendix D.

12.14 Our school staff including supply staff and volunteers understand their responsibilities in raising an allegation against another staff member; following local authority and LSCP B guidance and procedures

13 Whistleblowing

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

13.2 All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. If necessary, they should speak to the Chair of Governors or the Local Authority Designated Officer.

13.3 All staff are aware of and understand how to use our schools whistleblowing procedures. (Appendix C)

13.4 All staff have access to the NSPCC Whistleblowing Helpline.

14 Our role in the prevention of abuse

14.1 We recognise that the school plays a significant part in the prevention of harm to our pupils by providing pupils with effective lines of communication with trusted adults, supportive friends and an ethos of protection.

14.2 The school community will therefore:

- Establish and maintain an ethos, which is understood by all staff, which enables children to feel secure and encourages them to talk knowing that they will be listened to. This includes considering the best interest of a child and maintaining the ethos of *'it could happen here'*
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- We will provide opportunities for students to develop skills, concepts, attitudes and knowledge that promote their safety and well-being.
- Relevant issues will be addressed through the PSHE curriculum, for example self-esteem, emotional literacy, assertiveness, power, sex and relationship education, mental/physical health, e-safety and bullying.
- Relevant safeguarding issues will be addressed through other areas of the curriculum, for example, circle time, English, History, Drama, Art, ICT and E Safety (includes online and offline safety)
- Other areas of work
- All our policies which address issues of power and potential harm, for example bullying, equal opportunities, handling, positive behaviour, will be linked to ensure a whole school approach.
- Our safeguarding policy cannot be separated from the general ethos of the school, which should ensure that students are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

15 Safeguarding students who are vulnerable to extremism

15.1 Since 2010, when the Government published the Prevent Strategy⁸ and (Revised Prevent Duty Guidance 2015⁹), there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

15.2 THE CHILDREN'S HOSPITAL SCHOOL values freedom of speech and the expression of beliefs/ ideology as fundamental rights underpinning our society's values. Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

15.3 The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. THE

⁸ Prevent Strategy 2011 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf & CONTEST Strategy 2011 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97994/contest-summary.pdf

⁹ Revised Prevent Duty Guidance 2015 <https://www.gov.uk/government/publications/prevent-duty-guidance>

CHILDREN'S HOSPITAL SCHOOL is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix E.

15.4 THE CHILDREN'S HOSPITAL SCHOOL seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to religious ideologies, or to Far Right/Neo Nazi/White Supremacist ideology, Irish Nationalist extremist and Animal Rights movements.

15.5 LOCAL CONTEXT : The Children's Hospital School support students from throughout Leicester City and across Leicestershire and Rutland. Our school community is wide and not a specific locality. We recognise that all our students are vulnerable to extremism and radicalisation and therefore ensure our staff a kept update on various issues and promote e-safety, British values and building resilience.

15.5 Risk reduction

15.6 The school governors, the Headteacher and the DSLs for Safeguarding will assess the level of risk within the school and put actions in place to reduce that risk. Risk assessment may include consideration of the school's RE curriculum, SEND policy, the use of school premises by external agencies, integration of students by gender and SEN, anti-bullying policy and other issues specific to the school's profile, community and philosophy.

15.7 When any member of staff has concerns that a student may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL in the first instance

15.8 Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

15.9 Our staff have undergone Prevent Awareness Training and understand the steps to follow, via discussions with the DSL, if a referral to the Channel Programme is required

16 Contextual Safeguarding, Assessment Of Risk Outside The Home, Extra Familial Abuse (Child Criminal Exploitation)

16.1 CCE is a form of abuse and occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into criminal activity. Safeguarding incidents and CCE can be associated with factors outside the school and/or can occur between children outside of these environments. The Children's Hospital School Staff including our DSL(s) endeavour to consider the context within which such incidents and/or behaviours occur and will consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence. This is known as contextual safeguarding and assessment of risk outside the home, which simply means The Children's Hospital School staff will take into consideration wider environmental factors that may be present in a child's life that are a threat to their safety and or welfare. This way, schools and colleges are able to provide as much information as possible as part of the referral process to Childrens Social Care as necessary. Environmental factors within Contextual Safeguarding include but not exclusive;

17 County Lines

17.1 Criminal exploitation of children is a widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and

money from urban areas to suburban and rural areas, market and seaside towns. County Lines is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs.

17.2 Common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement.

17.3 People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

18 Serious Violence, Gang Violence & Youth Crime

18.1 A gang is a group of individuals that spends time in public and engages in criminal activity and violence. The group may also be territorial or in conflict with other gangs. Young people involved in gangs have an increased risk of experiencing violence and other types of abuse including sexual exploitation. Gang crime and serious youth violence is also often synonymous with knife crime and other serious violence.

18.2 The vast majority of young people and education establishments will not be affected by serious violence or gangs. However, where these problems do occur there will almost certainly be a significant impact.

18.3 Gangs specifically target children who have been excluded from school to groom them as drug dealers in towns across the UK. Exclusion from school appears to be a highly significant trigger point for the escalation of County Lines involvement for children who might be on the fringes of such activity or who are easily manipulated.

19 Knife Crime

19.1 Knife crime has been receiving countrywide attention after being recognised as a contemporary national trend in the UK. There have been a number of high-profile incidents where teenagers have been killed or injured by someone using a knife as a weapon. Knife crime simply put is any crime that involves a knife. This includes:

- carrying a knife or trying to buy one if you're under 18
- threatening someone with a knife
- carrying a knife that is banned
- a murder where the victim was stabbed with a knife
- a robbery or burglary where the thieves carried a knife as a weapon
- Within Leicester, May 2019 saw 237 reported incidents involving a knife or bladed instrument which was an increase of 30 from the previous month

20 Child Criminal Exploitation and Cybercrime Involvement

20.1 Organised criminal groups or individuals exploit children and young people due to their computer skills and ability, in order to access networks/data for criminal and financial gain. There are a number of signs that may indicate a pupil is a victim or is vulnerable to being exploited which include;

- Missing from education
- Show signs of other types of abuse/aggression towards others
- Have low self-esteem, and feelings of isolation, street or fear
- Lack trust in adults and appear fearful of authorities
- Have poor concentration or excessively tired
- Become anti-social
- Display symptoms of substance dependence
- Excessive time online computer/gaming forums
- Social Isolation in school with peers
- High-functioning with an interest in computing

21 Child Criminal Exploitation and Child Sexual Exploitation (CSE)

21.1 County Lines criminal exploitation is also synonymous with Child Sexual Exploitation. Criminal activity and Gang Association can lead into CSE through situations such as initiation, peer pressure in addition to sexual favours. Although county lines is mainly criminal, all our staff are aware of the definitions of CSE, signs and impact on vulnerable children. This is further outlined in section 17.1 of this Policy.

22 Modern Slavery & Trafficking

22.1 Slavery is an umbrella term for activities involved when one person obtains or holds another person in compelled service. The number of British children identified as potential victims of modern slavery has more than doubled in a year, prompting fresh concerns about child exploitation by county lines drugs gangs.

Someone is in slavery if they are:

- forced to work through mental or physical threat
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse
- dehumanised, treated as a commodity or bought and sold as 'property'
- physically constrained or have restrictions placed on his/her freedom
- 'slavery' is where ownership is exercised over a person
- 'servitude' involves the obligation to provide services imposed by coercion
- 'forced or compulsory labour' involves work or service extracted from any person under the menace of a penalty and for which the person has not offered himself voluntarily
- 'human trafficking' concerns arranging or facilitating the travel of another with a view to exploiting them.

22.2 Human trafficking;

22.3 Recruitment, transportation, transfer, harbouring or receipt of persons by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person; (where a child is involved, the above means are irrelevant). For the purposes of exploitation, which includes (but is not exhaustive):

- Prostitution
- Other sexual exploitation
- Forced labour

- Slavery (or similar)
- Servitude etc.
- Removal of organs

23 Child on Child Sexual Violence and Sexual Harassment (Peer on Peer Abuse)

KCSIE 2021, Part 5 is explicit in their definition of Child on Child Sexual Violence and Sexual Harassment/Peer on Peer abuse and its forms. However, within the context of contextual safeguarding, peer on peer abuse and peer influence has a massive impact on the child and young person (CYP). If CYP are exposed to other CYP who are known for being exploited, they are more likely to experience peer on peer abuse and be 'influenced'/'swayed' to participate in illegal activity, criminal activity and sexual activity. Further information on Peer on Peer Abuse/ Child on Child abuse and Sexual Violence and Sexual Harassment is outlined in our schools guidance Appendix F of this Policy.

24 Children and the court system

24.1 Children are sometime required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds. <https://www.gov.uk/government/publications/young-witness-booklet-for-12-to-17-year-olds> and <https://www.gov.uk/government/publications/young-witness-booklet-for-5-to-11-year-olds>

24.2 Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool <https://helpwithchildarrangements.service.justice.gov.uk/> with clear and concise information on the dispute resolution service. This may be useful for some parents and carers. If a child or young person from our school is in a situation where they are required to give evidence, school staff members will support the child and family members where appropriate.

25 Children with family members in prison

25.1 The imprisonment of a household member is one of ten adverse childhood experiences known to have a significant negative impact on children's long-term health and wellbeing, their school attainment, and later life experiences. Children may have to take on extra responsibilities at home, including becoming young carers in some situations.

25.2 These children are at risk of poor outcomes including stigma, isolation and poor mental health. Parental imprisonment is also associated specifically with negative school experiences, such as truanting, bullying and failure to achieve in education and children of prisoners are at a higher risk of mental ill health and have an increased likelihood of experiencing poverty compared to their peers.

25.3 Approximately 200,000 children have a parent sent to prison each year and as such, **The Children's Hospital School Staff** members will support children and their family members if children from our school have family members in prison. In such cases, **The Children's Hospital School** will remain non judgemental and supportive towards the child and family so that they can achieve the best whilst in our environment. Furthermore, if a parent or carer finds themselves in this situation, we encourage you to speak with our DSL so that support can be given as necessary.

26 Homelessness

26.1 Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. Our DSL are aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity if our children and family are experiencing homelessness. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property.

26.2 Whilst referrals and or discussion with the Local Housing Authority will be progressed as appropriate, and in accordance with local procedures, 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.

26.3 The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live.

26.4 Furthermore, The Children's Hospital School staff also promote Early Help and Support so that children and families can be identified and supported at an early stage. If a parent or carer and/or their children find themselves in this situation, we strongly urge you to speak to our DSL or member of school staff so that support can be provided.

