

St Thomas More's Catholic Primary School and Pre-School

Child Protection & Safeguarding Policy, Procedure and Guidance

Approved at:	Full Governing Body Meeting 05/10/26
Review:	Annually
Review date:	AUTUMN 2027

Key points for staff		
Title	Name	Main Role
DSL:	J. Sendall	Oversee safeguarding practice and procedures for school & pre-school
DDSL:	R. Webster	Day-to-day management of safeguarding issues and cases
DDSL:	S. Carpenter R. Hill	Deputise for DSL
DDSL:	L. Jackson	Day-to-day management of safeguarding for Tommy's
Safeguarding Governor	D.Newbiggin	The nominated safeguarding governor who will take leadership responsibility for safeguarding.
Chair of Governors	P. Baker	Point of contact should there be allegations against the Headteacher, and acts on behalf of the governing body.
• Always assume 'it could happen here' and be professionally curious • Always act in the child's best interests, including alleged perpetrators • Make sure you understand the issues of KCSIE • Be on the lookout for signs of abuse (as per training) • Remember that children may not feel ready or know how to tell someone they are being abused and may try to communicate in different ways. • If you see something, say something – including concerns about staff and our safeguarding practice • Always make a written record, but verbally inform the DSL too • Remember your duties related to FGM and Prevent		

Contents

Part 1: Policy	5
Policy Statement	5
Aims.....	5
Definitions.....	5
Principles & Values	6
Leadership and Management	6
Training.....	6
Confidentiality	7
Educating pupils.....	7
Roles and responsibilities	7
Staff responsibilities.....	7
Senior Management Team responsibilities.....	9
Governing body responsibilities	10
Safer Recruitment	10
Staff Induction	11
Disqualification under the childcare act	11
General safeguarding	11
Health and Safety.....	11
Site Security.....	12
Off site visits	12
Use of School Premises and Single-Sex Facilities	12
First Aid	13
Physical Intervention (use of reasonable force).....	13
Taking and the use and storage of images	13
Intimate and personal care	13
Pupils with medical conditions (in school).....	15
Pupils with medical conditions (out of school).....	16
Special educational needs and disabilities	16
Fabricated or induced illness	17
Mental Health.....	17
Transporting Children on School Activities	18
Low-level concerns	18
Whistleblowing in a safeguarding context.....	19
Part 2: Procedures	20
Child Protection Procedures	20
Dealing with disclosures	21

Referral	23
Dealing with allegations against staff	23
Allegations Procedure	24
Child-on-Child Abuse	25
Prevention:	26
Responding to reports of sexual violence and sexual harassment:	27
Dealing with allegations against pupils	27
Safeguarding protocols for when children leave St Thomas More's Primary School or Pre-School	29
Part 3: Guidance	30
What is child abuse?	30
What is abuse and neglect?	30
Neglect	30
Emotional abuse.....	32
Sexual abuse.....	33
Physical abuse	34
Entering records on to CPOMS	35
Disclosures: The seven Rs	37
Further information on high-risk and emerging safeguarding issues	38
Contextual Safeguarding.....	38
Preventing Radicalisation and Extremism	39
Gender based violence / Violence against women and girls.....	39
Forced Marriage	40
Honour-Based Abuse	41
Upskirting	41
The Trigger Trio	42
Domestic Abuse	42
Parental mental health.....	43
Parental Substance misuse	44
Children Missing from Education.....	45
Children Missing from Home or Care	46
Child Sexual Exploitation (CSE)	47
Child Criminal Exploitation (including county lines)	48
Serious Violence	49
Trafficked Children and modern slavery	49
Technologies	50
Online Safety and Social Media	51

Cyberbullying	51
Making or Sharing of Nudes and Semi-Nudes (‘ <i>Sexting</i> ’)	52
Gaming.....	53
Online reputation	53
Grooming	53
Safeguarding issues relating to individual pupil needs.....	54
Homelessness & Temporary Accommodation	54
Children & the Court System.....	54
Children with family members in prison	55
Support for Gender-Questioning Children and Social Transition	55
Briefing sheet for temporary and supply staff	56
‘Jargon Buster’	57
Useful links	65
Useful contacts.....	66
Key changes in KCSIE 2026	67

Legal context

Children Act 2004 & 1989

Guidance:

- Hampshire Safeguarding Children Partnership protocols and guidance and their procedures
- [Working Together to Safeguard Children](#)
- [Keeping Children Safe in Education](#)
- [FGM Act 2003 Mandatory Reporting Guidance](#)

Part 1: Policy

Aims

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

Policy Statement

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

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

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately

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

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

Definitions

Within this document:

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

The term **staff** applies to all those working for or on behalf of the school, full-time or part-time, in either a paid or voluntary capacity. This explicitly encompasses salaried and fee-funded trainee teachers, student teachers, and teaching apprentices placed at St Thomas More’s Catholic Primary School and Pre-School.

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

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

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

Principles & Values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm, either in the school or in the community, taking into account *contextual safeguarding*, in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, it reserves the right to contact Children's Social Care or the police, without notifying parents if this is believed to be in the child's best interests.

Leadership and Management

We have established clear lines of accountability, training and advice to support the process of child protection and individual staff within that process.

In this school, any individual can contact the Designated Safeguarding Lead (DSL) or Deputy (DDSL) if they have concerns about a child or young person.

As an employer, we follow safer recruitment guidance as set out in KCSiE.

Training

The DSL and DDSLs' training will remain up to date and will attend training at least every other year to enable them to fulfil their role.

All school staff receive safeguarding training at least once a year, but there will often be updates throughout the year in addition to this. All staff have read Part 1 of the current Keeping Children Safe in Education. The DSL will communicate with staff any new local arrangements, so they know what to do if they are worried about a child

If any new staff are recruited to St Thomas More's they will continue to be provided with a safeguarding induction.

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

Confidentiality

St Thomas More's Catholic Primary School and Pre-School recognizes that proactive and timely information sharing is critical to safeguarding and promoting the welfare of children. All information-sharing practices at the school comply with 'data protection laws', which collectively refers to the Data Protection Act 2018, the UK General Data Protection Regulation (UK GDPR), and the Data (Use and Access) Act 2025 (effective from January 2026).

Data protection laws do not prevent, and must not be allowed to block, the sharing of information for the purposes of keeping children safe. Fears about data sharing must never stand in the way of safeguarding a child.

Under the Data (Use and Access) Act 2025, the school operates under the following statutory principles:

The Information Sharing Duty: Staff are empowered with the confidence and legal authority to share relevant safeguarding information appropriately and proactively with statutory safeguarding partners (the local authority, health services, and the police) to prevent risks from escalating.

Lawful Processing of Special Category Data: The 'safeguarding of children and individuals at risk' is established as a lawful processing condition. This permits practitioners to share sensitive, personal, or 'special category' data without consent where there is a good safeguarding reason. Seeking consent is not required, and should be bypassed, where doing so is not possible, cannot be reasonably expected, or would place the child at increased risk of harm.

Proportionate Sharing: When sharing information, staff will ensure data is relevant to the safeguarding risk, necessary for the receiving agency, and appropriately contextualized. Professional judgment will be used to keep information focused and proportionate.

Educating pupils

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

- The content of the curriculum
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.
- Support from outside agencies such as the NSPCC, CEOP & Stop Domestic.

Roles and responsibilities

Staff responsibilities

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

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school who they can approach if they are worried or have concerns.
- Plan opportunities within the curriculum for children to develop the skills they need to recognise, assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of “it could happen here” with regards to safeguarding.
- Be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation
- Recognise that abuse, neglect, or other adverse childhood experiences, can have an impact on the mental health, behaviour and education of children.
- Record their concerns on CPOMS if they are worried that a child is being abused and report these to the DSL as soon as practical that day. If off site, the DSL will be available to discuss issues by calling his mobile phone. If the DSL is not contactable immediately a DDSL should be informed.
- Be prepared to refer directly to Children’s Services, and the police if appropriate, if there is a risk of significant harm and the DSL or DDSL is not available.
- Follow the allegations procedures (Annex 5) if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the HSCP and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify the DSL or DDSL of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of Early Help and be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and DDSL are and know how to contact them.
- Have an awareness of the Child Protection Policy; the Behaviour Policy; the Staff Code of Conduct; Child on Child abuse procedures; safeguarding response for children who go missing from education; and the role of the DSL.

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

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

- Refer cases to social care, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.
- Assist the Governing Body in fulfilling their safeguarding responsibilities set out in legislation and statutory guidance.
- Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.
- Ensure every member of staff knows who the DSL and the Deputy are, have an awareness of the DSL role and know how to contact them.

- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the Headteacher.
- Ensure that those staff that need to know, are aware of those children who have experienced, or are experiencing abuse in order to promote their educational outcomes and provide the appropriate support.
- Ensure whole school training occurs regularly with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably.
- Ensure any members of staff joining the school outside of the agreed training schedule receive induction prior to commencement of their duties.
- Keep records of child protection concerns securely and separately from the main pupil file and use these records to support in assessing the likelihood of risk.
- Ensure that safeguarding records are transferred accordingly (separate from pupil files) and in a timely fashion when a child transfers school, including in-year transfers.
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, their information is passed to the new school immediately and that the child's social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or on-going.
- Be aware of the training opportunities and briefings provided by HSCP to ensure staff are aware of the latest local guidance on safeguarding.
- Develop, implement and review procedures in the school that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Meet any other expectations set out for DSLs in KCSiE

To ensure the seamless and continuous coverage of safeguarding responsibilities, the school implements robust cover arrangements for all periods when the Designated Safeguarding Lead is unavailable due to illness or off-site duties. During such periods, the Deputy Designated Safeguarding Leads will assume immediate operational responsibility.

A secure, confidential shared safeguarding mailbox is maintained by the school. This mailbox is accessible exclusively by the DSL and trained DDSLs. All staff are instructed to use this mailbox for submitting urgent alerts, and the on-duty safeguarding lead is responsible for monitoring this mailbox continuously throughout the school day.

Whenever the DSL is off-site or unavailable, a clear and reliable backup rota will be displayed in the main school office, ensuring that all staff, temporary workers, and visitors know which designated lead is active and how they can be contacted immediately on-site.

Senior Management Team responsibilities

- Contribute to inter-agency working in line with Working Together to Safeguard Children guidance
- Provide a co-ordinated offer of early help when additional needs of children are identified
- Ensure staff are alert to the various factors that can increase the need for early help
- Working with Children's Social Care, support their assessment and planning processes including the school's attendance at conference and core group meetings.
- Carry out tasks delegated by the governing body such as training of staff, safer recruitment and maintaining a single central register.

- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.
- Treat any information shared by staff or pupils with respect and follow agreed policies and procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE) and the Hampshire Safeguarding Children Partnership (HSCP) procedures.

Governing body responsibilities

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

Safer Recruitment

The school operates a separate safer recruitment process as part of its Recruitment procedures. On all recruitment panels there is at least one member who has undertaken safer recruitment training.

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

Following amendments introduced by the Crime and Policing Act 2026, the school has removed the 'supervision exemption' for volunteers from its safer recruitment procedures. Under the revised legal framework, any person volunteering in a capacity that involves teaching, training, instructing, caring for, or supervising children is legally engaged in regulated activity if they meet the statutory period condition. This applies to any volunteer who works:

Frequently (defined as more than 3 days in any 30-day period); OR

Overnight (defined as between 2:00 a.m. and 6:00 a.m. with the opportunity for face-to-face contact).

For all volunteers meeting these criteria, the school MUST obtain an enhanced DBS check with children's barred list information. No volunteer in regulated activity will be permitted to start work before these checks are complete and verified.

Existing Volunteers: Volunteers who commenced service prior to 1 September 2026 and whose roles are now classified as regulated activity under this legislation must have their children's barred list status verified. The school will obtain an enhanced DBS check with children's barred list information for all such individuals immediately.

Volunteers Not in Regulated Activity: For occasional volunteers (e.g., parent helpers on one-off daytime day trips who do not meet the period condition), the school will conduct a written risk assessment to determine the level of checking required. Under no circumstances will a volunteer who has not undergone a barred list check be left unsupervised or allowed to engage in regulated activity.

Staff Induction

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

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

Disqualification under the childcare act

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare.

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

General safeguarding

Health and Safety

There is a requirement that all schools must have a Health and Safety Policy that details the organisation, roles and responsibilities and arrangements in place at the premise for the managing and promoting of Health and Safety in accordance with the Health and Safety at Work act 1974 and regulations made under the act.

Schools must assess all their hazards and record any significant findings along with what control measures are required. The plans should wherever possible take a common sense and proportionate approach with the aim to allow activities to continue rather than preventing them from taking place.

The School H&S policy can be accessed at the main School office or on the school website <https://www.st-thomasmores.hants.sch.uk/policies/>.

Site Security

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

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

Off site visits

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

Use of School Premises and Single-Sex Facilities

St Thomas More's Catholic Primary School and Pre-School maintains strict adherence to the School Premises (England) Regulations 2012, the Education (Independent School Standards) Regulations 2014, and statutory safeguarding duties to ensure the safety, comfort, privacy, and dignity of all pupils on school premises and during off-site activities.

The following regulations apply to all pupils, with no exceptions permitted for social transition:

Toilets: Pupils are strictly prohibited from entering toilets designated for the opposite biological sex. In accordance with statutory requirements, separate toilet facilities are provided for boys and girls aged 8 and over. If a gender-questioning child requests an alternative arrangement, the school may provide access to a self-contained, individual lockable toilet facility, provided that the availability and integrity of single-sex toilets for other pupils are not compromised.

Changing Rooms: Pupils aged 11 and over must not undress in front of pupils of the opposite biological sex. Separate single-sex rooms to change in are provided for pupils in this age bracket. Gender-questioning pupils who do not wish to use changing facilities designated for their biological

sex may be offered suitable alternative arrangements (such as a private single-occupancy room, such as the Disabled toilet, or scheduled access to a shared facility at an alternate time) that do not compromise the privacy or dignity of any child.

Overnight Accommodation on School Trips: Pupils are strictly prohibited from sharing overnight sleeping accommodation—including hotel rooms, dormitories, or tents—with pupils of the opposite biological sex. For pupils who do not wish to share sleeping quarters with peers of their biological sex, the school will make every effort to secure appropriate, safe, and dignified alternative accommodation (such as a separate single room), ensuring the arrangement does not cause isolation or compromise the safety of any attendee.

First Aid

The school's first aid arrangements/policy can be found at the main School office or on the school website <https://www.st-thomasmores.hants.sch.uk/policies/>.

Physical Intervention (use of reasonable force)

We have a separate policy outlining how we will use physical intervention. This can be found at the main School office or on the school website <https://www.st-thomasmores.hants.sch.uk/policies/>

Taking and the use and storage of images

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

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

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

Intimate and personal care

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

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body

- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

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

Those Personal Care tasks specifically identified as relevant here include:

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

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

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

1. Involve the child in the intimate care

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

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

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

3. Be aware of your own limitations

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

4. Promote positive self-esteem and body image

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

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

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

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

6. Helping through communication

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

7. Support to achieve the highest level of autonomy

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

Pupils with medical conditions (in school)

There is a separate policy and procedure outlining the school's position on this in the main School office or on the school website

<https://www.st-thomasmores.hants.sch.uk/policies/>.

We will make ensure that sufficient staff are trained to support any pupil with a medical condition. All relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child. An individual healthcare plan may be put in place to support the child and their medical needs.

The occurrence of an incident relating to the management of a child's medical condition or allergy (such as an accidental allergic exposure or medication delay) does not in and of itself warrant a safeguarding referral to local safeguarding partners. A safeguarding referral will only be made if the incident highlights a concern that the child is at increased risk of abuse, neglect, or exploitation by persons inside or outside of their family unit (for example, where critical medical information is repeatedly withheld, or a child is sent to school repeatedly without life-saving medication, putting their physical safety at immediate risk).

Pupils with medical conditions (out of school)

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

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

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

Special educational needs and disabilities

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

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

We will respond to this by:

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

Fabricated or induced illness

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

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

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

Mental Health

Class teachers see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of pupils. All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

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

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

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

Where the needs require additional professional support, referrals will be made to the appropriate team or service with the appropriate agreement.

If staff have a mental health concern about a child that is also a safeguarding concern, they will take immediate action, raising the issue with the designated safeguarding lead or a deputy.

Transporting Children on School Activities

No adult can transport a child on their own.

The issue of transporting children has become a sensitive issue for some schools. Many schools argue that after school activities could not operate without the goodwill of volunteers and parents ensuring that children are returned home or transported to events in a private car. A standard letter outlining this can be found at:

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

The general principles that are covered in this letter are:

All drivers must:

- Hold a valid driving licence for the type of vehicle being driven
- Be fit to drive
- Have no medical condition which affects their ability to drive
- Have a valid MOT for any vehicle older than 3 years old
- Ensure that any vehicle is roadworthy, including brakes, lights, tyres, bodywork, wipers, mirrors etc
- Ensure that any vehicle used has current road tax
- Ensure that they adhere to the appropriate speed limit
- Ensure that all seat belts are working and worn by everybody in the vehicle

Insurance:

- Maintain valid insurance, as a minimum, for third part liability
- Check with their insurance company and inform them that the driver occasionally conveys children on school activities. (This is unlikely to affect the cost of your insurance premium.)

