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**SAFEGUARDING  
POLICY – IPSWICH  
HOSPITAL SCHOOL**

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**RÆDWALD**  
T · R · U · S · T

RATIFIED BY THE TRUST BOARD IN:  
JANUARY 2019

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**NEXT REVIEW DATE: SEPTEMBER 2019**

## SAFEGUARDING POLICY

<b>Person responsible for this policy:</b>	Angela Ransby
<b>Policy author:</b>	Angela Ransby
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<b>CEO Signature:</b>	Angela Ransby
<b>Trust Board Signature:</b>	Roger Fern

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Page 11 – addition to list of what staff should look out for. Page 27 – Missing Person section added.	7 <sup>th</sup> November 2018
Page 13 – amendment; reporting of concerns about Head Teacher to be made to the CEO.	10 <sup>th</sup> December 2018
Update to Working Together to Safeguarding Children, February 2019 sent to all DSLs.	25 <sup>th</sup> February 2019
Page 6 – amendment to safeguarding procedures for staff. Page 7 – amendment to safeguarding flowchart. Page 8 – amendment to safeguarding next steps. Page 23 – Absconding/Missing section added. Page 27 – amendment to reporting. Appendix B – amendment to allegations against staff flowchart.	1 <sup>st</sup> March 2019

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## Key Personnel

### Ipswich Hospital School

Role:	Name and contact details:
Designated Safeguarding Lead (DSL)	Kate Kingsford-Bere 01473 702067 <a href="mailto:kkingsfordbere@raedwaldtrust.org">kkingsfordbere@raedwaldtrust.org</a>
Deputy DSL	Sally Swann 01473 717013 <a href="mailto:sswann@raedwaldtrust.org">sswann@raedwaldtrust.org</a> NHS Safeguarding Team: Bryony Quainton and Rachel Holman. Ipswich Hospital ext 1176/1381
Online Safety Lead	Kate Kingsford-Bere (see details above)
PREVENT Lead	Kate Kingsford-Bere (see details above)
Head Teacher	Sally Swann 01473 717013 <a href="mailto:sswann@raedwaldtrust.org">sswann@raedwaldtrust.org</a>
Named Safeguarding Governor	Anna Hennell James 01473 550472 <a href="mailto:ahennelljames@raedwaldtrust.org">ahennelljames@raedwaldtrust.org</a>
Chair of Trustees	Roger Fern 01473 550472 <a href="mailto:rfern@raedwaldtrust.org">rfern@raedwaldtrust.org</a>

The CEO is:

Angela Ransby 01473 550472

[aransby@raedwaldtrust.org](mailto:aransby@raedwaldtrust.org)

### Aims

Safeguarding children is the first priority of the Raedwald Trust and its academies. Through a culture of collaboration, transparency and a relentless focus on improvements, we are driven to deliver excellence with, for and on behalf of our children.

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## **PART 1**

### Raedwald Trust Safeguarding Procedures for Staff

#### **Disclosure / Concern Raised**

All staff must follow the published Academy flow chart.

#### **Record Keeping**

For fully agile academies, all documents relating to safeguarding or child protection will be stored electronically on SchoolPod with visibility restricted to the safeguarding team. Raedwald Trust attendance to all 'safeguarding' meetings (including FNM, CiN, and CP) will be by, or directed by, the DSL in consultation with the Head Teacher.

In all academies, pupil's individual Risk Assessment will serve as the information sharing document for all staff.

All RT staff remain responsible for requesting access to DSL actions at any time, in order they can activate the Whistleblowing Policy as they deem necessary.

All staff must strictly adhere to academy based attendance procedures as part of their safeguarding responsibilities.

#### **Pupil Level Risk Assessments**

All pupil level risk assessments to be drawn up through Heads of School, checked and signed off by the DSL.

#### **Safeguarding Training**

All staff are responsible for ensuring they comply with, and are engaged in, the mandatory training requirements published by the RT. A live breakdown of your progression through these training requirements can be accessed at by contacting your Head of School.

Raedwald Trust Safeguarding Flow Chart – What to do if I am worried about a child

**Always attempt to contact the DSL or one of the DDSLs. However, if you cannot, or to spend time doing so would put a child in danger, you should call the police or MASH team directly.**

If a child is in immediate danger or is at risk of harm call the police on 999:

If there is an immediate safeguarding concern, call the MASH team on 0808 800 4005.

If you do this, contact the DSL as soon as possible the same day.

**Report concerns / disclosure to a member of the Raedwald Trust Safeguarding team**  
 For concerns that need immediate action, please call one of the safeguarding team. Completing a record of concern on SchoolPod will send a text and email to the DSL and DDSLs.

<u>Designated Safeguarding Leads</u>	<u>Deputy DSLs</u>
<b>Alderwood Academy</b> – Mark Helstrip	Giles Wright
<b>Outreach (incl CiC)</b> – Alice Crozier-Green	Sarah Bailie, Louise Chapman & Cath Catt
<b>First Base Bury St Edmunds</b> - Sonia Myhill	Claire Hargrave, Sophie Hickmott
<b>First Base Ipswich</b> – Stacey Laws	Clarie Hargrave, Tanya Gray
<b>Hospital School</b> – Kate Kingsford-Bere	
<b>Lindbergh Campus</b> – Sally Swann	Fe Dunachie, Kim Charlesworth
<b>Montgomery Road Campus</b> – Tim Kerr	Julie Cox, Carey Fish
<b>Parkside Academy</b> – Trudy Read	Alicia Mann, Andria Runcieman, Sally Swann
<b>St Christopher’s Academy</b> – Tom Baker	Charlotte Orvis, Carey Fish, Cate Fairweather
<b>Westbridge Academy</b> – Carey Fish	Nicola Axford, Natasha Hobbs

You may also be able to contact the above at 01473 550472

Don’t forget to record your concerns on School Pod or on the academy based paper recording system.

- The DSL will consider further actions required, including;**
1. Consultation with MASH 0808 800 4005 or the Police if a child is in immediate danger or at risk of significant harm.
  2. For inpatients, discuss with the hospital safeguarding team
  3. Discussion with the main school DSL

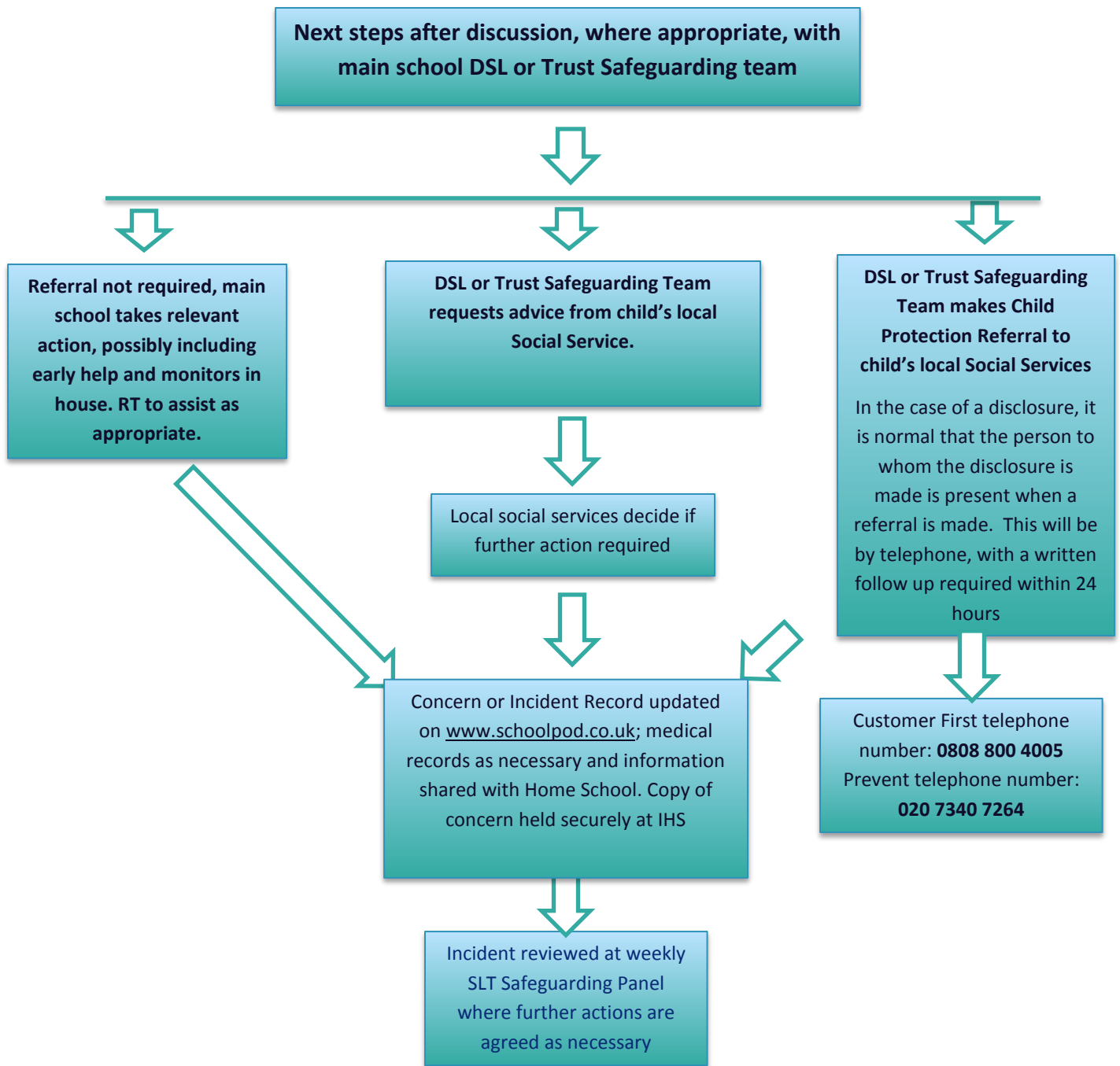
Please inform the Head of School of the relevant setting that you have raised a concern. On SchoolPod add a student note saying ‘Safeguarding concern raised’.