26.5 Safeguarding CYP is a local and national priority and within The Children's Hospital School, protecting children from abuse, harm and neglect is a priority. Our Safeguarding and Child Protection Policy along with the school's values, ethos and behaviour policies, provides the basic platform to ensure children and young people are given the support to respect themselves and others, stand up for themselves and protect each other. Our staff are well versed with local and national guidance and are aware of emerging safeguarding concerns that could productionally harm our children and young people;

- Our school keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities, mental health and forms of exploitation
- Our staff are supported to recognise warning signs and symptoms in relation to specific issues, and include such issues in an age appropriate way in their curriculum
- Our staff are aware of emerging issues and contextual safeguarding and take this into consideration when assessing children and young peoples needs
- Our school works with and engages our families and communities to talk about such issues
- Our school staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.
- Our DSL knows where to seek and get advice as necessary.
- Our school brings in experts and uses specialist material to support the work we do
- Our school staff fully understand how to raise a concern using the appropriate channels

26.6 As **THE CHILDREN'S HOSPITAL SCHOOL** staff are aware that safeguarding issues can manifest themselves in many different ways, our staff have received annual safeguarding training and additional information to better equip themselves in the knowledge of other forms of abuse as per Keeping Children Safe in Education 2021. These are outlined in **Appendix A**.

27.1 Child Sexual Exploitation (CSE) & Trafficking. CSE is a form of abuse and occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity. Sexual exploitation can take many forms ranging from seemingly consensual relationships to serious gang and group exploitation.

27.2 THE CHILDREN'S HOSPITAL SCHOOL staff are aware that sexual exploitation can take many forms and that pupils may not exhibit external signs of abuse. Our staff are also aware that it is an offence carrying a maximum sentence of two years imprisonment where an adult (any adult) intentionally communicates (for example, by e-mail, text message, written note or orally) with a child under 16 (whom the adult does not reasonably believe to be aged 16 or over) for the purpose of obtaining sexual gratification. This act forms part of Section 67 of the Serious Crime Act 2015¹⁰ (offence of Sexual Communication with a Child) and came into force on 3 April 2017.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604931/circular-commencement-s67-serious-crime-act-2015.pdf

27.3 Therefore, our staff are vigilant for the less obvious signs, such as lots of new electronic equipment, when before there was none, seeming to have extra money to spend, moving away from established friendship groups, and the use of language appropriate/inappropriate for the child's age.

27.4 Our school staff are also aware of some of the signs and symptoms of CSE through LSCP B Leaflets¹¹, staff induction and as part of annual Whole School Safeguarding Training which in addition to the CSE & Trafficking Course delivered through Children's Workforce Matters¹² that the DSL has attended.

27.5 Our school staff follow guidance and procedures as outlined in 'Safeguarding Children and Young People from Sexual Exploitation in Leicester, Leicestershire and Rutland'¹³ available on the LSCP B website.

27.6 Our school staff are aware that if a disclosure is raised in reaction to CSE, that it will be reported straight to the DSL/SLT or Duty & Advice in their absence.

27.8 Sharing Nudes & Semi Nudes (formally Sexting) can also form part of CSE both online and offline

27.9 Child sexual exploitation can occur in different ways and in different situations. Many young people are 'groomed' by their abuser, online or face-to-face. Grooming is an action deliberately undertaken with the aim of befriending and establishing an emotional connection with a child, to lower the child's inhibitions with the intention to sexually abuse them.

27.10 Groomers will hide their true intentions and may spend a long time gaining a child's trust through a range of mediums including social media platforms. Section 67 of the Serious Crime Act 2015 (offence of Sexual Communication with a Child) which came into force on 3 April 2017 also applies to Sexting, Sharing Nudes and Semi Nudes (including videos and live streams) and Grooming and our staff are fully aware of the legislation¹⁴.

Grooming Models include;

- The relationship / peer model
- Organised / network model & trafficking model
- Inappropriate relationship model
- Gangs model

¹⁰ <https://www.gov.uk/government/publications/circular-201701-sexual-communication-with-a-child-implementation-of-s67-of-the-serious-crime-act-2015>

¹¹ <https://www.lcitylscb.org/safeguarding-leaflets/>

¹² <http://www.childrensworkforcematters.org.uk>

¹³ <https://www.lcitylscb.org/safeguarding-leaflets/>

¹⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604931/circular-commencement-s67-serious-crime-act-2015.pdf

- Online Gaming / Social Networks

27.11 Our staff are aware of the types of grooming which take place, including grooming models through their annual safeguarding training and information from our DSL.

27.12 Sharing Nudes or Semi Nudes/Sexting is when someone sends or receives a sexually explicit text, image or video or use of live stream. This includes sending 'nude pics', 'rude pics' or 'nude selfies'. This can be via Peer on Peer or other adults. As recently as June 2017, figures show there have been more than 4,000 cases since 2013 where children have taken explicit pictures of themselves and sent them to others, the youngest being 5 years old and research from Child Line suggest six out of ten teenagers say they have been asked for sexual images or videos. It is illegal to possess, take or distribute sexual images of someone who is under 18, even if the young person under the age of 18 has taken the image themselves and passed it on themselves.

THE CHILDREN'S HOSPITAL SCHOOL takes a zero tolerance approach if children are found to be sending sexual images of themselves or others whether intentionally or maliciously in our school. THE CHILDREN'S HOSPITAL SCHOOL has a duty of care to inform the Police and Childrens Social Care if such a case occurs. We will also notify parents directly if their children are involved. In addition to supporting our children with being safe in a digital world and highlighting the dangers, our staff have also been issued with the guidance on 'Sharing Nudes and Semi Nudes' from the UK Council for Internet Safety (Dec 2020) and have an understanding of how to handle such incidents if they arise in our school/college.

https://inege.com/wp-content/uploads/2021/01/UKCIS_sharing_nudes_and_semi_nudes_advice_for_education_settings_V2.pdf

27.13 THE CHILDREN'S HOSPITAL SCHOOL staff follow school procedures in reporting such concerns and promote E Safety and dangers of Sharing Nudes, Sexting, Grooming and CSE through lessons, PSHE and assemblies. Our pupils are taught how to keep safe on and off line and E Safety is promoted throughout the school and home environment. Our school have also discussed local and national cases where grooming of young children has taken place such as the Kayleigh Haywood Story/Brecks Game to highlight the dangers.

27.14 Our E safety policy is highlighted to staff, pupils and parents and is available on our school's website including our acceptable usage policy and our staff have undergone relevant online safety at induction and regularly throughout the year.

28 Child on Child Sexual Violence & Harassment including Peer on Peer Abuse/Children using Harmful Sexual Behaviour Behaviour¹⁵ (HSB)

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment
- sexual activity without consent
- consensual and non-consensual of sharing nudes and semi nudes/sexting
- Upskirting
- initiation/hazing type violence and rituals

28.1 Sexual violence and sexual harassment¹⁶ 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.

^{15&17} https://llrscb.proceduresonline.com/p_sexually_harm_behav.html?zoom_highlight=children+using+abusive+behaviour

¹⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014224/Sexual_violence_and_sexual_harassment_between_children_in_schools_and_colleges.pdf

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.

28.2 Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBTQ children are at greater risk.

28.3 THE CHILDREN'S HOSPITAL SCHOOL takes Peer on Peer abuse/Child on Child Sexual Violence & Harassment seriously and we understand that some children are more vulnerable to physical, sexual and emotional bullying and abuse by their peers. In our school, this kind of abuse will always be taken as seriously as abuse perpetrated by an adult and as seriously as a child who is suffering or likely to suffer significant harm.

28.4 Our staff understand that a significant proportion of sexual related offences are committed by teenagers and, on occasion, such offences are committed by younger children. Our staff therefore understand not to dismiss some abusive sexual behaviour as 'normal' between young people and not to create high thresholds in such cases before appropriate action is taken.

28.5 Staff and carers of children living away from home need clear guidance and training to identify the difference between consenting and abusive, and between appropriate and exploitative peer relationships. Our school will provide information, guidance and training to relevant staff members to support them with this.

28.6 Children and young people who abuse others should be held responsible for their abusive behaviour, while being identified and responded to in a way that meets their needs as well as protecting others and our school has clear guidelines around this.

28.7 Our school also refers to the LSCPB procedures¹⁷ which are written with particular reference to sexually abusive and inappropriate behaviours. Keeping Children Safe in Education 2021 (Part 5) also makes reference to Child on Child Sexual Violence & Harassment and where there are serious child protection concerns, as a result of non-sexual violence by a child or young person, leading to actual or possible significant harm, our safeguarding and child protection measures will be implemented.

29 Upskirting

29.1 Upskirting is the act of taking a photograph of underneath a person's skirt without their consent. It is often performed in a public place; public transport or on an escalator, with crowds of people making it harder to spot people taking these photos. It could also happen on the way to and from school and within a school. Being victim to such an incident can cause emotional distress for the young child or young person involved. THE CHILDREN'S HOSPITAL SCHOOL STAFF take these types of incidents seriously and our staff are aware of the law against 'Upskirting' which came into force on April 12, 2019 in England and Wales. If our staff are made aware of such incidents, the schools will follow its safeguarding procedures in addition to seeking advice from the Police.

29.2 At **The Children's Hospital School**, all our staff are aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras, upskirting and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them and serious action will be taken

¹⁷ https://llrscb.proceduresonline.com/p_sexually_harm_behav.html?zoom_highlight=children+using+abusive+behaviour

29.3 If our staff have a concern that a child might have been abused by another child and/or is displaying inappropriate sexualised behaviour, staff will in the first instance refer their concerns to the DSL. The DSL will then directly contact Children's Social Care/DAS in accordance with the LSCPB Referrals Procedure to decide how the incident will be managed. Furthermore, our DSL will also seek advice from the Police where necessary. Our staff are aware of what Peer on Peer abuse and Sexual Violence/Harassment is at national and local levels through our annual Whole School Training and our DSL has attended CUSAB Training delivered by Safeguarding in Education to enhance their knowledge in this area further.

30 Domestic Violence and Abuse & Violence between young people (Teen relationships)

30.1 The cross-government definition of domestic violence and abuse is¹⁸:

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

- psychological
- physical
- sexual
- financial
- emotional

30.2 There have been a number of high profile cases both locally and nationally where domestic violence and abuse has had a significant and direct impact on the child and their mental health and wellbeing. If the school is made aware of incidents of domestic violence which is impacting on a child within the school, (suspicions and allegations of abuse, harm and significant risk to a child), the school will follow Local Authority and Leicester Safeguarding Board guidelines in reporting such concerns to Childrens Social Care, Duty and Advice or the Police and will also seek further guidance where necessary.

30.3 Domestic abuse is not limited to adults; there is an increasing awareness of violence from one teenager to another;

- 1 in 5 teenage girls have been assaulted by a boyfriend
- Young women are more likely to experience sexual violence than other age groups
- Young women with older partners are at increased risk of victimisation
- Recent surveys (including NSPCC¹⁹, Zero Tolerance and End Violence Against Women campaign) reveal that approximately 40% of our young people are already being subjected to relationship abuse in their teenage years

30.4 If The Children's Hospital School is made aware of children behaving this way with other children within our school, and violence is apparent between the young people's intimate relationship; this includes issues around the use of social media and Sexting, we will view this as a significant child welfare concern and where necessary, the appropriate agencies will be informed. This includes Children Social Care and the Police.