Safety:

- Be familiar with, and drive in accordance with, the Highway Code at all times
- Drive safely and observe the speed limit
- Before driving not to consume alcohol or drugs which may impair driving
- Ensure that all passengers wear seat belts as appropriate
- Use child proof locks on rear doors where necessary
- Child seats such as booster seats are to be used at all times according to the height of each child in the vehicle

Low-level concerns

Low-level concerns regarding pupils are recorded on CPOMS.

Low-level concerns regarding staff or volunteers are kept in their electronic personnel folder and on the Low-level concerns excel document which allows oversight of the number of low-level concerns. Only the Headteacher (and Assistant Heads in the Head's absence) and the School Business manager have access to these files.

Hampshire County Council Low-level Concerns Policy is followed.

Whistleblowing in a safeguarding context

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

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

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

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

Within the school, the Headteacher is the senior manager and responsible for all staff. If you are concerned that any member of staff within the school is not following safeguarding processes or behaving in a way that is placing children at risk, you should in the first place make the Headteacher aware.

If your concern is about the Headteacher, you should raise this with the Chair of Governors by letter via the School Office. These should be marked *Private & Confidential*.

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

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

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

Part 2: Procedures

Child Protection Procedures

Overview

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

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

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

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

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

1. Make an initial record of the information (this can be on paper in note form at this stage)
2. Report it to the DSL immediately
3. The DSL will consider if there is a requirement for immediate medical intervention; however, urgent medical attention should not be delayed if the DSL is not immediately available
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
 - Dates and times of their observations
 - Dates and times of any discussions in which they were involved
 - Any injuries
 - Explanations given by the child / adult
 - What action was taken
 - Any **actual words or phrases used by the child**

The records must be added to CPOMS. If for any reason this is not possible, the record must be signed and dated by the author.

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

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

Following a report of concerns the D(D)SL must:

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children's Social Care and the police if it is in keeping with the National Police Chiefs Council ["When to call the Police"](#) guidance. The rationale for this decision should be recorded by the DSL
2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could have an impact on a police investigation. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. The child's views should also be taken into account as appropriate.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or Deputy) must contact Children's Social Care via the Inter-Agency Referral Form (IARF) making a clear statement of:
 - the known facts
 - any suspicions or allegations
 - whether or not there has been any contact with the child's family.

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

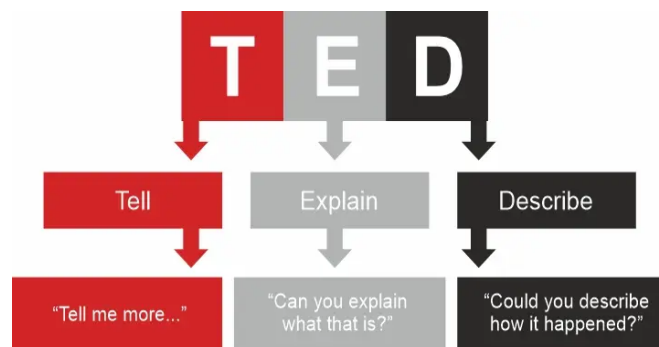
4. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Children's Social Care of the occurrence and what action has been taken.
5. When a pupil needs *urgent* medical attention and there is suspicion of parental abuse causing the medical need, the DSL or their Deputy should take the child to the accident and emergency unit at the nearest hospital, while Children's Social Care are informed. Advice should be sought from Children's Social Care about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.
6. If there is not a risk of significant harm, the DSL will either actively monitor the situation or consider the Early Help process.

Dealing with disclosures

All staff should:

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

The *TED* approach is a useful way of navigating the disclosure.



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

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

If a child makes a disclosure ...

Do ...

- Find a calm, quiet space to talk
- Let the child lead the conversation
- Practise 'active listening'
- Ask open questions
- Reassure them that they're not in trouble and will be kept safe
- Reflect on what they're saying
- Be clear about what you'll do next
- Ask the child if it's OK for you to take notes, or to write down what they've told you afterwards

If you think a child won't feel comfortable if you're taking notes, try to do this immediately after the conversation instead.

Don't ...

- Give the child the impression they're creating a problem
- Blame the child for what's happened, in any way
- Ask leading questions that suggest an answer
- Make promises about keeping things confidential
- Make further investigations yourself
- Criticise the alleged perpetrator
- Be overly emotional

What happens next?

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

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

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

Referral

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

Generally, the DSL will inform the parents prior to making a referral. However, there are situations where this may not be possible or appropriate, particularly when informing parents may place the child at further risk

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

Dealing with allegations against staff

If a concern is raised about the practice or behaviour of a member of staff, this information will be recorded and passed to the Headteacher. The Local Authority Designated Officer (LADO) will be contacted and the relevant guidance will be followed.

If the allegation is against the Headteacher, the person receiving the allegation will contact the LADO or Chair of Governors directly.

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

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

Complaints could include:

- Breaches of the code of Conduct
- Failure to follow policy, procedure or guidance
- Any breach of data protection or confidentiality
- Poor behaviour management
- Inappropriate use of social media
- Misadministration of medication

Concerns could include:

- Inappropriate use of language, shouting or swearing
- Discussing personal or sexual relationships with, or in the presence, of pupils
- Making (or encouraging others to make) unprofessional comments which scapegoat, demean or humiliate children, or might be interpreted as such.

This procedure (and procedure relating to low-level concerns) must be utilised in all cases when it is alleged that a member of staff, supply worker, volunteer, contractor, or trainee/student teacher has behaved in a way that has harmed a child, possibly committed a criminal offence, indicated they pose a risk of harm, or behaved in a way indicating they are unsuitable to work with children.

Where safeguarding concerns or allegations relate to a trainee teacher placed within the school, St Thomas More's shares safeguarding responsibilities with the Initial Teacher Training (ITT) provider. The school remains responsible for gathering the facts, managing the immediate safeguarding response, and coordinating with the Local Authority Designated Officer (LADO). The ITT provider must be notified immediately and invited to participate in all investigative meetings. The ITT provider is responsible for leading on any formal disciplinary action relating to the trainee.

Allegations Procedure

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

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

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

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

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

In line with our referral process:

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

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

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

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

When there is need for an investigation, internal cover needs to be organised as priority so that the School's Internal Investigation Officer can carry out their investigation on the same working day. If that is not possible, the investigation must take place within the next working day.

Supply Staff

While supply staff are not the employee of the school, it is still required that the school report the allegation to the LADO.

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

Child-on-Child Abuse

St Thomas More's Catholic Primary School and Pre-School operates a strict zero-tolerance policy toward all forms of child-on-child abuse, harassment, and violence. The school recognises that children are capable of abusing other children and that incidents can occur both online and offline, on or off school premises. Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Staff must understand that even if there are no active reports of child-on-child abuse in the school, this does not mean it is not occurring. Staff must maintain a proactive attitude of 'it could happen here' and exercise professional curiosity at all times.

Abusive, harassing, misogynistic/misandrist, or violent behaviours must never be tolerated or downplayed. Staff must never dismiss child-on-child abuse or sexual harassment as 'just banter', 'just a laugh', 'part of growing up', or 'boys being boys'. Tolerating these behaviours normalizes an unsafe school environment and prevents victims from coming forward. All reports of child-on-child abuse will receive an immediate safeguarding response, providing appropriate support to the victim and the perpetrator, who may itself be a vulnerable child.

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

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

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

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

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

We will minimise the risk of Child-on-Child abuse by

Prevention:

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

Child-on-child sexual abuse: what to do if a child makes a disclosure

Make sure you understand our child protection policy and procedures for dealing with peer-on-peer abuse, and follow these.