- Recording**
- Make a record of your concern / child’s disclosure, using [www.schoolpod.co.uk](http://www.schoolpod.co.uk)
  - Remember to record the date, time, your name and role and keep your record as factual as possible.
  - Use the child’s own words where applicable.
  - If there are marks on a child record these on a body map within the site based form.

- Informing Carers/Parents**
- Carers & parents should be informed of all concerns and referrals unless this may cause harm to the child.
  - Typically, the main school (or hospital) are best placed to take up this responsibility, however, when necessary, RT staff will be required to fulfil this duty.

- Reflect**
- Ask yourself if you have done everything you can within your role.
  - Refer any remaining concerns to the DSL.
  - Dealing with disclosures can be difficult and disturbing; seek support for yourself, but be aware of principles of confidentiality.

Raedwald Trust Safeguarding Flow Chart – Next Steps for DSL and Deputy DSLs





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## **PART 2**

### Introduction

This policy has been developed in accordance with the principles established by the Children Act 1989; and in line with the following:

- “Keeping Children Safe in Education” 2018
- “Working Together to Safeguard Children” 2018
- “Framework for the Assessment of Children in Need and their Families” 2000
- “What to do if you are worried a Child is being Abused” 2015
- Suffolk Safeguarding Children Board guidelines
- Information on School’s Advice
- Inspecting Safeguarding
- GDPR

The Raedwald Trust takes seriously its responsibility under section 11 of the Children Act and duties under “working together” to safeguard and promote the welfare of children; to work together with other agencies to ensure adequate arrangements exist within our setting to identify, and support those children who are suffering harm or are likely to suffer harm.

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

Our Trust should provide a safe, caring, positive and stimulating environment that promotes the social, physical and moral development of the individual child free from discrimination or bullying where children can learn and develop happily.

This policy applies to all staff, trustees, governors and volunteers working within our Trust.

This policy has been written in line with Keeping Children Safe in Education 2018. All staff will sign to confirm they have read and understood this policy.

### Terminology

Safeguarding and promoting the welfare of children is defined as:

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

*Working Together to Safeguard Children (2018)*

Child protection is:

- Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

*Working Together to Safeguard Children (2018)*

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## Early Help

- Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

*Keeping Children Safe in Education (2018)*

Staff refers to all those working for or on behalf of the Trust, full time or part time, in either a paid or voluntary capacity.

## A Child is:

- Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.

*Working Together to Safeguard Children (2018)*

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

DSL: Designated Safeguarding Lead

DDSL: Deputy Designated Safeguarding Lead

## The role of Trust staff

Our Trust staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.

- All our staff have a responsibility to provide a safe environment in which children can learn.
- Our academies have a designated safeguarding lead who will provide support to our staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care. The DSL (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.
- All our staff will be equipped to identify children who may benefit from early help. Staff know in the first instance to discuss their concerns with the designated safeguarding lead, and understand they may be required to support other agencies and professionals in assessments for early help.
- Any of our staff members who have a concern about a child's welfare should follow the referral processes (detailed on page 6). Staff should expect to support Social Workers and other agencies following any referral.
- The Teachers' standards 2012 state that teachers, including Head Teachers, should safeguard children's wellbeing and maintain public interest in the teaching professions as part of their professional duties.

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### What Trust staff need to know

- All our staff members are aware of the systems within our Trust which support safeguarding, these are explained to them as part of their induction and include:
  - This child protection and safeguarding policy
  - The staff code of conduct (sometimes called staff behaviour policy)
  - The role of the DSL (including the identity of the DSL and any deputies)
  - Keeping children safe in education part 1
  - Whistleblowing Policy
  - Managing allegations about staff or volunteers
  - The safeguarding response to children who go missing from education
  - What to do if they have a concern about a child
  
- All staff members receive appropriate safeguarding and child protection training which is updated at least every 3 years. In addition to this training all staff members receive safeguarding and child protection updates via the DSL, when required but at least annually, to provide them with relevant skills and knowledge to be able to safeguard the children in our setting effectively.
  
- All staff are made aware of the early help process, and understand their role in this. This includes staff being able to identify emerging problems, liaising with our designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, where appropriate, acting as the lead professional in undertaking any early help assessment. Our Early Help Offer is shared with staff and parents (see Appendix C).
  
- All staff are aware of the process for making child protection referrals to children's social care and statutory assessments that may follow, under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role that might be expected to play in such assessments.
  
- All staff know what to do if a child tells them he/she is being abused or neglected. Staff understand how to maintain an appropriate level of confidentiality. They understand that this means only to involve those who need to be involved such as the DSL (or a deputy) and children's social care.
  
- Staff will never promise a child that they will not tell anyone about the allegation/disclosure that the child has made, as this may ultimately not be in the best interests of the child.

### What Trust staff should look out for

Any child may benefit from early help, but our Trust staff are particularly alert to the potential need for early help for a child who;

- Is a young carer;
- Is disabled and has specific additional needs;
- Has special educational needs (whether or not they have a statutory education, health and care plan);

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- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
  - Is frequently missing/goes missing from care or from home;
  - Is misusing drugs or alcohol themselves;
  - Is at risk of modern slavery, trafficking or exploitation;
  - Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
  - Has returned home to their family from care;
  - Is showing early signs of abuse and/or neglect;
  - Is at risk of being radicalised or exploited;
  - Is a privately fostered child;
  - Is LAC – a Looked After Child (in care) or previously LAC.
- All Trust staff members are aware of the signs of abuse and neglect so they are able to identify children who may be in need of help or protection (see part 2 of this policy for the definitions).
  - Departmental advice: What to do if you are worried a child is being abused- Advice for practitioners provides more information on understanding and identifying abuse and neglect. <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
  - Staff members at our Trust are advised to maintain an attitude at all times of “it could happen here” where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interests of the child.
  - Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure they should always speak to the DSL (or deputy).

#### What Trust staff should do if they have concerns about a child

If our staff have any concerns about a child’s welfare, they should act on them immediately. See page 6 for a flow chart setting out the process for our staff when they have concerns about a child.

If staff have a concern, they should follow this child protection policy and speak to the DSL (or deputy).

Options will then include:

- Managing any support for the child internally via the school’s own pastoral support processes;
- An early help assessment;
- A referral for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer harm.

The DSL or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from local

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children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

Our staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.