30.5 If such cases are prevalent within our school, whether the incident involves Adult Relationships or Teen Relationships, the school will also work closely with the child and the Headteacher/DSL will endeavour to support the child who has been exposed to this type of violence and abuse with the involvement of (where appropriate) their parents/carers and their boyfriend/girlfriend.

¹⁸ <https://www.gov.uk/guidance/domestic-violence-and-abuse>

¹⁹ <https://www.nspcc.org.uk/services-and-resources/research-and-resources/pre-2013/partner-exploitation-and-violence-in-teenage-intimate-relationships/>

30.6 Furthermore, involvement through Operation encompass and Early Help Offer can also support the child and parents/carers and the school will ensure communications and multiagency working with Social Care and Early Help is maintained to fully support the child and their family. (Victims). Staff will also work with all the children in our school to ensure information and the importance of healthy relationships is highlighted through assemblies, circle time and PSHE lessons.

31 Child Missing From Education

31.1 A Child Missing From Education forms part of the wider LSCPB procedures²⁰ for children who go missing from School, Home, Care Education and includes Families who go missing.

31.2 A pupil missing from education on a number of occasions is a potential indicator of abuse and neglect.

31.3 Should a pupil go missing from THE CHILDREN'S HOSPITAL SCHOOL our Attendance Officer (Diane Davies, Deputy Head Teacher) will inform the DSL/SLT and contact the Educational Welfare Service. The DSL will consider further actions and/or support should it be required and to ensure they help identify the any risk of abuse and neglect, including sexual exploitation and to help prevent the risks of them going missing in future.

31.4 At THE CHILDREN'S HOSPITAL SCHOOL if a child is no longer coming to our school where the parent/carer has removed them, we will ensure that appropriate steps are taken and measures are in place. I.e. we will follow our school guidelines in monitoring those parents/carers home tutoring, follow procedures where a child is taken out of school to go on holiday, where a child is removed from school as the family are moving away;

31.5 We will notify All relevant partner agencies/services including Education Welfare, correct forms will be completed, information will be recorded and child folders/information will be passed on to the appropriate person (where applicable).

32 Honour based Abuse (HBA)

32.1. Honour-based Abuse is a term that embraces a variety of crimes of violence (mainly but not exclusively against women) including domestic abuse, which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, FGM, Forced marriage, abuse linked to faith and culture, breast ironing, inappropriate dress or make-up and even kissing in a public place.

32.2 HBA can exist in any culture or community where males are in position to establish and enforce women's conduct. However, males can also be victims, sometimes as a consequence of a relationship which is deemed to be inappropriate, if they are gay, have a disability or if they have assisted a victim.

33 Female Genital Mutilation

²⁰ <https://llrscb.proceduresonline.com/index.htm>

33.1 Female Genital Mutilation is an illegal operation under the Female Mutilation Act 2003, is a form of child abuse and as such, is dealt with under the school's Child Protection & Safeguarding Policy.

33.2 Definition of Female Genital Mutilation²¹ (FGM):

FGM comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. Therefore, our staff have been briefed on the importance of FGM through our Whole School Safeguarding on September 2019, and are aware of some of the signs and symptoms.

Responding to FGM - The school will ensure;

- We raise awareness of staff in regard to the issues of FGM through Whole School Training
- Staff have a clear understanding of what FGM is
- FGM is within the schools Safeguarding Policy
- Sex and Health curriculum supports pupils understanding of their bodies and keeping themselves safe
- Monitoring absences

33.3 As of October 2015, it became a mandatory responsibility of all staff members to report any suspicion of FGM to the police if the child is under 18 years of age. If any of our staff at THE CHILDREN'S HOSPITAL SCHOOL are aware of such concerns, staff will, in the first instance, report their concerns to the DSL and/or Headteacher and then take appropriate steps to either directly contact the Police or seek advice from Duty & Advice, Childrens Social Care.

33.4 Any concerns raised including any referrals made will be; monitored closely and recorded following our school's procedures by the staff members raising the concern, the DSL or both.

33.5 Furthermore, our school staff are aware that guidance on FGM has been updated in July 2020 and the guidance is available to all staff.

34 Forced Marriage

34.1 A forced marriage is a marriage that is performed under duress and without the full and informed consent or free will of both parties. Duress cannot be justified on religious or cultural grounds. Victims of forced marriage may be the subject of physical violence, rape, abduction, false imprisonment, enslavement, emotional abuse, and murder. It is important not to confuse 'forced' marriage with 'arranged' marriage. In the instance of an 'arranged' marriage both parties freely consent.

34.2 The Governments definition of a Forced Marriage²² is;

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

²¹ FGM Revised Guidance July 2020 - <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

²² <https://www.gov.uk/guidance/forced-marriage>

34.3 THE CHILDREN'S HOSPITAL SCHOOL staff, through induction and Whole School Training are aware of the importance and impact on a child/student who is involved in such situations.

34.4 In addition, the Forced Marriage Unit have issued guidance on Force Marriage and vulnerable adults due to an emerging trend of cases where such marriages involving people with learning difficulties. This is not a crime which is perpetrated by men only, sometimes female relatives will support, incite or assist. It is also not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family. Sometimes contract killers and bounty hunters will also be employed

34.5 In such cases, disclosures and concerns relating to Forced Marriage/Honour Based Abuse will be reported directly to the DSL and the Police due to the impact it could have on the child/student in the wider community. Information will be sought from Children's Social Care Duty & Advice and where appropriate and Police and the Forced Marriage Unit.

35 Abuse linked to faith, beliefs and culture

35.1 Child abuse is never acceptable in any community, in any culture, in any religion, under any circumstances. However, some children are subject to certain kinds of child abuse linked to their faith, belief or culture and this includes abuse that might arise through a belief in spirit possession or other spiritual or religious beliefs.

This kind of abuse can also include;

- Belief in concept of witchcraft, magic or voodoo
- Demons or the devil acting through children or leading them astray
- The evil eye or djinns and dakini
- Ritual or muti murders
- Breast Ironing
- Female Genital Mutilation
- Honour based violence and Forced Marriage
- Chastisement of a child in a Place of Worship

35.2 Whilst this is not an exhaustive list, THE CHILDREN'S HOSPITAL SCHOOL recognises that sadly, such cases are on the increase within the community and as a school, we take such incidents as seriously as any other kind of abuse perpetrated by an adult on a child.

35.3 If the school has been made aware of such a case, the school will follow LSCP procedures and where appropriate, report the incident to Children Social Care and/or the Police.

35.4 As a school, our staff are aware of some of the signs of this kind of abuse and have attended training to support them further. We also work closely with all our children to promote healthy relationships and British Values. Our code of conduct (Children/Teachers/Parents & Carers), also teaches our children mutual respect of other faith, beliefs and cultures in a positive manner rather than negative. We believe and respect each other in our school and maintain this ethos throughout the teaching and learning environment.

36 Early Help and Supporting Children and their Families

36.1 Early Help and prevention is about how different agencies work together to help children, young people and their families at any point in their lives to prevent or reduce difficulties. This means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

36.2 At The Children's Hospital School , key staff members and DSLs have attended our LSCPb's Early Help and Early Help Assessment Training and our staff are prepared to identify any children who may benefit from Early Help, support to the family through our Family Support Worker or other professionals.

37 Bullying and Safeguarding

All concerns of bullying are recorded on CPOMS with appropriate Tags to monitor and effectively deal with concerns raised.

37.1 **The Law** - Some forms of bullying are illegal and should be reported to the police. These include:

- violence or assault
- theft
- repeated harassment or intimidation, for example name calling, threats and abusive phone calls, emails or text messages
- hate crimes

37.2 Bullying is defined as 'behaviour by an individual or group, usually repeated over time, which intentionally hurts another individual or group either physically or emotionally'. Repeated bullying usually has a significant emotional component, where the anticipation and fear of being bullied seriously affects the behaviour of the victim.

37.3 It can be inflicted on a child by another child or an adult. Bullying can take many forms (for instance, cyber-bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences.

37.4 THE CHILDREN'S HOSPITAL SCHOOL has a legal duty to ensure we have an Anti-Bully Policy in place and that all staff, children and parents/carers are made aware of it. This document can be accessed on our schools website [Anti-Bullying \(childrenshospital.school.leicester.sch.uk\)](http://childrenshospital.school.leicester.sch.uk) and sets out clear procedures in managing such incidents within the school. We also deliver work in school about anti-bullying through assemblies and lessons and our staff are trained in appropriately dealing with such incidents.

37.5 However, at times, bullying such as Peer on Peer abuse; sexualised behaviour, serious incidents of harm, homophobic behaviours, cyber bullying and Sexting/Use of mobile phones will be taken seriously and as a serious safeguarding concern especially if the child is at risk of significant harm. In such cases, our Designated Safeguarding Lead and the Headteacher will assess the situation and seek advice and guidance from Childrens Social care or the Police especially in relation to illegal activity.

38 Local Priorities

38.1 Within Leicester City, the Local Authority and LSCPB has have their own priorities which reflect the area in which The Children’s Hospital School is based. Some of these include being aware of Knife Crime, Gang Related Issues, Radicalisation, County Lines, Criminal Activity, Antisocial Behaviour, FGM and Contextual Safeguarding. (This is not an exhaustive list).

38.2 Within our local community area, although The Children’s Hospital School support students from throughout Leicester City and across Leicestershire. Our school community is wide and not a specific locality, our priorities remain and are:

- Priority of Child criminal exploitation
- Priority of Domestic abuse
- Priority of Child sexual exploitation
- Awareness of County Lines
- Awareness of FGM

38.3 Our SLT, DSLs and staff are aware of these priorities and we aim to raise awareness through a whole school approach and staff training to ensure our children and young people are aware of such issues and that we implement the correct policies and procedures to ensure that our children and young people are safe within school and within the community we serve. We work closely with other agencies including the Police, Community Groups and Social care and where appropriate, Parents and Carers will also be a part of this whole school and whole community approach process.

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39 Private Fostering

39.1 A private fostering arrangement is one that is made without the involvement of the local authority to look after a child under the age of 16 (or under 18 if disabled) by someone other than a parent or close relative, for 28 days or more and can include those living with extended family members. So, this could be a child living with people as stated below:

Private Fostering includes a child living with:	Private Fostering does not include a child living with:
Godparents	Mother/Father
Great Grandparents	Brothers/Sister
Great Aunts or Uncles	Grandparents
Family Friends	Aunts/Uncles
Step parents where a couple isn’t married or in a civil partnership	Step Parents where a couple is married or in a civil partnership
Cousins	Children and young people who are being looked after by the Authority.