DO:

- ✓ Listen and reassure the child that they will be supported and kept safe
- ✓ Make a written record as soon as possible, stating only the facts
- ✓ Tell our designated safeguarding lead (DSL) urgently –
- ✓ Where appropriate, take action yourself:
 - If the child is in immediate danger or at risk of harm, make a referral to children's social care
 - If an offence has been committed, report it to the police (even if the alleged perpetrator is under 10 – the age of criminal responsibility)
 - Find out whether the victim and alleged perpetrator share classes, premises or transport, and consider how best to deal with this

DO NOT:

- ✗ Dismiss the incident as 'banter', 'part of growing up' or 'having a laugh'
- ✗ Ask leading questions
- ✗ Promise total confidentiality – explain who you will need to tell and why
- ✗ View photos or videos of a sexual nature
If you do so by accident or think you might need to in order to deal with the issue effectively, talk to our DSL
- ✗ Take notes while the child is talking, if at all possible
- ✗ Tell anyone about the disclosure unless they need to know in order to progress it

Key definitions

Child-on-child sexual abuse: when a child (anyone under the age of 18) commits an act of sexual violence or harassment against another child

Sexual violence: rape, assault by penetration, or sexual assault (intentional sexual touching)

Sexual harassment: unwanted conduct of a sexual nature – such as sexual comments, sexual jokes or taunting, physical behaviour like interfering with clothes, or online harassment such as sexting

Sexual activity is an offence if:

- Person B (the victim) does not consent
- Person A (the perpetrator) does not reasonably believe that Person B consents

Someone consents if they:

- Agree by choice
- Have the freedom and capacity to choose

Responding to reports of sexual violence and sexual harassment:

- Children making a report of sexual violence or sexual harassment will be taken seriously, kept safe and be well supported.
- If the report includes an online element, staff will be mindful of the *Searching, Screening and Confiscation: advice for schools* (DfE 2018) guidance.
- Staff taking the report will inform the DSL or their Deputy as soon as practicably possible but at least within 24 hours.
- Staff taking a report will never promise confidentiality.
- Parents or carers will normally be informed (unless this would put the child at greater risk).

Dealing with allegations against pupils

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

there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate. We will use the guidance from NPCC to determine when to contact the police.

Generally, the DSL will inform the parents prior to making a referral. However, there are situations where this may not be possible or appropriate, particularly when informing parents may place the child at further risk.

If a child is at risk of harm, is in immediate danger, or has been harmed, a referral will be made to Children's Services (01329 225379).

Risk Assessment:

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

The Risk assessment will consider:

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

The risk assessment will be recorded and kept under review.

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

Action: The DSL will consider:

- The wishes of the victim.
- The nature of the incident including whether a crime has been committed and the harm caused.
- Ages of the children/young people involved.
- Developmental stages of the children.
- Any power imbalance between the children.
- Any previous incidents.
- On-going risks.
- Other related issues or wider context.

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

- Manage internally
- Refer to Early Help
- Refer to Children's Social Care
- Report to the police (generally in parallel with a referral to Children's Services)

Ongoing Response:

- The DSL will manage each report on a case by case basis and will keep the risk assessment under review.
- Where there is a criminal investigation into a rape, assault by penetration or sexual assault, the alleged perpetrator should be removed from any classes they share with the victim during that investigation.
- The DSL will consider how best to keep the victim and perpetrator a reasonable distance apart on school premises and on transport where appropriate.
- Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, the school will take suitable action. In all but the most exceptional of circumstances,

the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the perpetrator to remain in the same school or college would seriously harm the education or welfare of the victim (and potentially other pupils or students).

- Where a criminal investigation into sexual assault leads to a conviction or caution, the school or college will, if it has not already, consider any suitable sanctions in light of their behaviour policy, including consideration of permanent exclusion. Where the perpetrator is going to remain at the school or college, the principle of keeping the victim and perpetrator in separate classes where possible would be maintained and continued consideration would be given to the most appropriate way to manage potential contact on school and college premises and transport. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.
- The victim, alleged perpetrator and other witnesses (children and adults) will receive appropriate support and safeguards on a case-by-case basis.
- The school will take any disciplinary action against the alleged perpetrator in line with behaviour and discipline in schools.
- The school recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

Physical Abuse

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

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

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

Safeguarding protocols for when children leave St Thomas More's Primary School or Pre-School

When children leave our setting, we will:

- Check to ensure the child has started at their new setting (except for in the case of children moving to Year 7)
- Ensure safeguarding records are securely passed on to the new setting once the child has started
- Verbally hand over significant or complex concerns

Part 3: Guidance

What is child abuse?

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

What is abuse and neglect?

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

Neglect

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

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

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

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

The nature of neglect

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

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

Neglect can include parents or carers failing to:

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

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

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

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

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

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

Indicators of neglect

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

Physical indicators of neglect

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

Behavioural indicators of neglect

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

Emotional abuse

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

The nature of emotional abuse

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

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

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

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

Indicators of emotional abuse

Developmental issues

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

Behaviour

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

- Arriving early at school, leaving late

Social issues

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

Emotional responses

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

Sexual abuse

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

The nature of sexual abuse

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

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

Characteristics of child sexual abuse:

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

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

Indicators of sexual abuse

Physical observations

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

Behavioural observations

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

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 nature of physical abuse

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

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

Indicators of physical abuse / factors that should increase concern

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

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

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

You should be concerned if the child or young person:

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

Entering records on to CPOMS

All Safeguarding concerns should be recorded using the CPOMS system.

<https://stthomasmores.cpoms.net>

IMPORTANT

Please use full names as when documents need to be redacted, this is how the system picks up that it needs to hide that part of the text.

<https://stthomasmores.cpoms.net>

Every member of staff has a CPOMS login.

When accessing CPOMS for the first time, you will need to use your SCHOOL email address ...@st-thomasmores.hants.sch.uk and then click *Forgotten your password or using CPOMS for the first time*.

Login

Forgotten your password or using
CPOMS for the first time?

1



Click **Add incident**

2

A screenshot of the 'Student' field. It has a search bar with the placeholder text 'Begin typing a student's name'. Below it, there is a section for 'Linked student(s)' with another search bar and the text 'Type a student's name to link them to this incident'.

Student

Add the pupil who the incident is about and then any children also involved (this may be siblings)

3

A screenshot of the 'Categories' section. It contains a list of checkboxes for different categories: Attendance, Behaviour, Bullying, Case Summary to Date, Cause for Concern (selected), Children's Service Involvement (DSL only), DSL Confidential, Friendship Issues, Home Issues, Medical Issues, Other, Parent Contact, Police / Legal Involvement, Professionals contact, Risk Assessment, SEN, and Staff. Below this is a section for 'Cause for Concern Subcategories' with checkboxes for Child Criminal Exploitation (CCE), Child Sexual Exploitation (CSE), Domestic Abuse / Violence, Emotional, Missing, Neglect, Physical Abuse, Sexual, and Undetected Adult.

Categories

Add the appropriate category. Once selected, most will then link to a subcategory which also needs to be selected

IMPORTANT

Please **do not** use the categories *Case Summary*, *Children's Services Involvement* or *DSL confidential*. Child protection concerns should be categorised under *Cause for Concern*

4

A screenshot of the 'Location' field. It has a drop-down menu with the following options: 'Infant Playground', 'Junior Playground', and 'Y3/4 Playground'.

Location

If relevant, add location from the drop-down menu

5

A screenshot of the 'Incident' field. It has a large text area for describing the incident.

Incident

Include as much information as possible, quoting exactly what was said whenever possible.

6

A screenshot of the 'Maps' section. It shows a body map with two figures, 'Front' and 'Back', and a red dot indicating a mark on the back. There is a search bar at the top of the map.

Maps

If there are any concerning marks, click on the skin map to indicate where these appear.

Each mark is numbered. Please refer to these in the description of the incident

7

A screenshot of the 'Date/Time' field. It has a date and time picker showing '06/2022' and '12:29'.

Date/Time

Disclosures: The seven Rs

Receive

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

Reassure

- Reassure the pupil, but only so far as is honest and reliable

- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

Respond

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

Report

- Share concerns with the DSL as soon as possible (See above)
- If you cannot contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children's services social care department directly.

Record

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

Remember

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

Review (led by Designated Safeguarding Team)

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

Further information on high-risk and emerging safeguarding issues

Contextual Safeguarding

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside of our school. All staff, but especially the designated and deputy safeguarding leads should consider whether children are at risk of abuse or exploitation in situations outside their families.

Risk and harm outside of the family can take a variety of different forms and children can be vulnerable to sexual exploitation, criminal exploitation, and serious youth violence in addition to other risks.

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

What life is like for a child outside the school gates, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks will need to be considered for political, environmental, animal rights, or faith based extremism that may lead to a child becoming radicalised. All staff have undertaken e-learning in order that they can identify the signs of children being radicalised.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods, such as social media or the internet, and at different settings.

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

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

Gender based violence / Violence against women and girls

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

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

Female Genital Mutilation (FGM)

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

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage**

or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

FGM is illegal in the UK.