### Early help

If early help is appropriate, the DSL (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead professional. Any such cases should be kept under constant review and consideration given to a referral to children's social care for assessment for statutory services, if the child's situation does not appear to be improving or is getting worse.

### Statutory Assessments

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately.

### Female Genital Mutilation mandatory reporting duty for teachers

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

### Record keeping

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing on SchoolPod. If in doubt about recording requirements, staff should discuss with the DSL (or deputy).

### Why is all of this important?

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action. Examples of this poor practice include:

- Failing to act on and refer the early signs of abuse and neglect
- Poor record keeping
- Failing to listen to the view of the child
- Failing to re-assess concerns when situations do not improve
- Not sharing information
- Sharing information too slow and
- A lack of challenge to those who appear not to be taking action

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### What Trust staff should do if a child is in danger or at risk of harm

- If, a child is in immediate danger or is at risk of harm a referral should be made to children's social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the DSL, the DSL should be informed, as soon as possible, that a referral has been made.

### What Trust staff should do if they have concerns about another staff member who may pose a risk of harm to children

- This should be referred to the Head Teacher.
- Where there are concerns/allegations about the Head Teacher, this should be referred to the CEO.

### What Trust staff should do if they have concerns about safeguarding practices within the Trust - whistleblowing

- We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- All our staff should feel able to raise concerns about poor or unsafe practice and potential failures in the Trust's safeguarding regime and that such concerns will be taken seriously by the senior leadership team.
- All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues and appropriate advice will be sought from the LADO or Safeguarding Team where necessary.
- See full details in our whistleblowing policy.
- Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:
  - General guidance can be found at - [Advice on whistleblowing](#)
  - The NSPCC whistleblowing helpline is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by their school. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

### Roles and responsibilities

All schools must nominate a senior member of staff to coordinate child protection arrangements and this person is named in this policy guidance. The Trust ensures that the DSL or a deputy will be available at all times that the school is open to discuss safeguarding concerns. Our school will also ensure that there are adequate and appropriate measures in place to cover out of hours/out of term activities.

### The Governing Body

The Board of Trustees and Local Governing Body of each school undertake the regular review of safeguarding related policies and procedures that operate within our Trust.

The Governing Body have a crucial role in monitoring and challenging staff on the effectiveness of safeguarding arrangements.

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Our Governing Body ensures there is:

- A DSL for safeguarding and child protection who is a member of the senior leadership team and who has undertaken the approved Suffolk Safeguarding Children Board (SuffolkSCB) training in inter-agency working, in addition to basic child protection training.
- Safeguarding and Child protection policy and procedures that are consistent with SuffolkSCB requirements, reviewed annually and made available to parents on request.
- Procedures for dealing with allegations of abuse made against members of staff including allegations made against the Head Teacher and CEO.
- Safer recruitment procedures that include the requirement for appropriate checks in line with national guidance.
- A training strategy that ensures all staff, including the CEO and Head Teacher, receive child protection training, with refresher training at three-yearly intervals. The DSL and Deputy DSLs should receive refresher training at two-yearly intervals. The Deputy DSLs will be trained to the same level as the DSL, as required by SuffolkSCB.
- Regular update sessions for staff regarding safeguarding. Keeping staff up to date with any changes and ensuring that safeguarding remains a priority within the setting.
- Arrangements to ensure that all temporary staff and volunteers are made aware of the school's arrangements for safeguarding and child protection.
- The Governing Body nominates a member (normally the chair) to be responsible for liaising with the local authority and other agencies in the event of an allegation being made against the CEO. An annual report will be submitted to the local authority about how the governing body's duties have been carried out. Any weaknesses or areas of concern will be rectified without delay.

The Head Teacher:

- Ensures that the safeguarding and child protection policy and procedures are implemented and followed by all staff.
- Allocates sufficient time and resources to enable the DSL and deputy to carry out their roles effectively, including the assessment of pupils and attendance at strategy discussions and other necessary meetings.
- Ensures that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the school's whistle blowing procedures.
- Ensures that child's safety and welfare is addressed through the curriculum.

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## DSL:

- Will attend DSL Safeguarding training every two years and keep up to date with changes.
- Acts as a source of support and expertise to the school community.
- Has an understanding of SuffolkSCB procedures.
- Notifies children's social care if a child with a child protection plan is absent for more than two days without explanation.
- Ensures that when a child leaves the school, their safeguarding information is passed to their new school and if the child has a social worker then they are informed.
- Attends and/or contributes to child protection conferences in accordance with local procedure and guidance.
- Coordinates the school's contribution to child protection plans.
- Develops effective links with relevant statutory and voluntary agencies.
- Ensures that all staff sign to indicate that they have read and understood this policy.
- Ensures that this safeguarding and child protection policy is updated annually.
- Liaises with the nominated governor and Head Teacher as appropriate.
- Keeps a record of staff attendance at safeguarding and child protection training.
- Provides an annual safeguarding report to governors which is sent to the LADO/Safeguarding team at County Hall no later than the December of the academic year, following the academic year to which the report applies.
- Makes this policy available to parents via the Trust website and as a hard copy on request.

## *Record Keeping*

- Keeps written records of all concerns when noted and reported by staff or when disclosed by a child, ensuring that such records are stored securely and confidentially but kept separately from the child's general file.
- Sends records to the relevant people, in particular, to the DSL at the pupil's main school for dual registered pupils.
- The records will be a coherent factual record of the concerns that are stored on individual children in a clear chronological order.



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- Follow SSCB guidance on record keeping.

#### *Referrals to Social Services*

- Refers cases of suspected neglect and/or abuse to children's social care or police in accordance with the guidance below.

#### *The relationship with students' main schools for dual registered students*

- At times, the Raedwald Trust works with schools to support them to support students. Sometimes Raedwald Trust does not have a school roll of its own, such as in the case of pupils on specifically commissioned pathways. In these cases, all students remain on the roll of their main school. Main schools hold the complete safeguarding picture for their students. The Raedwald Trust recognise that all adults working with young people have a responsibility to safeguard them.
- All safeguarding concerns from Raedwald Trust staff will be reported to the Raedwald Trust DSL or one of the Deputy DSLs who will record the concern and inform the DSL or other person with safeguarding responsibilities at the main school.
- If any member of staff believes that pupil is in immediate danger and cannot make contact with a Raedwald Trust DSL they can make an immediate referral to the MASH team.
- For pupils where there is a non-emergency concern, the Raedwald Trust DSL will contact the main school DSL and discuss the concern. If a referral to social services, or contact with the locality social worker is agreed as the way forward then the main school will do this. Raedwald Trust staff will be made available to talk to the main school DSL or directly with social care as necessary to facilitate this.

#### Deputy DSLs:

- Is appropriately trained to the same level as the DSL and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long-term absence of the DSL, one of the Deputy DSLs will assume all of the functions above.

#### All staff will:

Follow the Suffolk Safeguarding Children Board Procedures/Local Authority guidance in all cases of abuse, or suspected abuse (these can be found at <http://www.suffolkscb.org.uk>).

#### We will therefore:

- Implement and follow part 1 and 2 of this guidance.
- Understand that our responsibility to safeguard children requires that we all appropriately share any concerns that we may have about children.
- Support the child's development in ways that will foster security, confidence and resilience.

- Provide an environment in which children and young people feel safe, secure, valued and respected, feel confident and know how to approach adults if they are in difficulties.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we contribute to assessments of need and support plans for those children where appropriate.
- Ensure that detailed and accurate written records of concerns about a child are kept even if there is no need to make an immediate referral. This will be done using our electronic management information system, SchoolPod. See guidance on record keeping.

Training

All staff are expected to read at least part 1 and annex A of KCSIE 2018 and sign to say they have read and understood. Level 1 induction safeguarding training is given to all new staff within the first week of their new position by the DSL. This involves them being given a safeguarding induction booklet and completing a series of questions to ensure they understand and are compliant. The question sheet is retained in the school safeguarding file stored in the SLT office. (See Staff Induction Policy)

<b>Training</b>	<b>Staff</b>	<b>Frequency</b>
Safeguarding DSL	DSL	2 Years
Safeguarding	All Staff	2 Years
Working Together	DSL	3 Years
Prevent	All Staff	Regular updates
Online Safety	All Staff	2 Years
FGM	All staff	Regular updates
CSE	All Staff	Regular updates
County Lines	All Staff	Regular updates

Regular safeguarding updates take place throughout the academic year, for example PD days, safeguarding RT and NHS Trust emails, safeguarding meetings. Staff safeguarding updates are frequent, regular and timely.