39.2 It's a legal duty (Children Act 1989) for parents or the private foster carer to notify the local authority of whenever a child is not living with a close relative. This should be done six weeks before the arrangement takes place or immediately if it is unplanned or already happening. This is so the local authority can work with private foster carers to keep children safe and also support anyone who is privately fostering.

39.2 THE CHILDREN'S HOSPITAL SCHOOL staff are aware of what Private Fostering is and staff in our school understand their legal duty under the Children Act 1989 to notify the Local Authority/Childrens Social Care, they are made aware of such cases. THE CHILDREN'S HOSPITAL SCHOOL understands the apprehension some carers may feel is raising such concerns and the difficulty that some carers may have if faced with this situation. As such, the school and staff will endeavour to support the cares and the child to ensure the wellbeing of the child is maintained and help and advice is made available.

40 Online safety

40.1 Technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse online as well as face to face. In many cases abuse will take place concurrently via online channels and in daily life. Children can also abuse their peers online, this can take the form of abusive, harassing, and misogynistic messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography, to those who do not want to receive such content. An effective approach to online safety empowers a school or college to protect and educate the whole school or college community in their use of technology and establishes mechanisms to identify, intervene in, and escalate any incident where appropriate.

The Children's Hospital School takes online safety and well being of staff and children seriously and all our staff are given training including online safety at induction. In addition to this, all staff receive, child protection, safeguarding and online safety updates through via email, e-bulletins and staff meetings at least annually to provide them with relevant skills and knowledge to safeguard children effectively. Our approach to online safety reflected as required in all relevant policies and whilst planning the curriculum, teacher training, the role and responsibilities of the designated safeguarding lead and any parental engagement.

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

- **content:** being exposed to illegal, inappropriate or harmful material; for example pornography, fake news, racist or radical and extremist views;
- **contact:** being subjected to harmful online interaction with other users; for example commercial advertising as well as adults posing as children or young adults; and
- **conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example making, sending and receiving explicit images, or online bullying.
- **commerce** - risks such as online gambling, inappropriate advertising, phishing and or financial scams. If you feel your pupils, students or staff are at risk, please report it to the Anti-Phishing Working Group

40.2 Education

The school will do everything that they reasonably can to limit children's exposure to the above risks from the school's IT system As part of this process, the school will teach children how to safe online using the government guidance²³ and other resources.

²³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/811796/Teaching_online_safety_in_school.pdf

40.3 Filtering and monitoring

The school will ensure we have appropriate filters and monitoring systems in place.

The appropriateness of any filters and monitoring systems and will be informed in part, by the risk assessment required by the Prevent Duty. The UK Safer Internet Centre has published guidance as to what “appropriate” filtering and monitoring might look like.

Guidance on e-security is available from the National Education Network.

Whilst filtering and monitoring is an important part of the online safety picture, it is only one part.

The school will consider a whole school approach to online safety. This will include a clear policy on the use of mobile technology in the school. Many children have unlimited and unrestricted access to the internet via 3G and 4G in particular and the school will carefully consider how this is managed on our premises. The policy will take into consideration the use of all handheld devices and smart watches.

40.4 Staff training

The school will ensure that online safety training for staff is integrated, aligned and considered as part of the overarching safeguarding approach.

41 What we do when we are concerned about a child?

41.1 Where risk factors are present but there is no evidence of a particular risk, then our DSL/SLT advises us on preventative work that can be done within school to engage the student into mainstream activities and social groups. The DSL/SLT may well be the person who talks to and has conversations with the student’s family, sharing the school’s concern about the young person’s vulnerability and how the family and school can work together to reduce the risk.

41.2 In this situation, depending on how worried we are and what we agree with the parent and the young person (as far as possible)

41.3 The DSL can decide to notify Duty and Advice, Early Help or Family Support Services so that a strategic overview can be maintained and any themes or common factors can be recognised; and
The school will review the situation after taking appropriate action to address the concerns.

41.4 The DSL will also offer and seek advice about undertaking an Early Help assessment and/or making a referral to Early Help services.

41.5 In addition to the above, our School staff will refer to Appendix B ‘Procedure to follow in cases of possible, alleged or suspected abuse, or serious cause for concern about a child’ when dealing with a child Disclosure or an allegation of abuse.

42 Policy review

The Governing Body of our school will review the Safeguarding and Child Protection Policy annually.

43 Other Relevant Policies

The Children's Hospital School Governing Body's legal responsibility for safeguarding the welfare of the children goes beyond child protection. Their duty is to ensure that safeguarding permeates all activity and functions. This policy therefore complements and supports a range of other policies, for instance:

- Children's behaviour management, including drug/alcohol use
- Staff behaviour and management (Code of Conduct; Safer Working Practice)
- Special Educational Needs, Mental Health Issues and Disabled Children
- First aid and the administration of medicines
- Health and safety & Site security
- Sex and Relationship Education/Underage Sexual Activity (Healthy Relationships and Domestic Violence in Young People)
- Equal opportunities
- ICT and E-safety, including on and offline and acceptable usage (Handheld devices and smart watches)
- Mobile phone and camera use (digital equipment)
- LAC Policy
- Visitor Policy
- Whistleblowing Procedures (Appendix C)

The above list is not exhaustive and when undertaking development or planning of any kind, THE CHILDREN'S HOSPITAL SCHOOL and our Governors will consider the best interest of our children and any implications for safeguarding children and promoting their welfare.

44. Useful contact numbers and links

Leicestershire Police	999 / 0116 2222222
One Front Door Duty & Advice (Includes out of hours) das.team@leicester.gov.uk Early Help & Support/ early-help@leicester.gov.uk	0116 454 1004
Children's Safeguarding Unit	0116 454 2440
Safeguarding in Education Julie Chapaneri & Mohammed Patel Safeguardingineducation@leicester.gov.uk	0116 454 2440
Local Authority Designated Officer (LADO) Jude Atkinson	0116 454 2440
Leicester Safeguarding Childrens Board (LSCPb) http://www.lcityLSCPb.org/	0116 454 6520
Prevent (Advice / Referral) City: Ailsa Coull – Ailsa.coull@leicester.gov.uk	01164 546923 07519 069833
UAVA – United against violence and abuse (Domestic Violence, Abuse between Teenagers and Domestic Violence in BME community) info@uava.org.uk	0808 80 200 28
Forced Marriage Unit fmu@fco.gov.uk	020 7008 0151
Female Genital Mutilation Helpline fgmhelp@nspcc.org	0800 028 3550
NSPCC Whistleblowing Advice Line help@nspcc.org.uk	0800 0280285

Useful websites and links

www.thinkuknow.co.uk
www.disrespectnobody.co.uk
www.saferinternet.org.uk
www.internetmatters.org
www.pshe-association.org.uk
www.educateagainsthate.com
www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation

APPENDIX A- DEFINITION AND INDICATORS OF ABUSE

1. 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); or
Ensure access to appropriate medical care or treatment.

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Fabricated or Induced Illnesses (Munchausen Syndrome by Proxy)
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers

Neglect is a priority for Leicester, Leicestershire & Rutland LSCPB. Neglect has been identified as a feature in national & local Serious Case Reviews (SCRs, local learning reviews and multi-agency audits. Our local LSCPB have developed a *Neglect Toolkit* to support practitioners identify neglect earlier in families. Key staff members and DSLs in our school are versed with this document and understand when to use it.

<http://www.lcitylscb.org/information-for-practitioners/safeguarding-topics/neglect/>

2. 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;

- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fabricated or Induced Illnesses (Munchausen Syndrome by Proxy)
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

3. SEXUAL ABUSE

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 act of sexual abuse, as can other children.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

3a. SEXUAL EXPLOITATION

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person. Sexual Exploitation can also include Grooming and Sexting.

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are: (no an exhaustive list)

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

5. EMOTIONAL ABUSE

Emotional abuse is 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 children 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 the 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 also involve seeing or hearing the ill-treatment of another person. 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. The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment

6. Sexual Harassment and Sexual Violence²⁴

Sexual violence

It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003¹⁰⁵ as described below:

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent? Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Sexual harassment

When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- Sexual “jokes” or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
 - Non-consensual sharing of sexual images and videos;
 - Sexualised online bullying;
 - Unwanted sexual comments and messages, including, on social media; and
 - Sexual exploitation; coercion and threats

²⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014057/KCSIE_2021_September.pdf - Part 5

The response to a report of sexual violence or sexual harassment

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

6. RESPONSES FROM PARENTS

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Severe chastisement of a child including withholding food and using food as a form of punishment;
- Parents request removal of the child from home; or
- Violence between adults in the household.

7. SEND CHILDREN (Special Educational Needs and Disabilities)

The Children's Hospital School is an inclusive school and welcomes all pupils including those with SEND. We believe in providing every possible opportunity to enable our pupils to develop their full potential whilst promoting their self-esteem and valuing their individuality.

Some children have barriers to learning that mean they have special needs and require particular action by the school. Our dedicated SENCO and teachers take account of these requirements and make provision, where necessary, to support individuals or groups of children and thus enable them to participate effectively in curriculum and assessment activities.

Key issues for safeguarding children with disabilities include:

- Social isolation
- Reliance on others for personal care
- Impaired capacity to resist or report abusive behaviour
- Reduced access to someone to tell
- Especially vulnerable to bullying and intimidation
- More frequently away from home, eg. in hospital, respite care or residential living

Our SENCO and teachers have attended appropriate training as part of their CPD; whole school safeguarding training, understand the vulnerability of SEND children and understand that SEND children may be at higher risk of abuse or neglect.

Some indicators concerns could include:

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting; misappropriation of a child's finances
- Invasive procedures which are unnecessary or are carried out against the child's will
- A lack of knowledge about the impact of disability on the child
- A lack of knowledge about the child, e.g. not knowing the child's usual behaviour
- Not being able to understand the child's method of communication
- Confusing behaviours that may indicate the child is being abused with those associated with the child's disability
- Denial of the child's sexuality
- Behaviour, including sexually harmful behaviour or self-injury may be indicative of abuse
- Being aware that certain health/medical complications may influence the way symptoms present or are interpreted.

The Children's Hospital School has a specific SEND Policy. All our staff have access to this policy and key staff members are also aware of the LSCP B Procedures²⁵ on line. As best practice our school will ensure we:

- Provide starting points for the development of an appropriate curriculum
- Identify and focus attention on action to support the child within the class
- Use the assessment processes to identify any learning difficulties
- Ensure ongoing observation and assessments provide regular feedback about the child's achievements and experiences to form the basis for planning the next steps of the child's learning
- Help disabled children make their wishes and feelings known in respect of their care and treatment;
- Ensure that disabled children receive appropriate personal, health, and social education (including sex education);
- Make sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate.
- Those disabled children with communication impairments should have available to them at all times a means of being heard;
- Close contact with families, and a culture of openness on the part of services;
- Guidelines and training for staff on good practice in intimate care; handling difficult behaviour; consent to treatment; anti-bullying strategies; and sexuality and sexual behaviour among young people;

²⁵ <http://www.lcitylscb.org/information-for-practitioners/safeguarding-topics/neglect/>

- Guidelines and training for staff working with disabled children aged 16 and over to ensure that decisions about disabled children who lack capacity will be governed by the Mental Health Capacity Act once they reach the age of 16.
- Use specialist service needs/multi-agency approach if as a school we feel additional, support resources and interventions are required.