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

At no time will staff examine pupils to confirm concerns

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

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

Forced Marriage

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

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

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

Policies and practices in this school reflect the fact that while all members of staff, including teachers, have important responsibilities with regard to pupils who may be at risk of forced marriage, teachers and school leaders should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

Characteristics that may indicate forced marriage

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

- an extended absence from school, including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;
- a history of siblings leaving education to marry early;

- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

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

Honour-Based Abuse

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

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

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

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

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

All forms of honour-based abuse are abusive (regardless of the motivation) and should be handled and escalated as such. If staff believe that a pupil is at risk from honour based abuse, they will report to the DSL who will follow the usual safeguarding referral process; however, if it is clear that a crime has been committed or the pupil is at immediate risk, the police will be contacted in the first instance. It is important that, if honour based abuse is known or suspected, communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

Upskirting

In 2019 the Voyeurism Offences Act came into force and made the practice of upskirting illegal.

Upskirting is defined as someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks, with or without underwear. The

intent of upskirting is to gain sexual gratification or to cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.

If staff become aware that upskirting has occurred, this will be treated as a sexual offence and reported accordingly to the DSL and onwards to the police.

Behaviours that would be considered as sexual harassment which may be pre-cursors to upskirting, such as the use of reflective surfaces or mirrors to view underwear or genitals, will not be tolerated and the school will respond to these with appropriate disciplinary action and education.

Pupils who place themselves in positions that could allow them to view underwear, genitals or buttocks, will be moved on. Repeat offenders will be disciplined. These locations could include stairwells, under upper floor walkways, outside changing areas and toilets or sitting on the floor or laying down in corridors.

If technology that is designed for covert placement and could be used to take upskirting or indecent images is discovered in the school, it will be confiscated. If the technology is in location and potentially may have captured images, this will be reported to the police and left in situ so that appropriate forensic measures may be taken to gather evidence.

Any confiscated technology will be passed to the Headteacher to make a decision about what happens to the items. This will be carried out under the principles set out in the government guidance on searching, screening and confiscation.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674416/Searching_screening_and_confiscation.pdf

If the image is taken on a mobile phone, the phone will be confiscated under the same principles. This may need to be passed to the police for them to investigate, if there is evidence that a crime has been committed.

The Trigger Trio

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

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

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

Domestic Abuse

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

- Psychological
- Physical
- Sexual

- Financial
- Emotional.

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

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

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

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

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

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

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

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

Parental mental health

The term 'mental ill health' is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental

mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent's/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children, the impact of poor parental mental health can include:

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

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

Parental Substance misuse

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

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

For children, the impact of parental substance misuse can include:

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

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

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

Missing, Exploited and Trafficked Children (MET)

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

Children Missing from Education

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

DSLs and staff should consider:

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

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

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

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

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

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

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

Children Missing from Home or Care

It is known that children who go missing are at risk of suffering significant harm, and there are specific risks around children running away and the risk of sexual exploitation.

The Hampshire Police Force, as the lead agency for investigating and finding missing children, will respond to children going missing based on on-going risk assessments in line with current guidance.

The police definition of 'missing' is: "Anyone whose whereabouts cannot be established will be considered as missing until located, and their well-being or otherwise confirmed."

Various categories of risk should be considered and Hampshire Local Safeguarding Children's Partnership provides further guidance:

Local authorities have safeguarding duties in relation to children missing from home and should work with the police to risk assess and analyse data for patterns that indicate particular concerns and risks. The police will prioritise all incidents of missing children as medium or high risk. Where a child is recorded as being absent, the details will be recorded by the police, who will also agree review times and any on-going actions with person reporting.

A missing child incident would be prioritised as 'high risk' where:

- *the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or*
- *the child may have been the victim of a serious crime; or*
- *the risk posed is immediate and there are substantial grounds for believing that the public is in danger.*

The high-risk category requires the immediate deployment of police resources.

Authorities need to be alert to the risk of sexual exploitation or involvement in drugs, gangs or criminal activity, trafficking and aware of local "hot spots" as well as concerns about any individuals with whom children runaway.

Child protection procedures must be initiated in collaboration with children's social care services whenever there are concerns that a child who is missing may be suffering, or likely to suffer, significant harm.

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

Push factors include:

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

Pull factors include:

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

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

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media). (definition from KCSiE)

.

- Exploitation can be isolated (one-on-one) or organised group/criminal activity
- There can be a big age gap between victim and perpetrator, but it can also be peer-on-peer
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted

Indicators a child may be at risk of CSE include:

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

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

We educate all staff in the signs and indicators of sexual exploitation. We use the child exploitation risk assessment form ([CERAF](#)) and [associated guidance](#) from the Hampshire Safeguarding Children Partnership to identify pupils who are at risk; the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form which can be downloaded from <https://www.safe4me.co.uk/portfolio/sharing-information/>

Child Criminal Exploitation (including county lines)

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

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

A current trend in criminal exploitation of children and young people is ‘county lines’ which refer to a ‘phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation, as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Indicators that a child may be criminally exploited include:

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

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

If there is information or intelligence about child criminal exploitation, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

Serious Violence

Serious violence is becoming a factor for those who are involved in criminal exploitation. It can also be an indication of gang involvement and criminal activity.

All staff will be made aware of indicators, which may signal that pupils, or members of their families, are at risk from or involved with serious violent crime.

These indications can include but are not limited to: increased absence from school; a change in friendships or relationships with older individuals or groups; a significant decline in performance; signs of self-harm; significant change in wellbeing; signs of assault; unexplained injuries; unexplained gifts and/or new possessions; possession of weapons.

We have a duty to not only prevent the individual from engaging in criminal activity, but also to safeguard others who may be harmed by their actions.

We will report concerns of serious violence to police and social care.

If there is information or intelligence about potential serious violence, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

Trafficked Children and modern slavery

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

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

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

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

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

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

- Has not been registered with or attended a GP practice
- Is excessively afraid of being deported.

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

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

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

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

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

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

Technologies

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

To limit pupils' exposure to online safety risks (content, contact, conduct, and commerce), the school maintains robust filtering and monitoring systems on all school-owned devices and school networks in line with DfE standards.

The school mandates a formal, documented review of the effectiveness of these filtering and monitoring systems at least once every academic year. This review will be led by the Senior Leadership Team (SLT) member responsible for filtering and monitoring, with active technical support from the Designated Safeguarding Lead (J. Sendall) and the school's IT support team (*Rocket*).

The annual review must:

- Verify that filtering blocks harmful and inappropriate content (including CSA content, terrorist content, and extreme violence) on all connected devices across all school physical locations;
- Assess the age-appropriateness of filtering, ensuring 'over-blocking' does not unreasonably impact teaching and learning;
- Evaluate the school's monitoring strategies to ensure prompt alerts for any concerning search queries or online conduct;
- Maintain a formal, written or digital record of all checks and review outcomes, to be signed by the DSL, the SLT lead, and the Nominated Safeguarding Governor, and presented to the Full Governing Body.

Online Safety and Social Media

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

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

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

- Acceptable use agreements for children, teachers, parents/carers and governors
- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletters, web site
- Parents evenings / sessions
- High profile events / campaigns
- Building awareness around information that is held on relevant web sites and or publications
- Social media policy

Cyberbullying

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

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

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

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

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

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

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

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

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

Making or Sharing of Nudes and Semi-Nudes ('Sexting')

Making or Sharing of Nudes and Semi-Nudes, often called 'sexting' refers to the creation, sending, or posting of nude or semi-nude images or videos by young people under the age of 18.

The term 'images' encompasses all visual content, including photographs, videos, and livestreams. This explicitly includes images that have been digitally altered, edited, or wholly generated using artificial intelligence (AI), frequently described as 'deepfakes' or 'deep nudes'.

The school maintains that the non-consensual making or sharing of nudes and semi-nudes is both illegal and abusive. Even where image sharing is reported as consensual, the school will initiate a safeguarding response for all children involved, evaluating the age, developmental stages, and any elements of coercion, exploitation, or vulnerability. No member of staff is permitted to view, download, or forward an illegal or indecent image of a child. Staff must confiscate the device to preserve evidence and immediately hand it to the DSL or the police.

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

As the average age of first smartphone or camera enabled tablet is 6 years old, making or sharing of nudes and semi-nudes is an issue that requires awareness raising across all ages.