Temporary Staff & Volunteers

All Hospital School Volunteers complete RT or NHS delivered Safeguarding Training as mandatory every three years. They also undertake Prevent training and receive regular up-dates from RT Safeguarding Team. On-line Safety; FGM; CSE and County Lines training is also given to those for whom it is deemed, by the DSL/Head Teacher as appropriate. Volunteers have a leaflet that they are given on induction which sets out a code of conduct. They also have the Safeguarding Policies for both the NHS and RT for which they sign to confirm their reading and understanding. They also read and sign KCSIE Part 1 and Annex A.

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### Visitors

Visitors to the Hospital School are directed to the safeguarding information displayed in the schoolroom and on the cover of the Visitors signing in book, raising awareness of the safeguarding team on site and who to talk to if they have a concern. Information on the Safeguarding Noticeboard signposts all staff/volunteers and visitors to information regarding safeguarding policies and the referral making process.

### Supporting Children

- We recognise that a child who is abused, who witnesses violence or who lives in a violent environment may feel helpless and humiliated, may blame him/herself, and find it difficult to develop and maintain a sense of self-worth.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Our Trust will support all children and young people by:

- Encouraging the development of self-esteem and resilience in every aspect of life.
- Promoting a caring, safe and positive environment.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Notifying Social Care as soon as there is a significant concern.
- Notifying Social Care when a child/young person attending the centre is privately fostered.
- Providing continuing support to a pupil (about whom there have been concerns) who leaves the school by ensuring that such concerns and school records are forwarded under confidential cover to the Designated Person at the pupil's new school immediately.

### Confidentiality

- We recognise that all matters relating to child protection are confidential.
- The DSL or one of the Deputy DSLs will disclose personal information about a child or young person to other members of staff on a need to know basis only.
- However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being or that of another.

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- We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Schools Safeguarding Team or Social Care on this point.
  - We will take no names consultations with our local MASH team to discuss concerns we may have, but we understand that if they then ask for a name we will disclose those details and it will become a referral.
  - For dual registered students, the Raedwald Trust DSL or one of the Deputy DSLs will always share safeguarding concerns with the DSL (or one of their deputies) from the pupil's main school. The main school hold the full picture of their pupils and information of a safeguarding nature that may come to light while working with Raedwald Trust staff, however small, may add to that bigger picture.

### Supporting Staff

- We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support. This could be provided by another trusted colleague, Occupational Health, and/or a representative of a professional body or trade union, as appropriate.
- In consultation with all staff, we have adopted a code of conduct for staff at our setting. This forms part of staff induction and is in the staff handbook. We understand that staff should have access to advice on the boundaries of appropriate behaviour.
- We recognise that our DSL and Deputy DSLs should have access to support and appropriate workshops, courses or meetings as organised by the LA.

### Safer Recruitment

- Safer recruitment procedures are in line with the current legislation, Keeping Children Safe in Education 2018 part three. This is where further detail can be found.
- An enhanced DBS certificate, which includes barred list information, is required for any staff and volunteers who will be engaging in regulated activity (working unsupervised with children). For all other staff and volunteers who have opportunity for regular contact with children, but who are not engaging in regulated activity, an enhanced DBS check, which does not include a barred list check, will be appropriate.
- There are additional requirements for Governors and trustees / proprietors – see page 45 of KCSIE and refer to accordingly. They are required to have an enhanced criminal records certificate from the DBS including a section 128 check to check that they have not been prohibited from teaching.
- In addition, anyone who is appointed to carry out teaching work will require an additional check to ensure they are not prohibited from teaching.

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- A single central record is kept by the school and meets the requirements as set out in chapter 3 of 'Keeping Children Safe in Education' 2018.
  - We will follow guidance on Disqualification by Association for staff who come into regular and frequent contact with children of reception age.

#### Allegations against staff

- All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- We understand that a child or young person may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the Head Teacher or the most senior member of staff available.
- The Head Teacher on all such occasions will discuss the content of the allegation with the Designated Officer for the Local Authority (LADO), before taking any action. In our county contact should be made with
  - Rennie Everett or Dian Campbell
  - LADO team – 0300 123 2044
  - [LADO@suffolk.gov.uk](mailto:LADO@suffolk.gov.uk)
- If the allegation made to a member of staff concerns the Head Teacher themselves, the person receiving the allegation will immediately inform the CEO who will consult with LADO, without notifying the Head Teacher first.
- The school will follow the procedures for managing allegations against staff, as outlined in 'Keeping Children Safe in Education' 2018.
- Suspension of the member of staff against whom an allegation has been made needs careful consideration, and we will consult with LADO and HR before making any decisions around suspension.
- We have no premises to let but if this changes, our lettings agreement for other users will require that the organiser will follow LA procedures for managing allegations against staff and, where necessary, the suspension of adults from premises.
- See flowchart appendix B.

#### Physical Intervention/Positive Handling

- The need to use physical intervention with pupils is unlikely but could be necessary in extreme circumstances. We recognise that members of school staff have a legal power to use reasonable force to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder (Use of reasonable force, Advice for Head Teachers, Staff and Governing Bodies, DfE July 2013).

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- When using reasonable force in response to risk presented by incidents involving children with SEN or disabilities or with medical conditions, we will consider the risks carefully and recognise the additional vulnerability of children in these groups. We will also consider our duties under the Equality Act 2010 in relation to making reasonable adjustments, non-discrimination and our Public Sector Equality Duty.
  - Wherever possible we will work with medical and education colleagues to plan positive and proactive behaviour support, for instance through drawing up individual behaviour plans for more vulnerable children, and agreeing them with parents and carers, schools and colleges. By doing this we aim to reduce the occurrence of challenging behaviour and the need to use reasonable force. For more information see our 'Promoting Positive Behaviour' policy.
  - In our hospital setting, if restraint is necessary, immediate assistance should be sought from nursing staff who have been trained to safely restrain patients. Staff should ensure they are aware of procedures to call for help such as the location and use of emergency buttons and Person Infrared Transmitters (PIT alarms).
  - Such events should be recorded and signed by a witness.
  - We understand that physical intervention of a nature which is both unreasonable and disproportionate to the circumstances and or causes injury or distress to a child may be considered under child protection or disciplinary procedures.

#### Anti-Bullying

- Our policy on the prevention and management of bullying is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. Bullying is a safeguarding matter that if left unresolved can become a child protection matter. Our setting will take seriously any bullying concerns and both investigate and take action to protect pupils where appropriate.
- We will liaise with the anti-bullying co-ordinator from SCC where appropriate (<https://www.suffolk.gov.uk/children-families-and-learning/schools/pupil-attendance-and-welfare/bullying-at-school>)
- See full details in our Anti-Bullying Policy.

#### Health & Safety

- Our Health & Safety policy, reflects the consideration we give to the protection of our children both physically within the school environment and, for example, in relation to internet use, and when away from the school when undertaking school trips and visits.
- See full details in our Health and Safety Policy.

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### Children with Special Educational Needs

In our Trust we recognise that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. This policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

We will put in place reasonable adjustments to overcome these barriers.

### Children Missing Education

We understand the safeguarding implications of pupils not attending school without explanation and will work closely with all of our schools and EWO to enable them to fulfil their duties around children missing education.

In each of our schools:

- We provide individual timetables for the following week's planned sessions
- We scrutinise attendance carefully and take immediate safeguarding action where concerns arise

The Raedwald Trust is committed to working with the Suffolk Children Missing Education Team to improve outcomes for pupils in the county that are not receiving a suitable full-time education.

### Sighting Students

- In some of our schools, we will work with some students that have little or no contact with other professionals. In these situations we will agree responsibility for regular sightings of the student with our commissioners and/or the main school for dual registered students. A protocol will be agreed so that if a student is not seen by a member of staff for a specified period of time then staff will visit the home with the specific intention of sighting the young person to ensure they are safe and well.
- We will be clear with parents that this is part of our role in supporting the school to carry out their safeguarding duties.
- Repeated failed attempts to sight the student will result in a request for the police to carry out a welfare check.
- Young people that are not in receipt of education for a period exceeding four weeks should be referred to the Children Missing Education Officer at Suffolk County Council Tel: 01473 265224

### Absconding / Missing Persons

- When a young person goes missing from a school site, or does not arrive at their specified location, if appropriate school staff can pursue if not guardians should be made aware so that they can complete initial searches prior to notifying the police themselves.