APPENDIX B - PROCEDURE TO FOLLOW IN CASES OF POSSIBLE, ALLEGED OR SUSPECTED ABUSE, OR SERIOUS CAUSE FOR CONCERN ABOUT A CHILD: FOR ALL STAFF MEMBERS

Teachers are in a unique position to identify and help children who may be being abused. Although all schools are required to have a named designated teacher with responsibility for co-ordinating child protection, this should not diminish the role all teachers have in protecting children. Child abuse usually comes to the attention of teachers in one of four ways:

- a direct allegation from the child being abused,
- a third party (e.g. friend, classmate) report,
- through the child's behaviour
- or through observation of an injury to the child.

When a child makes a disclosure, or when concerns are received from other sources, do not investigate, ask leading questions, examine children, or promise confidentiality. You may ask questions of a clarifying nature – such as 'who, what, where, when, how?' or use the acronym TED – 'Tell me, 'Explain it to me', Describe it to me.'

Remember, the way in which you talk to the child may have an effect on any subsequent legal proceedings. You need to be open and non-judgemental. Children making disclosures should be reassured and, if possible at this stage, should be informed what action will be taken next.

As soon as possible write a dated and timed note of what has been disclosed or noticed, said or done and report to the Designated Safeguarding Lead (DSL). It is important to act swiftly to avoid delays.

As a general guide, it is important to remember the following:

SECRETS - A child's trust can place a heavy responsibility on teachers, particularly if they want the abuse to remain a secret. You should tell the child that if he or she is being hurt you will need to tell other people. The child may need to be reassured that you will only speak to those who need to know and that they will treat the matter confidentially.

LISTEN - Listen carefully to the child. Take what he or she says seriously as it is rare for a child to make entirely false allegations.

REASSURE - Reassure the child that he or she was right to tell and is not to blame for what happened, but do not promise confidentiality.

RECORD - As soon as possible after talking with the child, make a written record of what was said at the time, when and where the conversation took place and who was present. This must be accurate and not interpretation or assumption. Note any colloquial/slang words used by students and any language/behaviour inappropriate for the child's age – do not convert them into proper terms. Remember this may be used in any subsequent legal proceedings so note down too, how the child was behaving and the way in which they told you what was happening. This may indicate how the child was feeling.

For injuries in specific areas, record the location accurately – DO NOT take photographs or examine the child yourself.

SUPPORT - Get support for yourself. Listening to abused children can be very upsetting, and giving the child help may be difficult, if you are not given support yourself. Experience of working with children is not, in itself, preparation for the distress abuse can raise.

REMEMBER - It takes courage and determination for a child to tell an adult that they are being, or have been, abused. When they do tell someone, it is usually a person who they feel they can trust and whom they feel is reliable. For reasons of confidentiality, only those people who need to know about the abuse should be told, and conversations about the child should always be held in private.

If the concern involves the conduct of a member of staff or volunteer, a visitor, a governor, a trainee or another young person or child, the DSL/Headteacher must be informed asap; if the concern is in reaction to your Headteacher, you must speak to your Governor. If you feel you cannot speak with your Governors, you must use your whistleblowing procedure and contact Duty & Advice/LADO for advice and support. (Appendix C)

NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

APPENDIX C - ALLEGATIONS ABOUT A MEMBER OF STAFF/VOLUNTEERS

Guidance on managing Allegations procedures for The Children’s Hospital School including Low Level Concerns and Whistleblowing

As per KCSIE 2021, it is the responsibility of THE CHILDREN’S HOSPITAL SCHOOL to ensure procedures are in place for dealing with concerns and/or allegations against those working in or on behalf of schools and colleges in a paid or unpaid capacity, including, members of staff, supply teachers, volunteers and contractors. Our procedures are consistent with local safeguarding procedures and practice guidance and KCSIE 2021²⁶.

1. Inappropriate behaviour by staff/volunteers could take the following forms:

- **Physical**
For example the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
- **Emotional**
For example intimidation, belittling, scapegoating, sarcasm, lack of respect for children’s rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.
- **Sexual**
For example sexualised behaviour towards students, sexual harassment, sexual assault and rape.
- **Neglect**
For example failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.

KCSIE 2021²⁷ states that LADO procedures are categorised in to 2 main areas;

1. Allegations that may meet the harms threshold
2. Allegation/concerns that do not meet the harms threshold – referred to as ‘low level concerns’.

If a staff member is unable to raise a concern about the inappropriate behaviour of another staff member, or any other safeguarding concern, all staff are aware of The Children’s Hospital School Whistleblowing Procedures with the Whistleblowing Policy.

1. PRINCIPLES

As part of our whole school approach to safeguarding, we all promote and open and transparent culture in which all concerns about all adults working in or on behalf of the trust (including supply teachers, volunteers and contractors) are dealt with promptly and appropriately.

A culture in which all concerns about adults, including allegations that do not meet the harms threshold (see individual academies ‘Managing allegations against staff’ policies and Keeping Children Safe in Education (2021), section four) are shared responsibly and with the right person, recording and dealt with appropriately, is of paramount importance. Our aim is to create an open and transparent culture to enable us to identify concerning, problematic or inappropriate behaviour early, minimise the risk of abuse and ensure that adults working on behalf of the trust are clear about professional boundaries so that they can act within these boundaries and in accordance with the ethos and values of the school.

²⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014057/KCSIE_2021_September.pdf - Part 4 Managing Allegations

²⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014057/KCSIE_2021_September.pdf - Part 4 Managing Allegations

The Children's Hospital School is committed to ensuring Low-Level Concerns are monitored, recorded and dealt with appropriately to create a safer culture for all staff, pupils and visitors.

This policy has been written with reference to *Keeping Children Safe in Education (2021)*, *Farrer & Co Developing and implementing a low-level concerns policy: A guide for organisations which work with children 2020* and *Farrer & Co Safeguarding Children: dealing with low-level concerns about adults May 2017*.

2. DISTINCTION BETWEEN AN ALLEGATION AND A LOW-LEVEL CONCERN

A culture encouraging reporting of Low-Level Concerns enables to staff to share any concerns they may have, no matter how small, about their own or their colleagues' behaviour.

Concerns should not be limited to Safeguarding but could relate to behaviour which does not meet the professional standards expected within the school.

WHAT IS AN ALLEGATION?

The term '**allegation**' means that it is alleged that a person who works with children has:

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

The last bullet point above includes behaviour that may have happened outside of the school, that might make an individual unsuitable to work with children. This is known as transferable risk. Examples of this may include if they:

- have behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include an arrest for the possession of a weapon.
- have, as a parent or carer, become subject to child protection procedures.
- are closely associated with someone in their personal lives (e.g., partner, member of the family or other household member) who may present a risk of harm to child/ren for whom the adult is responsible in their employment/volunteering.

WHAT IS A LOW-LEVEL CONCERN?

A **low-level concern** does not mean it is insignificant, it is any concern about an adult's behaviour towards a child that does not meet the allegation threshold set out above or is not otherwise serious enough to consider a referral to the LADO.

A **low-level concern** is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' – that an adult working on behalf of the school may have acted in a manner which:

- is not consistent with the school's Code of Conduct, including inappropriate conduct outside of work and

- does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

Examples of such behaviour could include (but are not limited to):

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

The school recognises that such behaviours can exist on a wide spectrum from the thoughtless behaviour that may look to be inappropriate but may not be in specific circumstances through to that which is ultimately intended to enable abuse.

3. IMPORTANCE OF SHARING LOW-LEVEL CONCERNS

It is crucial that any low-level concerns, including those that do not meet the allegation/harm threshold are shared responsibly and with the right person, so that they can be recorded and dealt with appropriately. Ensuring that they are dealt with effectively will also protect those working in or on behalf of the school from potential false allegations or misunderstandings.

It is necessary to ensure a culture of openness and trust is fostered within an organisation in which staff can share any concerns about the conduct of colleagues and be assured that these will be received in a sensitive manner. It is well documented that organisational child sexual abuse is often preceded by grooming, and that such conduct was observed and considered questionable. This could be targeted at protective adults, not just children or vulnerable adults. This behaviour was rarely reported to the relevant individual in the organisation, was not recorded, and not available later for evaluation of patterns emerging. Research has shown that it is not possible for individuals to accurately judge people, as there is no one profile to describe everyone who abuses a child, so focus should be placed upon specific behaviours.

To minimise the risk of situational offending, there needs to be a culture of allowing the confidence to speak out. This requires a robust framework, policy, training, support and leadership to facilitate this and a willingness to accept that abuse could happen in any organisation.

4. STAFF CODE OF CONDUCT AND CHILD PROTECTION AND SAFEGUARDING POLICIES.

This Low Level Concerns information will be shared with staff as an appendix to the Child Protection and Safeguarding Policy. This is to ensure that staff know what a low-level concern is that it is not insignificant and how important it is to share these concerns. The purpose of this policy is to create and embed the openness, trust and transparency ethos on which our school is built, and which aligns with our values. These are constantly lived, monitored and reinforced by all school staff.

In order to ensure that this policy is implemented, the school will:

- Ensure all staff are clear about what appropriate behaviours are and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others.
- Empower staff to share any low-level safeguarding concerns with the Head Teacher.

- Address unprofessional behaviour, supporting the individual to correct it at an early stage.
- Provide a responsive, sensitive and proportionate handling of such concerns when they are raised and.
- Help identify any weakness in the academy or trust safeguarding systems and processes.

5. SHARING LOW LEVEL CONCERNS

Low-level concerns about a member of staff should be reported to the Head Teacher. Where the concern is about the Head Teacher, it should be shared with Chair of Governors.

The Children's Hospital School creates an environment where staff are encouraged and feel confident to self-refer, where, for example they have found themselves in a situation which could be misinterpreted, might appear compromising to others and/or on reflection they believe that they behaved in such a way that they consider falls below the expected professional standards and contravenes the staff code of conduct.

Low-level concerns relating to supply staff or contractors should also be reported to the Head Teacher and recorded in accordance with this policy (see record keeping). Their employer will then be notified about the concern so that any potential patterns of inappropriate behaviours can be identified.

6. RECORDING LOW LEVEL CONCERNS

All low-level concerns will be recorded by the Head Teacher in writing. The record will contain:

- the details of the concern.
- the context in which the concern arose.
- the action taken
- the name of the individual sharing their concerns (although if the individual wishes to remain anonymous this should be respected as far as possible).