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

Gaming

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

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

Online reputation

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

Grooming

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

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

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

That the school will support parents to:

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

The school will raise awareness by:

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

Safeguarding issues relating to individual pupil needs

Homelessness & Temporary Accommodation

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

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

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

Following provisions in the Children's Wellbeing and Schools Act, St Thomas More's Catholic Primary School and Pre-School will receive and act upon statutory notifications from local housing authorities when a registered pupil is placed in temporary accommodation. Upon receipt of such a notification, the DSL will immediately coordinate with the child's class teacher and the school's attendance officer to evaluate attendance, transport, and pastoral support needs, ensuring the child's educational outcomes and safety are promoted proactively. These statutory notifications do not replace standard child protection referrals where a homeless child is deemed at risk of harm.

Young Carers

The school recognises that young carers—pupils who provide essential care, assistance, or support to a family member with an illness, disability, mental health need, or substance dependency—face distinct vulnerabilities. Caring responsibilities can severely impact a child's attendance, attainment, physical health, and emotional wellbeing.

The school is committed to early identification. Staff will remain alert to signs that a child may have caring responsibilities (such as chronic tiredness, late arrivals, incomplete homework, or social isolation). The DSL will establish referral pathways to local authority young carers' services and ensure appropriate pastoral support and academic flexibilities are implemented to support these children.

Children & the Court System

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

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

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

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

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

Children with family members in prison

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

This school aims to:

- understand and respect the child's wishes

We will respect the child's wishes about sharing information. If other children become aware, the school will be vigilante to potential bullying or harassment

- keep as much contact as possible with the parent/caregiver

We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions, we will develop appropriate systems for keeping the imprisoned caregiver updates about their child's education.

- be sensitive in lessons

This school will consider the needs of any child with an imprisoned parent/caregiver during lesson planning.

- Provide extra support

We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and serious. We will provide support and mentoring to help a child work through their feelings on the issue.

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

Support for Gender-Questioning Children and Social Transition

St Thomas More's Catholic Primary School and Pre-School is committed to providing a safe, respectful, and supportive environment for all pupils, including those who are questioning their gender. In responding to any requests from a child, parent, or carer relating to social transition—defined as making changes or putting support in place to facilitate a child presenting as the opposite biological sex (such as changes to names, pronouns, uniforms, or use of single-sex facilities)—the school will operate under a safeguarding-first approach in strict compliance with statutory legislation.

The school and its staff will not initiate any action regarding social transition. Staff members must not adopt or facilitate any changes relating to a child's social transition unless a formal decision has been made by the Headteacher, and the child's parents or carers have been actively involved and consulted.

The school will adhere to the following core operational principles in all such cases:

Active Parental Involvement: Engaging parents or carers is a matter of priority. The views of the child's parents/carers carry great weight and must be fully considered. The only exception to this is if the Headteacher and DSL assess that involving parents/carers poses a direct, significant, and verifiable risk of harm to the child, in which case the DSL will engage with local authority safeguarding partners prior to contacting parents.

Safeguarding and Welfare of All Pupils: Decisions regarding social transition are active interventions with significant and unproven long-term psychological and developmental outcomes. The school's primary step is to assess the best interests of the individual child and their peers, balancing the child's wishes against potential impacts on the wider school community.

Extreme Caution in Primary Settings: Reflecting established clinical guidance, St Thomas More's (as a primary and pre-school setting) will exercise extreme caution. Support for full social transition in pre-pubertal children will be agreed only in exceptionally rare circumstances, and will heavily depend on early clinical involvement and advice from qualified gender identity specialists.

Documentation and Reviews: All requests, discussions, evidence considered (including clinical or non-clinical professional advice), and decision rationales will be formally documented and stored securely within the child's child protection record. All decisions will be reviewed by the DSL and Headteacher on a termly basis, or immediately if safeguarding circumstances or the child's welfare needs change.

Biological Sex Accuracy: The school is legally required to record a child's biological sex accurately in all statutory records. All relevant staff will be made aware of a child's biological sex in all cases to ensure the robust discharge of site safeguarding and physical supervision duties.

Support for Detransition: Where a child wishes to fully or partially reverse a previously agreed transition, the school will work closely with parents, carers, and medical professionals to provide sensitive, flexible, and tailored support.

Briefing sheet for temporary and supply staff

While working in our school, you have a duty of care towards the children and young people here. This means that at all times you should act in a way that is consistent with their safety and welfare. In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL), who is J Sendall and can be contacted by asking at the school Office.

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

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

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL as soon as possible and no longer than 24 hours later. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

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

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

The school has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff, in the Safeguarding file in the main School office or on the school website <https://www.st-thomasmores.hants.sch.uk/policies/>.

If your concern involves the DSL or a member of the senior staff, contact the LADO on 01962 847364 or the NPSCC whistleblowing line on 0800 028 0285

Remember, if you have a concern, report it.

'Jargon Buster'

We recognise that the list below is not complete and that terms will become unused. Any terms that are outdated will be shaded in grey but kept listed as they may be referred to in historic documents.

Acronym	Meaning	Link or guidance
4LSCB	Four Local Safeguarding Children's Board	The shared protocols and processes that the local safeguarding children's boards of Hampshire, Isle of White, Portsmouth and Southampton follow.
ABE	Achieving Best Evidence	Guidance that police and social workers follow when interviewing children when a crime may have been committed. Link
AMHS	Adult Mental Health Service	http://www3.hants.gov.uk/mhteams.htm
CAF	Common Assessment Framework	A national assessment tool to provide help to children with multiple needs, lower than the social care threshold. Now replaced by Early Help
CAFCASS	Child and Family Court Advisory and Support Service	Government agency responsible for court based social workers and children's guardians http://www.cafcass.gov.uk/
CAIT / CAIU	Child abuse investigation team / unit (Police)	Hampshire police teams who investigate child abuse. North (Hart/Rushmoor/Basingstoke/Winchester/Andover East Hants Petersfield and above) East (Portsmouth, Fareham, Havant, Gosport and East Hants below Petersfield) West (New Forest, Southampton, Eastleigh, Romsey)

CAMHS	Child and Adolescent Mental Health Service	http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/childmentalhealth/ehcypf/ehcypf-camhs.htm
CAO	Child Arrangements Order	A 'child arrangements order' decides where a child lives; when a child spends time with each parent; when and what other types of contact, like phone calls, take place
CCG	Clinical Commissioning Group	"A clinical commissioning group is an NHS organisation set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. It is clinically led by GPs and clinical staff who work with patients and are best placed to make decisions about local healthcare commissioning."
CDOP	Child Death Overview Panel	Responsible for collecting and analysing information about the death of children and young people under 18 years. http://www3.hants.gov.uk/childrens-services/practitioners-information/cdop.htm
CEOP	Child Exploitation and On-Line Protection Command	http://ceop.police.uk/ works with child protection partners to identify the main threats to children and coordinates activity against these threats to protect children from harm online and offline
CIC	Children in Care	Children who are in the care of the local authority either voluntary (Section 20) or through a court order.
CIN	Children in need	A child in need is defined under S17 the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.
CLA	Children Looked After	See children in care
CME	Children Missing from Education	https://www.gov.uk/government/publications/children-missing-education children who are not on an education role rather than absent from schools
CMHT	Community Mental Health Team	http://www3.hants.gov.uk/mhteam.htm
CPLO	Child Protection Liaison Officer	The term used by Hampshire up until 2015 to describe the role of the Designated Safeguarding Lead
CPP	Child Protection Plan	An initial plan produced at the initial child protection conference and updated at subsequent core group meetings and conferences. http://www.hampshiresafeguardingchildrenboard.org.uk/user_controlled_lcms_area/uploaded_files/CPC%20Leaflet%20July%202010.pdf pg. 11
CPS	Crown Prosecution Service	http://www.cps.gov.uk/about/
CPSU	Child Protection in Sport Unit	https://thecpsu.org.uk/ partnership between the NSPCC, Sport England, Sport Northern Ireland and Sport Wales to protect children in sport
CRT	Children's Reception Team	The children's services team that carry out the initial triage against the threshold chart. http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/child-protection.htm