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- The only time school staff would be expected to report the young person missing would be if there are safeguarding concerns around the individual or their guardians. This report should be made by calling 101 or 999 whichever is most appropriate at the time.

#### Young People Not in Education, Employment or Training (NEET)

- In our Hospital School we encounter young people over the age of 16 that are NEET. In these cases we will seek their consent to refer them to the Suffolk County Council Education, Employment and Training (EET) Service [https://www.enter\\_website](https://www.enter_website) who can provide them with appropriate information, advice and guidance.
- If there are other safeguarding concerns around the young person then we may refer them to the EET team without seeking their consent.

#### Home Educated Pupils

- In our inpatient settings we encounter young people who are electively home educated. In these cases we will check they are known to the Suffolk County Council Elective Home Education Team (<https://www.suffolk.gov.uk/children-families-and-learning/schools/elective-home-education-ehe-educating-your-child-at-home/>) or similar team in the area in which they live to enable them to carry out their duties to establish and maintain contact with families educating their children at home and to offer parents appropriate advice and support in the best interests of their children.

#### Private fostering

- Private fostering occurs when a child under the age of 16 (under 18, if disabled) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer. Such arrangements may come to the attention of school staff through the normal course of their interaction, and promotion of learning activities, with children.
- The school will notify the local authority to allow the local authority to check the arrangement is suitable and safe for the child.

#### Looked after children and previously looked after children

We recognise that looked after children (children in care) are particularly vulnerable - the most common reason for children becoming looked after is as a result of abuse and/or neglect.

The DSL will liaise with the Designated Teacher for Looked After Children to ensure that appropriate staff have the information they need in relation to a child's looked after legal status i.e. whether they are looked after:

- under voluntary arrangements with consent of parents or
- on an interim or full care order



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and contact arrangements with birth parents or those with parental responsibility. They should also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her.

The DSL will ensure details of the child's social worker and the name of the virtual school head in the authority that looks after the child are recorded on SchoolPod.

Our staff understand that previously looked after children potentially remain vulnerable. This status will be highlighted to staff.

### Types of abuse and neglect

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

- Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.
- Physical abuse: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental 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 cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
- Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children

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to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### Specific safeguarding issues

- All staff have an awareness of safeguarding issues - some of which are listed below. Staff are made aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.
- All staff are made aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm, sexual violence/sexual harassment, sexting (known as youth produced sexual imagery) and limitation/hazing type violence and rituals. Staff are clear about our policy and procedures with regards to peer on peer abuse.
- We are aware that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside the school. All staff, but especially the DSL (or deputy) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children's social care assessments should consider such factors so it is important that schools and colleges provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

### Online safety

In our schools our pupils increasingly work online, we recognise that it is crucial to safeguard our pupils from potentially harmful and inappropriate online material. As such we ensure appropriate filters and appropriate monitoring systems are in place.

### Opportunities to teach safeguarding

In our schools we ensure our pupils are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering

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relevant issues through personal, social, health and economic education (PSHE), tutorials (in FE colleges) and/or – for maintained schools and colleges – through sex and relationship education (SRE).

Every opportunity is taken to talk about Safeguarding at the Hospital School eg PSHE – concern box posters; pupils code of conduct and rules in the classroom to promote safe behaviour; On-line safety, including Safer Internet Day; Water/Road Safety; NSPCC Pants etc. Bespoke curriculum plans to address specific issues for individual children are also frequently used.

#### Allegations of abuse made against other children (peer on peer abuse)

Our staff recognise that children are capable of abusing their peers. In a situation where child abuse is alleged to have been carried out by another child, our child protection procedures should be adhered to for both the victim and the alleged abuser; this means it should be considered as a child care and protection issue for both children.

Peer on peer abuse can take many forms, and gender issues can be prevalent when dealing with this type of abuse this could for example include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence.

Annex A contains important additional information about specific forms of abuse and safeguarding issues.

#### Dealing with Disclosures

**If a pupil asks to speak to you about a problem do not promise confidentiality but explain that it may be necessary to consult a colleague.**

#### Receive

Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse. Listen quietly and actively, giving your undivided attention. Allow silences when needed. Do not show shock or disbelief but take what is said seriously.

#### Reassure

Stay calm, no judgements, empathise. Never make a promise that you can keep what a child has said a secret. Give reassurance that only those who need to know will be told. Reassure the young person that they were right to tell you.

#### React

React to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but don't interrogate for full details.

Don't ask leading questions – keep the open questions e.g. 'is there anything else you want to say?'

If you need to try to get more details again keep to open questions, "tell me a bit more about that"

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If you do ask questions remember to record the questions you ask as well as the responses the young person gives.

Do not criticise the perpetrator; the student may have affection for him/her.

Explain what you will do next – inform designated teacher, keep in contact.

#### Record

If possible make brief notes about what they are actually telling you at the time. Keep these notes, however rough they are. If you are unable to make notes at the time write down what was said as soon as you can.

Record what was actually said by the pupil rather than your interpretation of what they are telling you, be factual at all times.

Record the date, time, place and any noticeable nonverbal behaviour.

Record the information as a safeguarding concern on SchoolPod.

#### Report

Report the incident to the DSL and do not tell any other adults or pupils what you have been told.

**Never attempt to carry out an investigation of suspected abuse by interviewing the pupil or any others involved. This is a highly skilled role and any attempts by yourself could affect possible criminal proceedings.**

## APPENDIX A – SPECIFIC FORMS OF ABUSE AND SAFEGUARDING ISSUES

Issues covered in this annex:

- Children and the court system
- Children missing from education
- Children with family members in prison
- Child sexual exploitation
- Child criminal exploitation: county lines
- Domestic abuse
- Homelessness
- So-called 'honour-based' violence
- Modern Day Slavery
- Preventing radicalisation
- Peer on peer abuse
- Sexual violence and sexual harassment between children in schools and colleges
- Additional advice and support

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All sections are taken from Keeping Children Safe in Education 2018 apart from 'Modern Day Slavery'.

### **Child drug and criminal exploitation**

'County Lines' is a national issue which involves the exploitation of vulnerable young people and adults by violent gang members in order to move and sell drugs across the country. The gangs recruit vulnerable people, often children, to act as couriers and to sell drugs. Exposure to gang exploitation has the potential to generate emotional and physical harm. Typical county lines methodology involves gangs exploiting children to deliver drugs from the urban to county location using intimidation, violence, debt bondage and grooming. Whilst male children are most commonly exploited, almost half of areas report the use of female children. Children aged 12-18 are being exploited, with 15-16 years being the most common age of involvement for under 18s. Although child sexual exploitation (CSE) is not the driving factor in county line gangs exploiting children, a clear link between county lines exploitation and child sexual exploitation exists.

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

### **Children and the court system**

Children are sometime required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds.

They explain each step of the process and support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained.

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

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### **Children with family members in prison**

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. [NICCO](#) provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

### **Children missing from education**

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school or college's unauthorised absence and children missing from education procedures.

When it comes to light that an in-patient may be missing education, the Home School is consulted (if there is one) and a joint decision is taken on the next course of action eg completing a CME form. If there is no Home School, a CME form is completed and the LA notified. Sometimes, cases where the in-patient is 'Home Schooled', it may be clear there is no form of education taking place, a referral to social care (Customer First/MARF) may be appropriate.

### **Child sexual exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:

- 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;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and noncontact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- 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);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

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Some of the following signs may be indicators of child sexual exploitation:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who have older boyfriends or girlfriends;
- children who suffer from sexually transmitted infections or become pregnant;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

#### *Key Facts about CSE*

- Sexual exploitation often starts around the age of 10 years old. Girls are usually targeted from age 10 and boys from age 8.
- It affects both girls and boys and can happen in all communities.
- Any person can be targeted but there are some particularly vulnerable groups: Looked after Children, Children Leaving Care and Children with Disabilities.
- Victims of CSE may also be trafficked (locally, nationally and internationally).
- Over 70% of adults involved in prostitution were sexually exploited as children or teenagers.