These records will be kept confidentially and securely, complying with the data Protection Act 2018 and the UK GDPR.

These records will be reviewed periodically, as a new low-level concern is raised, so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. Should a pattern be identified, the Head Teacher will decide on a course of action wither via the Disciplinary Procedures or if the concerns now meet the harms threshold, this will be referred to the LADO.

Consideration will also be given to whether there are wider cultural issues within the academy which enabled the behaviour to occur and take remedial actions e.g., review of policies, additional training, to minimise the risk of repetition.

These records will be retained until the individual leaves the employment of the Trust.

7. RESPONDING TO LOW-LEVEL CONCERNS

After reporting of them low level concern has been reported to the Head Teacher, they will respond accordingly by collecting as much evidence as possible by speaking:

- Directly to the person who raised the concern (unless it has been raised anonymously).
- To the individual involved and any witnesses.

The collection of information will enable the Head Teacher to categorise the type of behaviour and determine what further action may need to be taken.

8. DATA PROTECTION

The Data Protection Act 2018 makes specific provision for the processing of personal data necessary for safeguarding children from harm. The Information Sharing Code of Practice (Information Commissioner's Office 2019) specifically cites safeguarding of children as a 'clear example of a compelling reason' to share personal data. Where a concern is low-level, rather than an allegation, the balance between safeguarding interest and personal data rights will be considered carefully to ensure it is a reasonably necessary measure that the data should be shared.

9. SHOULD LOW-LEVEL CONCERNS BE REFERRED TO IN A REFERENCE?

The school will only provide substantiated safeguarding allegations in references. Low level concerns will not be included in references unless they relate to issues that would normally be included in a reference e.g., misconduct or poor performance. Therefore, low levels concerns that refer only to safeguarding will not be referred to, unless a group of concerns has met the harms threshold for a referral to the LADO who has found it to be substantiated.

10. PRINCIPLES

As part of our whole trust approach to safeguarding, our academies all promote and open and transparent culture in which all concerns about all adults working in or on behalf of the trust (including supply teachers, volunteers and contractors) are dealt with promptly and appropriately.

A culture in which all concerns about adults, including allegations that do not meet the harms threshold (see individual academies 'Managing allegations against staff' policies and Keeping Children Safe in Education (2021), section four) are shared responsibly and with the right person, recording and dealt with appropriately, is of paramount importance. Our aim is to create an open and transparent culture to enable us to identify concerning, problematic or inappropriate behaviour early, minimise the risk of abuse and ensure that adults working on behalf of the trust are clear about professional boundaries so that they can act within these boundaries and in accordance with the ethos and values of the Trust.

The Children's Hospital School are committed to ensuring Low-Level Concerns are monitored, recorded and dealt with appropriately to create a safer culture for all staff, pupils and visitors.

This policy has been written with reference to *Keeping Children Safe in Education (2021)*, *Farrer & Co Developing and implementing a low-level concerns policy: A guide for organisations which work with children 2020* and *Farrer & Co Safeguarding Children: dealing with low-level concerns about adults May 2017*.

This policy should be read alongside the Child Protection and Safeguarding Policies of the individual academies and their associated policies.

11. DISTINCTION BETWEEN AN ALLEGATION AND A LOW-LEVEL CONCERN

A culture encouraging reporting of Low-Level Concerns enables to staff to share any concerns they may have, no matter how small, about their own or their colleagues' behaviour.

Concerns should not be limited to Safeguarding but could relate to behaviour which does not meet the professional standards expected within the school.

WHAT IS AN ALLEGATION?

The term '**allegation**' means that it is alleged that a person who works with children has:

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

The last bullet point above includes behaviour that may have happened outside of the school, that might make an individual unsuitable to work with children. This is known as transferable risk. Examples of this may include if they:

- have behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include an arrest for the possession of a weapon.
- have, as a parent or carer, become subject to child protection procedures.
- are closely associated with someone in their personal lives (e.g., partner, member of the family or other household member) who may present a risk of harm to child/ren for whom the adult is responsible in their employment/volunteering.

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A **low-level concern** does not mean it is insignificant, it is any concern about an adult's behaviour towards a child that does not meet the allegation threshold set out above or is not otherwise serious enough to consider a referral to the LADO.

A **low-level concern** is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' – that an adult working on behalf of the Trust may have acted in a manner which:

- is not consistent with the school's Code of Conduct, including inappropriate conduct outside of work and
- does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

Examples of such behaviour could include (but are not limited to):

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

The school recognises that such behaviours can exist on a wide spectrum from the thoughtless behaviour that may look to be inappropriate but may not be in specific circumstances through to that which is ultimately intended to enable abuse.

12. IMPORTANCE OF SHARING LOW-LEVEL CONCERNS

It is crucial that any low-level concerns, including those that do not meet the allegation/harm threshold are shared responsibly and with the right person, so that they can be recorded and dealt with appropriately. Ensuring that they are dealt with effectively will also protect those working in or on behalf of the school from potential false allegations or misunderstandings.

It is necessary to ensure a culture of openness and trust is fostered within an organisation in which staff can share any concerns about the conduct of colleagues and be assured that these will be received in a sensitive manner. It is well documented that organisational child sexual abuse is often preceded by grooming, and that such conduct was observed and considered questionable. This could be targeted at protective adults, not just children or vulnerable adults. This behaviour was rarely reported to the relevant individual in the organisation, was not recorded, and not available later for evaluation of patterns emerging. Research has shown that it is not possible for individuals to accurately judge people, as there is no one profile to describe everyone who abuses a child, so focus should be placed upon specific behaviours.

To minimise the risk of situational offending, there needs to be a culture of allowing the confidence to speak out. This requires a robust framework, policy, training, support and leadership to facilitate this and a willingness to accept that abuse could happen in any organisation.

13. STAFF CODE OF CONDUCT AND CHILD PROTECTION AND SAFEGUARDING POLICIES.

This Low Level Concerns Policy will be shared with staff as part of the Child Protection Policy as will form an appendix to the main Child Protection and Safeguarding Policy in each academy. This is to ensure that staff know what a low-level concern is that it is no insignificant and how important it is to share these concerns. The purpose of this policy is to create and embed the openness, trust and transparency ethos on which our school is built, and which aligns with our values. These are constantly lived, monitored and reinforced by all school staff.

In order to ensure that this policy is implemented, the school will:

- Ensure all staff are clear about what appropriate behaviours are and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others.
- Empower staff to share any low-level safeguarding concerns with the Designated Safeguarding Lead (DSL) or a deputy.
- Address unprofessional behaviour, supporting the individual to correct it at an early stage.
- Provide a responsive, sensitive and proportionate handling of such concerns when they are raised and.
- Help identify any weakness in the school safeguarding systems and processes.

14. SHARING LOW LEVEL CONCERNS

Low-level concerns about a member of staff should be reported to the DSL or deputy. Where the concern is about a DSL or deputy, it should be shared with the headteacher.

The Children's Hospital School creates an environment where staff are encouraged and feel confident to self-refer, where, for example they have found themselves in a situation which could be misinterpreted, might appear compromising to others and/or on reflection they believe that

they behaved in such a way that they consider falls below the expected professional standards and contravenes the staff code of conduct.

Low-level concerns relating to supply staff or contractors should also be reported to the DSL or deputy and/or headteacher and recorded in accordance with this policy (see record keeping). Their employer will then be notified about the concern so that any potential patterns of inappropriate behaviours can be identified.

15. RECORDING LOW LEVEL CONCERNS

All low-level concerns will be recorded by Head Teacher in writing. The record will contain:

- the details of the concern.
- the context in which the concern arose.
- the action taken
- the name of the individual sharing their concerns (although if the individual wishes to remain anonymous this should be respected as far as possible).

These records will be kept confidentially and securely, complying with the data Protection Act 2018 and the UK GDPR.

These records will be reviewed periodically, as a new low-level concern is raised, so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. Should a pattern be identified, the Head teacher will decide on a course of action wither via the Disciplinary Procedures or if the concerns now meet the harms threshold, this will be referred to the LADO.

Consideration will also be given to whether there are wider cultural issues within the school which enabled the behaviour to occur and take remedial actions e.g., review of policies, additional training, to minimise the risk of repetition.

These records will be retained until the individual leaves the employment of the school.

16. RESPONDING TO LOW-LEVEL CONCERNS

After reporting of them low level concern has been reported to the Head Teacher, they will respond accordingly by collecting as much evidence as possible by speaking:

- Directly to the person who raised the concern (unless it has been raised anonymously).
- To the individual involved and any witnesses.

The collection of information will enable the Head Teacher to categorise the type of behaviour and determine what further action may need to be taken.

17. DATA PROTECTION

The Data Protection Act 2018 makes specific provision for the processing of personal data necessary for safeguarding children from harm. The Information Sharing Code of Practice (Information Commissioner's Office 2019) specifically cites safeguarding of children as a 'clear example of a compelling reason' to share personal data. Where a concern is low-level, rather than an allegation, the balance between safeguarding interest and personal data rights will be considered carefully to ensure it is a reasonably necessary measure that the data should be shared.

18. SHOULD LOW-LEVEL CONCERNS BE REFERRED TO IN A REFERENCE?

The school will only provide substantiated safeguarding allegations in references. Low level concerns will not be included in references unless they relate to issues that would normally be included in a reference e.g., misconduct or poor performance. Therefore, low levels concerns that refer only to safeguarding will not be referred to, unless a group of concerns has met the harms threshold for a referral to the LADO who has found it to be substantiated.

Statement of procedures for allegations of abuse made against staff

This statement applies to all cases in which it is alleged that a current member of staff, including a supply teacher or volunteer, has:

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

It applies regardless of whether the alleged abuse took place in the school. Allegations against a teacher who is no longer teaching and historical allegations of abuse will be referred to the police.

We will deal with any allegation of abuse against a member of staff or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

Our procedures for dealing with allegations will be applied with common sense and judgement.