CRU	Central Referral Unit (Police)	The police team that carry out the initial triage of all crimes against children against their threshold chart
CSD	Children's Services Department	Local authority department made up of the education and children's social care teams. Established in the Children's Act 2004.
CSE	Child Sexual Exploitation	Child under the age of 18 who is receiving something in return for sexual activity http://www.hampshiresafeguardingchildrenboard.org.uk/practitioners-Child_Sexual_Explo.html
CWD	Children with disabilities	CSD team working with those children deemed to have additional needs due to disability. Also known as disabled children's team
CYP or CYPR	Child Young Person at Risk (Police)	Police report sent to Children's Services where a child is deemed to be at risk following either direct or indirect police intervention or intelligence
DA (DV)	Domestic Abuse (domestic Violence)	Any form of controlling, coercive or threatening behaviour, violence or abuse between two parties who are in an intimate relationship http://www.hampshire.police.uk/internet/advice-and-information/abuse-against-the-person/advice-general-domestic
DASH	Domestic Abuse Stalking, Harassment and Honour based violence risk assessment	http://www.dashriskchecklist.co.uk/ Tool used to assess risk of harm
DBS	Disclosure and Barring Service	https://www.gov.uk/government/organisations/disclosure-and-barring-service
DCT	Disabled children's team	CSD team working with those children deemed to have additional needs due to disability. Also known as children with disabilities team http://www.hantslocaloffer.info/en/Disabled_Children's_Team,_Hampshire_County_Council
DN / DD	Designated Nurse / Designated Doctor	An employee of the NHS who has the role and responsibilities for safeguarding children, including the provision of strategic advice and guidance to organisational boards across the health community
DPA	Data Protection Act	controls how personal information is used by organisations, businesses or the government https://www.gov.uk/data-protection/the-data-protection-act
DSL	Designated Safeguarding lead	Role set out in Keeping Children Safe in Education 2014 (annex B) for the professional and strategic safeguarding lead within schools and colleges. https://www.gov.uk/government/publications/keeping-children-safe-in-education
DSP	Designated Senior Person	Used in previous government guidance. Now replaced by Designated Safeguarding Lead.
DT	Designated Teacher	Named teacher within schools and colleges who supports and monitors the educational progress of children who are in care. https://www.gov.uk/government/publications/designated-teacher-for-looked-after-children
ED	Emergency Department	Hospital treatment for emergency care.

EHA	Early Help Assessment	A replacement to the Common Assessment Framework assessment for professionals to identify need and support for children and young people. http://www3.hants.gov.uk/childrens-services/childrens-trust/earlyhelp.htm
EHH	Early Help Hub	Multi agency team co-ordinating early help http://www3.hants.gov.uk/childrens-services/childrens-trust/earlyhelp.htm
EPO	Emergency protection order	Court Order applied for in order to protect a child immediately. https://www.citizensadvice.org.uk/relationships/children-and-young-people/child-abuse/court-orders-to-protect-children/child-abuse-emergency-protection-orders/
EPS	Education Personnel Services	HR sold service for schools both in Hampshire and other local authorities. http://www3.hants.gov.uk/education/educationpersonnelservices.htm
ESCR	Electronic Social Care Record	A file storage system used by Hampshire to add files and scans to a social care record.
EYFS	Early Years Foundation Stage	Statutory framework for educational provision for children aged 2 – 5 (including reception) https://www.gov.uk/government/policies/improving-the-quality-and-range-of-education-and-childcare-from-birth-to-5-years/supporting-pages/early-years-foundation-stage
FGM	Female Genital Mutilation	Procedures to the female genital organs for non-medical reasons. http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx
FII	Fabricated or induced illness	Sometimes referred to as Munchausen by Proxy - but as this term focuses on the adult not the child – it is referred to within safeguarding as FII https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced
HBV	Honour Based Violence	http://www.hampshire.police.uk/internet/advice-and-information/abuse-against-the-person/honour-based-violence
HSCB	Hampshire safeguarding children's board	Established in the Childrens Act 2004. Multi-agency board with responsibility for safeguarding in a geographical area. http://www.hampshiresafeguardingchildrenboard.org.uk/
ICAT	Internet Child Abuse Team	Police team with responsibility to investigate internet based crimes against children.
ICPC	Initial child protection conference	Following section 47 enquiries, an initial child protection conference brings together family members (and the child where appropriate), with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development. https://www.gov.uk/government/publications/working-together-to-safeguard-children
ICS	Integrated Children's System	Database used by children's social care to record case information
IDASH	Integrated Domestic Abuse Services in Hampshire	The Integrated Domestic Abuse Service for Hampshire (IDASH) provides following support for victims and survivors or domestic abuse 0330 0165112

IDVA	Independent Domestic Violence Advocate	IDVAs help keep victims and their children safe from harm from violent partners or family. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis, to assess the level of risk.
IMR	Internal Management Review or Independent Management Review	Internal Management Review – an internal investigation in to an incident Independent Management Review – the internal investigation carried out as part of a serious case review
IRO	Independent Reviewing Officer	The chair of the Child Protection Conference. Job role set out in https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337568/iro_statutory_guidance_iros_and_las_march_2010_tagged.pdf
JWP	Joint Working Protocol	Safeguarding Childrens board protocol to safeguard children and young people, whose lives are affected by parent/carers who have using drugs/alcohol; have mental health problems or learning disabilities, or other complex problems http://www.hampshiresafeguardingchildrenboard.org.uk/user_controlled_lcms_area/uploaded_files/4LSCB%20JWP%20revision%202014%20print%20version.pdf
KCSiE	Keeping Children Safe in Education	Latest government guidance on safeguarding children in schools. https://www.gov.uk/government/publications/keeping-children-safe-in-education
LAC	Looked After Child	See children in care
LADO	Local Authority Designated Officer	Role set out initially in Working Together to safeguard children 2006. To oversee and quality assure allegations against adults who work with children and young people. http://4lscb.proceduresonline.com/chapters/p_alleg_staff.html
LSCB	Local Safeguarding Childrens board	See Hampshire Safeguarding Childrens Board (HSCB)
MAPPa	Multi-Agency Public Protection arrangements	Assess and manage the risks posed by sexual and violent offenders https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa--2
MAR	Multi-Agency Review	Similar to a serious case review, however the threshold for a serious case review has not been met.
MARAC	Multi-Agency Risk Assessment Conference	A regular local meeting to discuss how to help victims at high risk of murder or serious harm. Information is shared about the victim, the family and perpetrator, concluding with an action plan for each victim http://www.safelives.org.uk/practice-support/resources-marac-meetings
MASF	Multi-agency safeguarding forum	A Hampshire Safeguarding Children's Board group running in the North, West and South East looking at local issues.
MASH	Multi-Agency Safeguarding Hub	brings together professionals from a range of agencies into an integrated multi-agency team who make assessments and decisions depending on statutory need, child protection or early help. http://www3.hants.gov.uk/mash.htm
MET	Missing, Exploited and Trafficked	the 4LSCB protocol for practitioners who may become aware of

		children and young people who are at risk of, or who are going missing, being sexually exploited and/or are being trafficked. The three issues are likely to appear together in day to day practice and this protocol is provided as a single resource to guide practitioners. http://www.hampshiresafeguardingchildrenboard.org.uk/user_controlled_lcms_area/uploaded_files/4LSCB%20MET%20protocol%20dec%202013.pdf
MISPER	Missing Person	Phrase used by police to refer to a missing person.
NFA	No further action	
NN / ND	Named Nurse / Named Doctor	Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place
NSPCC	National Society for the Prevention of Cruelty to Children	http://www.nspcc.org.uk/
OM	Offender manager	Officers who make sure people serve the sentences and orders handed out by courts, both in prisons and in the community. https://www.gov.uk/government/organisations/national-offender-management-service
OOC	Out of County	Children who are placed by Hampshire outside of the County Council borders.
OOH / OOHT	Out of Hours team	The team who take referrals and immediate social care support between 5:00pm and 8:30am.
PACE	Police and Criminal Evidence Act	codes of practice which regulate police powers and protect public rights
PEP	Personal Education Plan	Individual plan to ensure the best educational outcomes for children in care. http://www3.hants.gov.uk/childrens-services/practitioners-information/cic-virtual-school.htm
PLO	Public Law Outline	If the Local Authority feels that they cannot safely protect a child by a child protection plan and they need a care order, the public law outline highlights the expected steps that a local authority will have explored prior to making an application to the court.
POLIT	Paedophile on line investigation team (Police)	Now changed name to ICAT – Internet Child Abuse Team
PP	Police Protection	(sometimes mistakenly referred to as a PPO [order]), on determining that they are at risk to remain with their parents or carers, police can take children into protection, but only courts can grant orders.
PPO	Prolific and Priority Offender	Individuals that the police are aware of due to their rate or seriousness of offending
PPU	Public Protection Unit (Police)	Part of the safeguarding team within the police force. Work with cases involving adults as well as children.
PR	Parental responsibility	https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility
PREVENT	Stage within the governments Counter terrorism strategy	One of the four ‘P’s set out in the counter terrorism policy, the others being pursue, protect and prepare https://www.gov.uk/government/publications/2010-to-2015-