Sexual violence or abuse against children represents a major public health and social welfare problem within UK society, affecting 16% of children under 16. That is approximately 2 million children.

#### *Good practice – Individuals*

- Recognise the symptoms and distinguish them from other forms of abuse
- Treat the child/young person as a victim of abuse
- Understand the perspective/behaviour of the child/young person and be patient with them
- Help the child/young person to recognise that they are being exploited
- Collate as much information as possible
- Share information with other agencies and seek advice/refer to Social Care

#### *Good practice – Organisations*

- Ensure robust safeguarding policies and procedures are in place which cover CSE
- Promote and engage in effective multi-agency working to prevent abuse
- Work to help victims move out of exploitation
- Cooperate to enable successful investigations and prosecutions of perpetrators

#### **Domestic abuse**

The cross-government definition of domestic violence and abuse is:

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

- psychological;
- physical;

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- sexual;
  - financial; and
  - emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

[NSPCC- UK domestic-abuse signs symptoms effects](#)

[Refuge what is domestic violence/effects of domestic violence on children](#)

[Safelives: young people and domestic abuse](#)

### **Homelessness**

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties: [Homeless Reduction Act Factsheets](#). The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

In most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16 and 17 year olds who may be homeless and/ or require accommodation: [here](#).



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## **Cultural Issues**

### So-called 'honour-based' violence

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

### *Actions*

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children's social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers that requires a different approach (see following section).

### Modern Day Slavery

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Home Office estimates there are 13,000 victims and survivors of modern slavery in the UK; 55% of these are female and 35% of all victims are trafficked for sexual exploitation.

Poverty, war and limited opportunities at home are some of the key drivers which can make someone vulnerable to being trafficked and exploited. Victims of slavery can be men, women or children of all ages.

There are several different types of modern slavery, which in the UK, are prohibited under the 2015 Modern Slavery Act. It can include children and adults forced to work in agriculture, domestic work, factories and sweatshops, or girls forced to marry older men.

Someone is in slavery if they are:

- forced to work through mental or physical threat
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse
- dehumanised, treated as a commodity or bought and sold as 'property'
- physically constrained or have restrictions placed on his/her freedom

(Sources: <https://www.england.nhs.uk/ourwork/safeguarding/our-work/modern-slavery/>  
<http://www.escb.co.uk/en-gb/safeguardingtopics/traffickingandmodernslavery.aspx> )

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### 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. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

#### *FGM mandatory reporting duty for teachers*

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: [Mandatory reporting of female genital mutilation procedural information](#).

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still consider and discuss any such case with the school or college’s designated safeguarding lead (or deputy) and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. The following is a useful summary of the FGM mandatory reporting duty: [FGM Fact Sheet](#).

### Forced marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published [statutory guidance](#) and [Multi-agency guidelines](#), with pages 35-36 of which focus on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email [fmu@fco.gov.uk](mailto:fmu@fco.gov.uk).

### **Prevent**

#### Preventing radicalisation

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a schools’ or colleges’ safeguarding approach.

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Extremism is the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

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) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme.

#### The Prevent duty

All schools and colleges are subject to a duty under section 26 of the CounterTerrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

The Prevent duty should be seen as part of schools' and colleges' wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the Revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76 which are specifically concerned with schools (and also covers childcare). The guidance is set out in terms of four general themes: Risk assessment, working in partnership, staff training, and IT policies.

#### *Additional support*

The department has published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

There is additional guidance: Prevent duty guidance: for further education institutions in England and Wales that applies to colleges.

Educate Against Hate, a website launched by the Her Majesty's Government has been developed to support and equip school and college leaders, teachers, and parents with information, tools and resources (including on the promotion of fundamental British values) to help recognise and address extremism and radicalisation in young people. The platform provides information on and access to training resources for teachers, staff and school and college leaders, some of which are free such as Prevent e-learning, via the Prevent Training catalogue.

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## Channel

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. Guidance on Channel is available at: [Channel guidance](#), and a Channel awareness e-learning programme is available for staff at: [Channel General Awareness](#).

The school or college's Designated Safeguarding Lead (and any deputies) should be aware of local procedures for making a Channel referral. As a Channel partner, the school or college may be asked to attend a Channel panel to discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required.

### **Peer on peer abuse**

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

The gendered nature of peer on peer abuse means that girls are more likely to be victims and boys the perpetrators but all peer on peer abuse is unacceptable and will be taken seriously.

Abuse is abuse and should never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up".

### **Sexual violence and sexual harassment between children in schools and colleges**

#### *Context*

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

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"; and

- 
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

### What is Sexual violence and sexual harassment?

#### *Sexual violence*

It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

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

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

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

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

#### *Sexual harassment*

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

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

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
  - non-consensual sharing of sexual images and videos;

- sexualised online bullying;
- unwanted sexual comments and messages, including, on social media; and
- sexual exploitation; coercion and threats

### *Sexting in schools*

Sexting is a term used to describe ‘youth produced sexual imagery’ and commonly takes the form of photos and messages shared on social media or via text messages. It includes young people sharing images that they, or another young person, have created of themselves. It covers both still photos and moving videos.

We will consult with home schools and follow the guidance for schools on how to respond to incidents of sexting is given here:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/609874/6\\_2939\\_SP\\_NCA\\_Sexting\\_In\\_Schools\\_FINAL\\_Update\\_Jan17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/609874/6_2939_SP_NCA_Sexting_In_Schools_FINAL_Update_Jan17.pdf)

[www.suffolkscb.org.uk](http://www.suffolkscb.org.uk)

### The response to a report of sexual violence or sexual harassment

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

If staff have a concern about a child or a child makes a report to them, they should follow the referral process as set out from paragraph 23 in Part 1 of this guidance. As is always the case, if staff are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

### Additional advice and support

Abuse or Safeguarding issue	Link to Guidance/Advice	Source
Abuse	<a href="#"><u>What to do if you're worried a child is being abused</u></a>	DfE advice
	<a href="#"><u>Domestic abuse: Various Information/Guidance</u></a>	Home Office
	<a href="#"><u>Faith based abuse: National Action Plan</u></a>	DfE advice
	<a href="#"><u>Relationship abuse: disrespect nobody</u></a>	Home Office website
Bullying	<a href="#"><u>Preventing bullying including cyberbullying</u></a>	DfE advice

Children and the courts	<a href="#"><u>Advice for 5-11-year olds witnesses in criminal courts</u></a>	MoJ advice
	<a href="#"><u>Advice for 12-17 year old witnesses in criminal courts</u></a>	MoJ advice
Children missing from education, home or care	<a href="#"><u>Children missing education</u></a>	DfE statutory guidance
	<a href="#"><u>Child missing from home or care</u></a>	DfE statutory guidance
	<a href="#"><u>Children and adults missing strategy</u></a>	Home Office strategy
Children with family members in prison	<a href="#"><u>National Information Centre on Children of Offenders</u></a>	Barnardo's in partnership with Her Majesty's Prison and Probation Service (HMPPS) advice
Child Exploitation	<a href="#"><u>County Lines: criminal exploitation of children and vulnerable adults</u></a>	Home Office guidance
	<a href="#"><u>Child sexual exploitation: guide for practitioners</u></a>	DfE
	<a href="#"><u>Trafficking: safeguarding children</u></a>	DfE and HO guidance
Drugs	<a href="#"><u>Drugs: advice for schools</u></a>	DfE and ACPO advice
	<a href="#"><u>Drug strategy 2017</u></a>	Home Office strategy
	<a href="#"><u>Information and advice on drugs</u></a>	Talk to Frank website
	<a href="#"><u>ADEPIS platform sharing information and resources for schools: covering drug (&amp; alcohol) prevention</u></a>	Website developed by Mentor UK
"Honour Based Violence" (so called)	<a href="#"><u>Female genital mutilation: information and resources</u></a>	Home Office
	<a href="#"><u>Female genital mutilation: multi agency statutory guidance</u></a>	DfE, DH, and HO statutory guidance
	<a href="#"><u>Forced marriage: information and practice guidelines</u></a>	Foreign Commonwealth Office and Home Office