Suspension of the accused until the case is resolved

Suspension will not be the default position, and will only be considered in cases where there is reason to suspect that a child or other children is/are at risk of harm, or the case is so serious that it might be grounds for dismissal. In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

- Redeployment within the school so that the individual does not have direct contact with the child or children concerned
- Providing an assistant to be present when the individual has contact with children
- Redeploying the individual to alternative work in the school so that they do not have unsupervised access to children
- Moving the child or children to classes where they will not come into contact with the individual, making it clear that this is not a punishment and parents have been consulted
- Temporarily redeploying the individual to another role in a different location, for example to an alternative school or other work for the local authority

Definitions for outcomes of allegation investigations

- **Substantiated:** there is sufficient evidence to prove the allegation
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- **False:** there is sufficient evidence to disprove the allegation

- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)
- **Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made

Procedure for dealing with allegations

In the event of an allegation that meets the criteria above, the headteacher (or chair of governors if the headteacher is the subject of the allegation) – the ‘case manager’ – will take the following steps:

- Immediately discuss the allegation with the designated officer at the local authority. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children’s social care services. (The case manager may, on occasion, consider it necessary to involve the police *before* consulting the designated officer – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the designated officer as soon as practicably possible after contacting the police)
- Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the designated officer (and the police or children’s social care services, where necessary). Where the police and/or children’s social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies
- Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at the school is justified or whether alternative arrangements such as those outlined above can be put in place. Advice will be sought from the designated officer, police and/or children’s social care services, as appropriate
- **If immediate suspension is considered necessary**, agree and record the rationale for this with the designated officer. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within 1 working day, and the individual will be given a named contact at the school and their contact details
- **If it is decided that no further action is to be taken** in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the designated officer what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation
- **If it is decided that further action is needed**, take steps as agreed with the designated officer to initiate the appropriate action in school and/or liaise with the police and/or children’s social care services as appropriate
- Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and considering what other support is appropriate. Staff will be reminded that support

can be sought from their professional Union and / or from counselling services e.g. Amica.

- Inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and/or the police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against teachers (where this applies) while investigations are ongoing. Any parent or carer who wishes to have the confidentiality restrictions removed in respect of a teacher will be advised to seek legal advice
- Keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence)
- Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child

Where our Early Years provision is directly affected (LRI and outreach):

We will inform Ofsted of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere), and any action taken in respect of the allegations. This notification will be made as soon as reasonably possible and always within 14 days of the allegations being made.

If the school is made aware that the secretary of state has made an interim prohibition order in respect of an individual, we will immediately suspend that individual from teaching, pending the findings of the investigation by the Teaching Regulation Agency.

Where the police are involved, wherever possible the governing body will ask the police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in the school's disciplinary process, should this be required at a later point.

Additional considerations for supply staff

If there are concerns or an allegation is made against someone not directly employed by the school, such as supply staff provided by an agency, we will take the actions below in addition to our standard procedures.

- We will not decide to stop using a supply teacher due to safeguarding concerns without finding out the facts and liaising with our local authority designated officer to determine a suitable outcome
- The governing board will discuss with the agency whether it is appropriate to suspend the supply teacher, or redeploy them to another part of the school, while the school carries out the investigation
- We will involve the agency fully, but the school will take the lead in collecting the necessary information and providing it to the local authority designated officer as required
- We will address issues such as information sharing, to ensure any previous concerns or allegations known to the agency are taken into account (we will do this, for example, as

part of the allegations management meeting or by liaising directly with the agency where necessary)

When using an agency, we will inform them of our process for managing allegations, and keep them updated about our policies as necessary, and will invite the agency's HR manager or equivalent to meetings as appropriate.

Timescales

- Any cases where it is clear immediately that the allegation is unsubstantiated or malicious will be resolved within 1 week
- If the nature of an allegation does not require formal disciplinary action, we will institute appropriate action within 3 working days
- If a disciplinary hearing is required and can be held without further investigation, we will hold this within 15 working days

Specific actions

Action following a criminal investigation or prosecution

The case manager will discuss with the local authority's designated officer whether any further action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the police and/or children's social care services.

Conclusion of a case where the allegation is substantiated

If the allegation is substantiated and the individual is dismissed or the school ceases to use their services, or the individual resigns or otherwise ceases to provide their services, the case manager and the school's personnel adviser will discuss with the designated officer whether to make a referral to the DBS for consideration of whether inclusion on the barred lists is required. If they think that the individual has engaged in conduct that has harmed (or is likely to harm) a child, or if they think the person otherwise poses a risk of harm to a child, they must make a referral to the DBS.

If the individual concerned is a member of teaching staff, the case manager and personnel adviser will discuss with the designated officer whether to refer the matter to the Teaching Regulation Agency to consider prohibiting the individual from teaching.

Individuals returning to work after suspension

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

The case manager will also consider how best to manage the individual's contact with the child or children who made the allegation, if they are still attending the school.

Unsubstantiated or malicious allegations

If an allegation is shown to be deliberately invented, or malicious, the headteacher, or other appropriate person in the case of an allegation against the headteacher, will consider whether any disciplinary action is appropriate against the pupil(s) who made it, or whether the police should be asked to consider whether action against those who made the allegation might be appropriate, even if they are not a pupil.

Confidentiality

The school will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the local authority's designated officer, police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- What, if any, information can be reasonably given to the wider community to reduce speculation
- How to manage press interest if, and when, it arises

Record-keeping

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:

- A clear and comprehensive summary of the allegation
- Details of how the allegation was followed up and resolved
- Notes of any action taken and decisions reached (and justification for these, as stated above)

If an allegation or concern is not found to have been malicious, the school will retain the records of the case on the individual's confidential personnel file, and provide a copy to the individual.

Where records contain information about allegations of sexual abuse, we will preserve these for the Independent Inquiry into Child Sexual Abuse (IICSA), for the term of the inquiry. We will retain all other records at least until the individual has reached normal pension age, or for 10 years from the date of the allegation if that is longer.

The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

References

When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.

Learning lessons

After any cases where the allegations are *substantiated*, we will review the circumstances of the case with the local authority's designated officer to determine whether there are any improvements that we can make to the school's procedures or practice to help prevent similar events in the future.

This will include consideration of (as applicable):

- Issues arising from the decision to suspend the member of staff
- The duration of the suspension
- Whether or not the suspension was justified
- The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual

WHISTLEBLOWING PROCEDURES

Policy Statement

The Children's Hospital School is committed to conducting its business with honesty and integrity and it expects all staff to maintain high standards of conduct. All organisations, however, face the risk of things going wrong from time to time, or of unknowingly harbouring illegal or unethical conduct. A culture of openness and accountability is essential in order to prevent such situations occurring or to address them when they do occur.

The aims of this policy are:

- To encourage staff to report suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate and that their confidentiality will be respected.
- To provide staff with guidance as to how to raise those concerns.
- To reassure staff that they should be able to raise genuine concerns in good faith without fear of reprisals, even if they turn out to be mistaken.
- This policy aims to explain what constitutes a whistleblowing complaint, how to raise one, how it will be dealt with and what protection is afforded to a legitimate whistle-blower.

Scope

This policy applies to all individuals working at all levels of the organisation, including chief officers, officers, employees, consultants, trainees, part-time and fixed-term workers, casual/ agency staff and volunteers (collectively referred to as **staff** in this policy).

What is Whistleblowing?

Whistleblowing is the disclosure of information which relates to suspected wrongdoing or dangers at work. This may include:

- criminal activity
- miscarriages of justice
- danger to health and safety
- damage to the environment
- failure to comply with any legal obligation or regulatory requirements (inc Safeguarding procedures)
- bribery
- financial fraud or mismanagement
- negligence
- the deliberate concealment of any of the above matters

A **whistle-blower** is a person who raises a genuine concern in good faith relating to any of the above. If you have any genuine concerns related to suspected wrongdoing or danger affecting any of the school's activities (a **whistleblowing concern**) you should report it under this policy.

This policy should not be used for the following:

- Raising concerns that relate to your own personal circumstances such as the way you have been treated at work. Such concerns should be raised in the first instance informally with your line manager who will attempt to resolve them for you. If no resolution is possible, the Grievance Procedure, (or other appropriate procedure such as the “Harassment and Discrimination procedure”) should be used for this purpose.
- Raising concerns of a serious nature which do not fall within the definitions set out in the section above. The Grievance Procedure, or other procedure as appropriate, should be used for this purpose.
- Raising concerns as a member of the public. The Corporate Complaints Procedure should be used for this purpose.
- Raising concerns about Councillors. The Member Code of Conduct and Arrangements should be used for this purpose.

If you are uncertain whether something is within the scope of this policy, you should seek advice from Human Resources.

Raising a whistleblowing concern

We hope that in many cases you will be able to raise any concerns with your line manager. You may tell them in person or put the matter in writing if you prefer. They may be able to agree a way of resolving your concern quickly and effectively. Where you do not feel you can do this then you should raise your concern with a manager above the level of your immediate manager. In all cases the manager will log the referral with the Monitoring Officer so that it can be recorded as a “whistleblowing complaint.”

Where the matter is more serious, or you feel that your line manager has not addressed your concern or you prefer not to raise it with them or their superior for any reason, you should raise your concern directly with the Head teacher. Should the Head teacher consider that your concern should not have been raised with them because (i) the allegation can be properly dealt with by another manager and/or (ii) your identity does not need protecting by the Head teacher, they will discuss their view with you. Consequently, your referral may be redirected to your line manager or another appropriate manager. It is in any event in most cases likely that the Head teacher will deal with your concern and liaise with your line manager regarding its progression. If you are in any doubt you can seek advice from Public Concern at Work, the independent whistleblowing charity, who offer a confidential helpline. Their contact details are below:

Public Concern at Work (Independent whistleblowing charity)

Helpline: (020) 7404 6609 E-mail: whistle@pcaw.co.uk Website: www.pcaw.co.uk

Confidentiality

It is hoped that staff will feel able to voice whistleblowing concerns openly under this policy. If, however, you want to raise your concern confidentially, every effort will be made to keep your identity confidential. In these circumstances and if it is necessary for anyone investigating or involved generally in your concern to know your identity, this will be discussed with you prior to your identity being disclosed.

Anonymous disclosures are not encouraged. Proper investigation may be more difficult or impossible if further information cannot be obtained from you. It is also more difficult to establish whether any allegations are credible and have been made in good faith. Whistle-blowers who are

concerned about possible reprisals if their identity is revealed should raise this at the time that they make their disclosure and appropriate measures can then be taken where appropriate. If you are in any doubt you can seek advice from Public Concern at Work, the independent whistleblowing charity, who offer a confidential helpline. Their contact details are at the end of this policy.

External Disclosures

The aim of this policy is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing in the workplace. In most cases you should not find it necessary to alert anyone externally.

The law recognises that in some circumstances it may be appropriate for you to report your concerns to an external body such as a regulator. It will very rarely if ever be appropriate to alert the media. We strongly encourage you to seek advice before reporting a concern externally. The independent whistleblowing charity, Public Concern at Work, operates a confidential helpline. They also have a list of prescribed regulators for reporting certain types of concern. Their contact details are at the end of this policy.

Whistleblowing concerns usually relate to the conduct of staff, but they may sometimes relate to the actions of a third party, such as a contractor. The law allows you to raise a concern in good faith with a third party, where you reasonably believe it relates mainly to their actions or something that is legally their responsibility. You are encouraged, however, to report such concerns internally in line with the procedure outlined above.

Investigation and Outcome

Once you have raised a concern, an initial assessment will be undertaken to determine what, if any, steps should be taken. As part of this process, whether your concern falls within the scope of this policy will be considered. You will be informed of the outcome of the assessment. You may be required to attend meetings in order to provide further information.