		government-policy-counter-terrorism/2010-to-2015-government-policy-counter-terrorism
PSO	Prohibited Steps Order	A parent who has separated can apply for a 'prohibited steps order' to stop the other parent from making a decision about the child's upbringing (https://www.gov.uk/looking-after-children-divorce/types-of-court-order)
QAG	Quality Assurance Group	A sub-group of the Hampshire Safeguarding Childrens Board which gathers and scrutinises information in order to inform its assessment of the effectiveness of safeguarding arrangements and practice on Hampshire
R&A	Referral and Assessment	Following a call to Children's services professional line if a concern reaches the threshold it will pass to the MASH team (see above). Once the MASH team have carried out their enquires they may pass to the local referral and assessment team for a single assessment to be carried out.
RPCP	Review Child protection conference	The second and subsequent conferences around child protection
RO	Residence Order	'residence orders' are now replaced by the 'Child arrangements orders'
S11	Section 11 Audit	self assessment audit tools in place to ascertain compliance in meeting safeguarding standards for the organisations listed under Section 11 of the Children Act 2004
S17	Section 17 of the children's act 1989	See Child in Need
S20	Section 20 of the children's act 1989	Accommodated under a voluntary agreement with parents
S47	Section 47 of children's act 1989	Child at risk of significant harm
SA	Single Assessment	The one assessment created in line with criteria set out in Working Together 2013
SAR	Subject Access Requests	HCC team that deals with request to see information held on an individual by the county council http://www3.hants.gov.uk/dataprotection/subject-access-request-info.htm
SCR	Serious Case Review	A Serious Case Review is a review of services that have been provided to a child and family prior to the death or serious injury of a child where abuse or neglect are believed to be a contributory factor http://www.hampshiresafeguardingchildrenboard.org.uk/practitioners-SCR_pro.html
SERAF	Sexual Exploitation Risk Assessment form	Tool used within Hampshire to identify and support children at risk of sexual exploitation. Form and Guidance
SfYC	Services for Young Children.	Service with Early Years oversight in Hampshire. http://www3.hants.gov.uk/childrens-services/childcare.htm
SGO	Special Guardianship Order	http://www3.hants.gov.uk/childrens-services/childcare.htm
SOPPO	sexual offences prevention order	The purpose is to protect the public or specific individuals from serious sexual harm by prohibiting the defendant from doing anything outlined in the order.

SSAFA	Soldiers, Sailors and Airmen's Families Association	https://www.ssafa.org.uk/
Toxic Trio		Phrase used to highlight the three common factors of Parental Mental Health needs, Domestic Violence and Substance Misuse in a large number of serious case reviews
VAWG	Violence against women and girls	Home office initiative https://www.gov.uk/government/collections/violence-against-women-and-girls-newsletter
VISOR	The Violent and Sexual Offenders Register	
WRAP	Workshop to Raise Awareness of Prevent	For more information about the Home Office's radicalisation awareness training product Workshop to Raise Awareness of Prevent (WRAP) email WRAP@homeoffice.x.gsi.gov.uk
WTTSC or WT2015	Working Together to Safeguard Children	Statutory guidance outlining the safeguarding responsibilities of those who work with children in a voluntary and paid capacity. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
YOT	Youth Offending Team	http://www3.hants.gov.uk/childrens-services/hampshire-yot
YOT CLR	Youth Offending Team Critical Learning Review	Learning reviews into incidents reported to the Youth Justice Board https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362897/cspci-community-public-protection-procedures.pdf
YOT ELR	Youth Offending Team Extended Learning Review	Learning reviews into incidents where local learning could take place https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362897/cspci-community-public-protection-procedures.pdf
Other useful Acronym links or lists		
Hampshire Safeguarding Childrens Board list of acronyms http://www.hampshiresafeguardingchildrenboard.org.uk/resources-glossary.html		

Useful links

Issue	Links to Useful Resources
Health and Safety	http://intranet.hants.gov.uk/childrens-services/cs-healthandsafety.htm https://www.gov.uk/health-safety-school-children
Anti-Bullying and Harassment & Discrimination	http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/bullying.htm http://www3.hants.gov.uk/education/hias/healthyschools/themedareas/theme-ehwb.htm#section261481-2 https://www.gov.uk/bullying-at-school https://www.gov.uk/government/publications/preventing-and-tackling-bullying
Anti-Racism	http://www.cps.gov.uk/northwest/working_with_you/hate_crime_schools_project/schools_project___racist_and_religious_hate_crime/
Physical Intervention	http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/educational-psychology/heps/heps-policies.htm https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools
Meeting the needs of pupils with medical conditions	https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
First Aid	http://intranet.hants.gov.uk/firstaidpolicytemplate_csh_steam_-14.doc https://www.gov.uk/government/publications/first-aid-in-schools
Drug and Substance Misuse	http://www3.hants.gov.uk/education/hias/drug-and-alcohol/supporting-young-people.htm https://www.gov.uk/government/publications/drugs-advice-for-schools
Educational Visits	http://www3.hants.gov.uk/education/outdoor-education.htm
Intimate Care	http://4lscb.proceduresonline.com/chapters/g_int_care.html
Internet Safety	http://www3.hants.gov.uk/childrens-services/schoolsandcolleges/esafety http://ceop.police.uk/
School Site Security	https://www.gov.uk/government/publications/school-security
Safer Recruitment Policy	http://www3.hants.gov.uk/education/eps/child-protection-introduction.htm http://intranet.hants.gov.uk/eps/eps-crb-guidance.htm & https://www.gov.uk/government/policies/helping-employers-make-safer-recruiting-decisions http://intranet.hants.gov.uk/eps/single-central-record.htm
Issues specific to a local area or population,	https://www.gov.uk/government/publications/safeguarding-children-and-young-people-who-may-be-affected-by-gang-activity DfE safeguarding children https://www.gov.uk/childrens-services/safeguarding-children
Radicalisation	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevention-strategy-review.pdf
Child Sexual Exploitation	https://www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan http://4lscb.proceduresonline.com/chapters/p_missing_exploit_traff.html

Useful contacts

Key Personnel	Name(s)	Telephone No.
Designated Safeguarding Lead	J Sendall	02392 475909 or Personal Mobile
Deputy DSLs	R Webster S Carpenter R Hill S Hennessy L Jackson	02392 475909
Nominated Governor	D Newbiggin	Contact via School office 02392 475909
Chair of Governors	Contact via School office	02392 475909
Children's Referral Team (MASH Team) (Children's Services)	Duty Officer	01329 225379
Out of Hours Social Care	Duty Officer	0300 555 1373
Police	Hampshire Constabulary	101 or in emergencies 999
Safeguarding Advisors / Local Authority Designated Officers (LADOs)	Duty Officer	HCC Safeguarding Unit 01962 876364
Early Help Hub Manager	Duty Officer	01329 820330

Key changes in KCSIE 2026

Page	Changes
4	Added a sentence about cover arrangements for periods when the DSL is unavailable.
7	Paragraph 1: added 'preventing concerns from escalating'. Additional information added to bullet points as follows: Bullet 4: added details of signs of abuse covered in training including neglect, exploitation, modern slavery and children being at risk of harm inside and outside the school, home or online. Bullet 6: added reference to mental health concerns potentially developing into safeguarding concerns, including self-harm and risk of suicide. Bullet 15: change of wording to reflect 'community-based Family help' and targeted early help. Bullet 18: Addition of 'the Safeguarding Policy'
9	Bullet 2: Added reference to Channel Program and referral where there is a concern of radicalisation. Bullet added to DSL responsibilities regarding consideration of sharing information prior to a pupil changing school.
11	(6) Wording changed to 'community based or targeted early help.'
16	'Respond' section: added reference to the use of TED.
17	'Report' section: added DSL after Deputy.
18/19	Procedures for Allegations that meet harm threshold: change of wording to reflect KCSIE reference to procedures including trainee teachers and contractors.
20	Change of wording to the example list of low-level concerns.
21	Annex 6: Wording updated to include reference harmful sexual behaviours, misogyny and child on child abuse being a safeguarding issue for both the victim and alleged perpetrator. Amendments to wording about risk assessments to specifically reflect KCSIE wording. Amendments to wording in the section 'Actions for the DSL to consider.'
25	Annex 7: Paragraph 2 amended regarding the risks posed by technology. Content/Contact/Conduct descriptors: addition of wording to reflect KCSIE. Additional paragraph on expectations on schools regarding mobile phone usage/policy. Amendments to section on filtering and monitoring. Additional paragraph on AI policy and usage.
29	Annex 10: Updates to wording in line with WTSC and KCSIE 2026.
35	Annex 11: Change of title from 'Early Help' to 'Support before Statutory Intervention'. Changes to wording to reference community based and targeted early help and additions to the bullet point list to reflect changes in KCSIE.