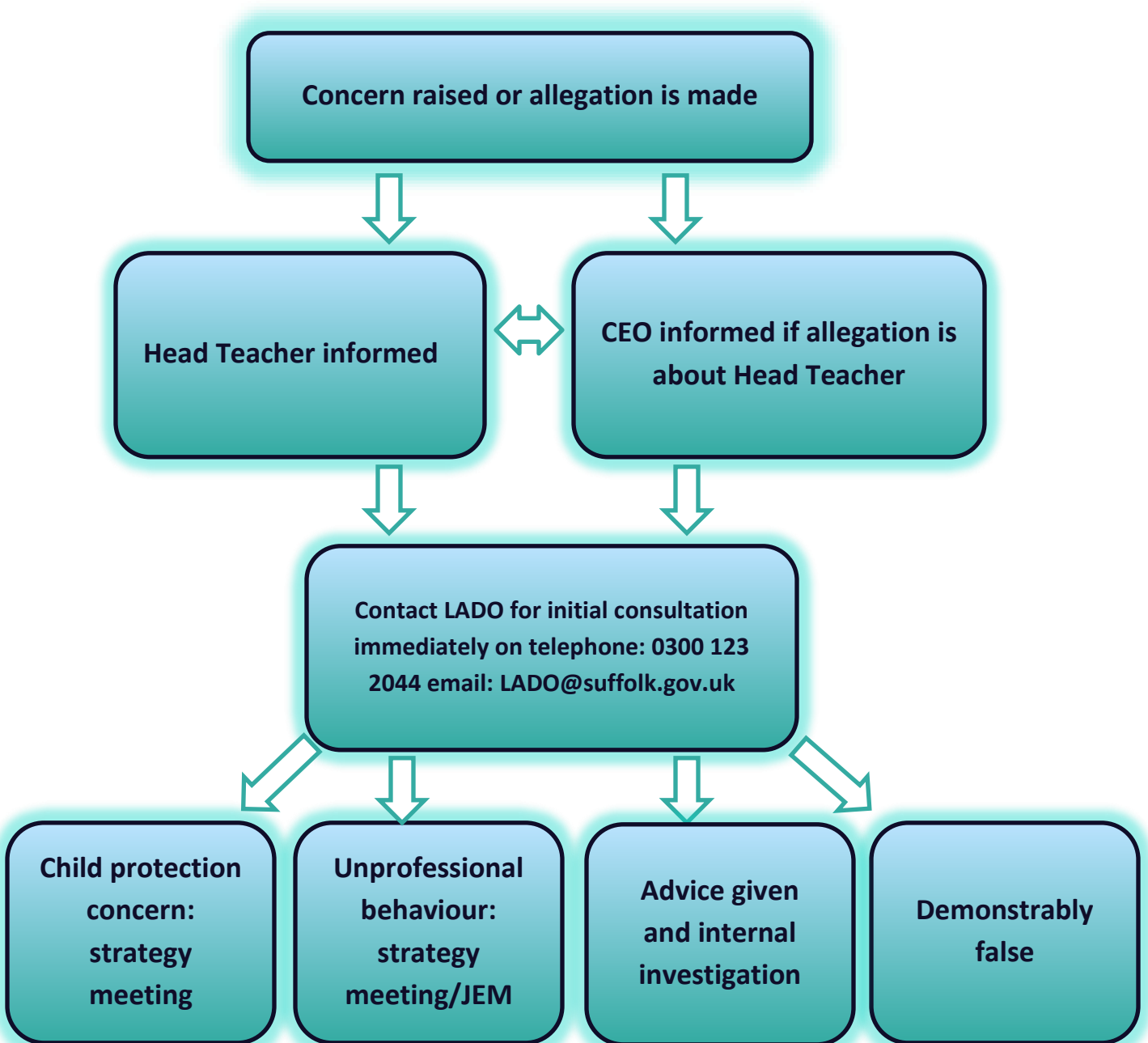
Health and Wellbeing	<u>Fabricated or induced illness: safeguarding children</u>	DfE, Department for Health and Home Office
	<u>Rise Above: Free PSHE resources on health, wellbeing and resilience</u>	Public Health England resources
	<u>Medical-conditions: supporting pupils at school</u>	DfE statutory guidance
	<u>Mental health and behaviour</u>	DfE advice
Homelessness	<u>Homelessness: How local authorities should exercise their functions</u>	HCLG
Online	<u>Sexting: responding to incidents and safeguarding children</u>	UK Council for Child Internet Safety
Private fostering	<u>Private fostering: local authorities</u>	DfE - statutory guidance
Radicalisation	<u>Prevent duty guidance</u>	Home Office guidance
	<u>Prevent duty advice for schools</u>	DfE advice
	<u>Educate Against Hate Website</u>	DfE and Home Office
Violence	<u>Gangs and youth violence: for schools and colleges</u>	Home Office advice
	<u>Ending violence against women and girls 2016-2020 strategy</u>	Home Office strategy
	<u>Violence against women and girls: national statement of expectations for victims</u>	Home Office guidance
	<u>Sexual violence and sexual harassment between children in schools and colleges</u>	DfE advice
	<u>Serious violence strategy</u>	Home Office Strategy



## APPENDIX B – ALLEGATIONS AGAINST STAFF FLOW CHART

The Raedwald Trust and its academies operate in a culture of openness and transparency in all matters including safeguarding. Please refer to our Managing Allegations Against Staff Policy available on our website for full details of how we respond to an allegation against a staff member.

If you have a concern that a person who works with children and young people may have behaved inappropriately or you have received information that may constitute an allegation you must:



## APPENDIX C

Raedwald Trust: Early Help Offer	
SSCB website.	<p>Important information for parents and professionals across Suffolk in relation to keeping children safe and avenues of support including early help options.</p> <p><a href="http://www.sscb.org.uk/">http://www.sscb.org.uk/</a> (Suffolk Safeguarding Children's Board)</p>
RT universal support for all RT pupils and families.	<p>All RT staff are available in a pastoral capacity should parents or carers have a concern about anything at all. RT staff may not have the answer but will try to find out the answer or sign-post parents/other professionals in the right direction. Parents can either talk directly with the RT staff or Head teacher. RT staff are available within office hours (9am – 4pm on weekdays during term-time).</p> <p><b>Alderwood Academy – 01473 725860</b>  <b>First Base Bury St Edmunds Academy – 01284 762453</b>  <b>First Base Ipswich Academy – 01473 719553</b>  <b>Lindbergh Campus – 01473 719559</b>  <b>Montgomery Road Campus – 01473 604918</b>  <b>Parkside Academy – 01473 717013</b>  <b>St Christopher's Academy – 01473 725115</b>  <b>Westbridge Academy – 01473 251329</b></p>
RT Personal Development Curriculum	<p>RT have combined PSHE (Personal Social Health Education), SRE (Sex and Relationships Education) and SMSC (Spiritual Moral Social and Cultural) Education and Careers Education, Advice and Guidance and called it the Personal Development Curriculum. The comprehensive RT Personal Development curriculum covers many aspects of keeping young people safe, healthy, resilient and aware of the world around them so that they can make informed decisions. Where pupils have specific issues that need discussing or addressing we will make their Personal Development curriculum bespoke to them. Other specific topics helping pupils stay safe covered within the wellbeing curriculum include (age appropriate content):</p> <p>Sex education: positive relationships, contraception help/advice/where to get further information. Fertility and the impact of STIs/drugs, legal consent age and the definition of informed consent.</p> <p>Gender, identity and tolerance: preventing homophobic and transphobic bullying; preventing bullying of pupils from different types of families (e.g. same sex parents); avoiding anti-gay derogatory language; Gender identity - there isn't such thing as a typical girl or a typical boy. Understanding and acceptance of others different than us, including those with different religions.</p> <p>Drugs: Alcohol, Smoking and illegal drugs.</p>