Following the initial assessment an investigation may be undertaken. It may be appropriate for a line manager or some other manager to undertake the investigation. Questions of potential conflict of interest will be considered in determining the appropriateness or otherwise of any particular officer carrying out an investigation. Where a potential or actual conflict of interests exists for a particular officer, they should not carry out the investigation. In exceptional circumstances or where specific expertise is required, an external investigator may be appointed.

It may be appropriate to instigate a further procedure following the conclusion of any investigation, such as the disciplinary procedure. Any such action falls outside the scope of this policy.

Whilst in most circumstances you will be kept informed of the progress of any investigation and its likely timescale, the need for confidentiality may prevent the provision of information to you including specific details of the investigation or any disciplinary action taken as a result. The investigator will decide what details, if any, should be provided to you regarding the investigation itself and its outcome. You should, however, treat any information about the investigation provided to you as confidential.

If it is concluded that a whistle-blower has made false allegations maliciously, in bad faith (i.e. not merely mistakenly) or with a view to personal gain, the disciplinary procedure will be followed in respect of that complaint.

Protection and Support for Whistle-blowers

It is understandable that whistle-blowers are sometimes worried about possible repercussions. The school aims to encourage openness and will support staff who raise genuine concerns in good faith under this policy, even if they turn out to be mistaken.

Staff must not suffer any detrimental treatment as a result of raising a concern in good faith. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If you believe that you have suffered any such treatment, you should inform your line manager or HR immediately who will assess what steps, if any, should be taken. If for any reason you do not believe it is appropriate to raise this with your line manager, you should inform the next line of management. Where matters have been disclosed in confidence and anonymously, then you can speak with the Head teacher. If the matter is not resolved to your satisfaction you may raise this using the Grievance Procedure.

Staff must not threaten or retaliate against whistle-blowers in any way. Anyone involved in such conduct will be subject to disciplinary action.

Responsibility for the success of this policy

The Governing Body has overall responsibility for this policy and for reviewing the effectiveness of actions taken in response to concerns raised under this policy.

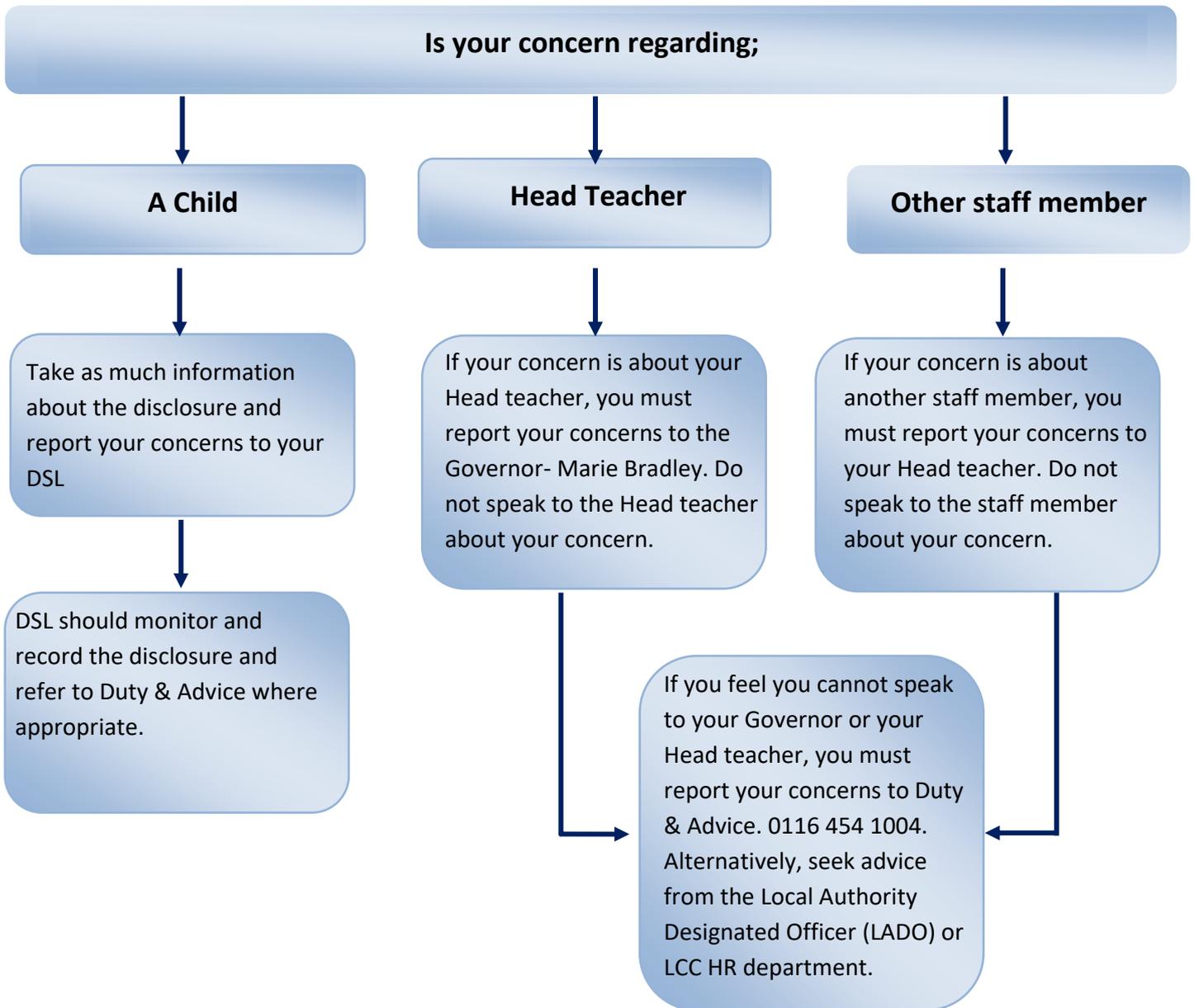
The Head teacher has day-to-day operational responsibility for this policy and must ensure that all managers and other staff who may deal with concerns or investigations under this policy receive regular and appropriate training.

The Children's Hospital is fully committed to safeguarding and the welfare of children and young people. It is the responsibility of all to report any safeguarding issues immediately to the Chair of the Governing Body or to an external body should it be felt that sufficient action is not being taken by the DSL's or Head teacher.

The Governing Body should review this policy from a legal and operational perspective at least once a year. Trade Unions will be consulted before any changes are implemented.

Public Interest Disclosure Act 1998 (whistleblowing) protects workers in private, public and voluntary organisations, if in the public interest they blow the whistle on wrongdoing.

If you want to raise a concern in your school/college and wish to whistle blow for wrongdoing, in the first instance, use the following diagram for guidance:



APPENDIX D - GUIDELINES FOR AVOIDING ALLEGATIONS OF ABUSE: FOR ALL STAFF MEMBERS

Whilst they may in common law be regarded as acting in loco parentis, teachers and carers in school should remember that they are not able to take the place of parents in providing physical comfort. This is not to say that all physical contact is inappropriate, rather that the professional context demands circumspection and a sense of fitness for purpose.

Teachers of very young children of nursery and Key stage 1 age will naturally need to engage in more physical contact than teachers of older children. Comforting a distressed child who may just have started school will not be an unusual occurrence. Similarly, in the special school setting, some children may tend towards demanding physical attention. In such circumstances, the contact by the adult will be for re-assurance and may involve physical closeness (e.g. holding the child's hand or placing hands on the child's shoulders). Hugging and kissing would be inappropriate for other than the parent, even though the child may want to initiate it.

Administration of medicines and first aid requires careful codes of conduct and procedures. These should be laid down by local authority or health authority or in individual school guidelines and followed meticulously. As a rule of thumb, teachers should not administer medicines. If the child had an adverse reaction to a medicine given by a teacher, the teacher could be held liable and charged with negligence.

Administration of first aid should be undertaken by a qualified first aider. Where none is available, the minimum steps should be taken to ensure the child's safety and the emergency services should be called.

Teachers may sometimes be called upon to intervene physically if a child or children are in danger of injuring themselves or others - as in a fight in the school yard. It is important that in such circumstances the minimum possible reasonable force is used. Where possible another colleague should be called upon to assist, both to minimise the risk of injury to the teacher intervening and to act as witness that reasonable force and no more was used. After such an event a clear record of what took place should be made, including where possible statements from witnesses. The Headteacher should be informed.

One-to-one situations with pupils need to be carefully and consciously managed. Some teaching, as with peripatetic music staff, may often suggest one-to-one organisation. Where pupils can be paired for such lessons, it is preferable. Where this is not possible and in other situations of individual interviews with pupils, it is advisable to use a room with a window where others can see in or to leave the door open. If confidentiality makes this difficult, then another member of staff should be informed that the interview is taking place.

If a child becomes distressed, support and re-assurance should be offered through calming words rather than through physical contact. Teachers should not become involved with children's personal problems beyond listening and being sensitive to them in order to refer the child to the most appropriate source of help or counselling.

APPENDIX E - INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:

Vocal or active opposition to fundamental values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

3. Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

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

- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues; and
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and/or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis

APPENDIX F – The Children’s Hospital School ’s Guidance on child on child sexual violence and sexual harassment

KCSIE 2021 states that child on child sexual violence and sexual harassment forms part of the statutory guidance about how schools and colleges should respond to all reports and concerns of child on child sexual violence and sexual harassment, including those that have happened outside of the school, premises, and or online.

Sexual violence and sexual harassment can occur between two children of any age and sex, from primary through to secondary stage and into colleges. It can occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable. The Children’s Hospital School takes such incidents seriously and have strict measures in place to address this kind of behaviour and our staff are advised to maintain an attitude of ‘it could happen here’.

Whilst our school strictly follows statutory guidance and information from the government **Sexual Violence and Sexual Harassment Between Children in Schools and Colleges**, the following measures are in place in order to support children and staff if such incidents are reported and received in our school;

- All staff are aware of child on child sexual violence and sexual harassment. Making clear that sexual violence and sexual harassment are not acceptable and will never be tolerated.
- The Children’s Hospital School use the definitions of sexual harassment, sexual violence and online sexual abuse as defined in Keeping Children Safe in Education 2021.
- Our approach and response to such incidents follows that of reporting to a Designated Safeguarding Lead.
- Staff must not investigate and are clear with their role to not cast blame or shame on any individual whether that is a victims/perpetrator/staff.
- The Designated Safeguarding Lead along with a Deputy Designated Safeguarding Lead will develop a quick action plan to ensure the safety and welfare of individuals where concerns are raised as well as other students and staff
- Where concerns are raised will use Tell me, Explain, Describe to support students when sharing their concerns. At Willow Bank School cards are located in each classroom that explains to students ‘What happens next?’ and can act as an aide memoir for staff.
- The Designated Safeguarding Lead along with a Deputy Designated Safeguarding Lead will make contact with families and services as appropriate and record the incident using CPOMS. A risk assessment for students will be written and shared with all Deputy Designated Safeguarding Leads.