	<p>Keeping Safe: Online safety (safe use of Facebook and internet); personal safety (out and about); How to respond to an emergency; Sexting - what is it, is it illegal and how to take control and stay safe. Appropriate assertiveness. How to stay safe from radicalisation and extremism, how to stay safe from teenage relationship abuse and other current safeguarding issues.</p> <p>Emotional well-being: Where to go for help if you, your friend or family member is struggling with emotional well-being/mental health problems, what the signs are that someone is struggling, what makes you feel good; How to look after your own emotional well-being; Personal strength and self-esteem; Stress management; more effective coping mechanisms than self-harming behaviours, suicide prevention and recognising that not everyone is happy all of the time.</p> <p>Relationships: How to make and maintain positive friendship; family relationships; different types of families; abusive relationships (recognition of teenage relationship abuse and peer on peer abuse)</p> <p>Healthy Living: Taking responsibility for managing your own health; importance of sleep; the main components of healthy living (diet, exercise and wellbeing); focus on breakfast; managing health and wellbeing when you are unwell (making sure you take your medicine when you should, have the right perspective, doing what you can do within the limitations of your health condition)</p>
Home-school support	<p>When a dual registered/inpatient young person is due to return to their school, both parents and pupils may feel they need some specific support. Part of the role of RT is to liaise with the home-school while pupils are with RT. Schools have their own offer or early help as well as targeted support. RT can speak to schools about support that might be needed or may help in whatever circumstance. Generally support required is discussed at reintegration planning meetings.</p>
Helping pupils know where to go for help if they need help.	<p>Information on where pupils can get help include:</p> <p>Samaritans national contact ring Freephone: 116 123 (UK)</p> <p>Childline: 0800 1111</p> <p>Self Harm support: <a href="http://www.thesource.me.uk/health/self-harm">www.thesource.me.uk/health/self-harm</a>  <a href="http://www.mind.org.uk">www.mind.org.uk</a>  <a href="http://www.ipswichandeastsuffolkccg.nhs/selfharm">www.ipswichandeastsuffolkccg.nhs/selfharm</a></p> <p>YoungMinds <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a> (web based support for young people and parents/carers)</p> <p>PAPYRUS: <a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a> Provides confidential help and advice to prevent suicide in young people. Tel HOPELineUK: 08000 0684141 Text:07786 209697</p> <p>Chat Health – School Nurse Service: 07507333356</p>

Online safety	
Whistle blowing	If a member of RT staff is concerned about the conduct or behaviour of another member of staff, visitor or volunteer, they are aware of the RT Whistle Blowing Policy and to report it immediately to the Head Teacher. If the concern is about the Head Teacher, then they will inform the CEO
RT link to the Suffolk Child and Adolescent Mental Service (CAMHS).	The RT work closely with CAMHS. Through our links, we are able to help with all aspects of well-being including support during transitions such as reintegration back to school, and how to manage exam anxiety.  The RT often provides advice and guidance to school staff on how to support children and young people with complex mental health difficulties, and can undertake initial assessments and provide evidence to support a request for appropriate provision.
Bullying (including cyber-bullying)/child death/suicide /prevention	All Suffolk schools including RT schools are committed to tackling bullying. We want to know immediately if there any issues with bullying at RT so that it can be addressed. It could be that bullying is related to a child's home-school. RT staff can contact the school if parents do not feel comfortable doing so. RT can also offer bespoke lessons on anti-bullying for anyone who has suffered bullying to encourage behaviours that might avert it in the future (e.g. assertiveness) or to boost self esteem. In serious cases of bullying parents should contact the police; particularly if there are threats involved. In an emergency call 999 or 101. Other sources of help and advice are: <a href="http://www.suffolkscb.org.uk/">http://www.suffolkscb.org.uk/</a> (Suffolk Safeguarding children's board) and <a href="http://www.bullying.co.uk">http://www.bullying.co.uk</a> . Education about bullying is an integral part of the RT Personal Development programme.
Suffolk Local Offer	Services for children and young people in Suffolk (aged 0-25) with special educational needs and disabilities <a href="https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/localoffer.page?localofferchannelnew=0">https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/localoffer.page?localofferchannelnew=0</a>
Suffolk Safeguarding	The Multi-Agency Safeguarding Hub (MASH) The MASH can advise on whether a family needs early help or whether they meet the threshold for statutory child protection.  Call Customer First on 0808 800 4005  To make a referral to the MASH please use the multi-agency referral form
Drug concerns	Drugs education is covered in the RT Personal Development curriculum as a preventative measure.
Child Sexual exploitation (CSE)	National 24/7 CSE helpline launched for children and young people: Call or text 116 000

	<p>A new helpline has been launched to enable children and young people to discuss any concerns relating to CSE themselves or a friend at any time. The new helpline is open 24 hours, 365 days per year.</p> <p>Any concerns that a child is being sexually exploited should be discussed with the DSL in the first instance. The CSE screening tool for professionals (can be located on the SuffolkSCB website: <a href="http://www.suffolkscb.org.uk">www.suffolkscb.org.uk</a> and should be completed if CSE suspected. Clear information about CSE and warning signs can be found in the on the same website.</p> <p>Referrals should be made to Suffolk MASH Team (see above).</p> <p>Further information: National Working Group (Network tackling Child Sexual Exploitation) <a href="http://www.nationalworkinggroup.org">www.nationalworkinggroup.org</a> and PACE UK (Parents Against Child Sexual Exploitation) <a href="http://www.paceuk.info">www.paceuk.info</a></p>
Domestic violence/Inter-personal violence (IPV)	<p>For more information please refer to the following website</p> <p><a href="http://www.suffolkscb.org.uk/safeguarding-topics/domestic-abuse/">http://www.suffolkscb.org.uk/safeguarding-topics/domestic-abuse/</a></p>
Teenage relationship abuse	<p>Pupils at RT are taught about positive relationships in the Personal Development Curriculum (see SRE above).</p> <p>All violence or suspected violence in teenage relationships should be reported to the MASH Team (see above).</p> <p>Information for schools can be found in the ATL Publication: <a href="https://www.atl.org.uk/Images/relationship-abuse-between-young-people-information-for-schools-nov-13.pdf">https://www.atl.org.uk/Images/relationship-abuse-between-young-people-information-for-schools-nov-13.pdf</a></p>
Fabricated and induced illness (FII)	<p><a href="http://www.nhs.uk/Conditions/Fabricated-or-induced-illness">http://www.nhs.uk/Conditions/Fabricated-or-induced-illness</a> for information on behaviours and motivation behind FII. Any professionals suspecting FII must contact the MASH and follow the OHS child protection procedures.</p>
Female genital mutilation (FGM)	<p>Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal or the external female genitalia. FGM is illegal in the UK and as of October 2015 mandatory reporting commenced. If HOE staff or other professionals discover that an act FGM appears to have been carried out on a girl under 18 years old there is a statutory duty to report it to the police.</p> <p>Read <a href="http://www.nhs.uk/Conditions/female-genital-mutilation">http://www.nhs.uk/Conditions/female-genital-mutilation</a> for NHS information and signs of FGM. Any suspicion of FGM should be referred to the Police and social care.</p> <p>E-learning package- <a href="http://www.fgmelearning.co.uk/">http://www.fgmelearning.co.uk/</a> for interested staff or professionals (free home office e-learning).</p> <p>All RT staff have received training on FGM.</p>
Forced marriage	<p>SuffolkSCB information can be found at: <a href="http://www.suffolkscb.org.uk/safeguarding-topics/forced-marriage-and-honour-based-abuse/">www.suffolkscb.org.uk/safeguarding-topics/forced-marriage-and-honour-based-abuse/</a></p> <p>UK Forced Marriage Unit <a href="mailto:fm@fco.gov.uk">fm@fco.gov.uk</a> Telephone: 020 7008 0151 Call 999 (police) in an emergency.</p> <p><a href="http://www.gov.uk/stop-forced-marriage">www.gov.uk/stop-forced-marriage</a> for information on Forced Marriage. Visit Home Office website to undertake Forced Marriage e-learning package <a href="https://www.gov.uk/forced-marriage">https://www.gov.uk/forced-marriage</a>.</p>

	<p>Please see 'Multi-Agency Practice Guidelines- Handling cases of Forced Marriage' for more information and detail: <a href="https://www.gov.uk/forcedmarriage">https://www.gov.uk/forcedmarriage</a>.</p> <p><i>All staff must be aware of this, that is they may only have <u>one chance</u> to speak to a potential victim and thus they may only have one chance to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.</i></p> <p>Prevention - <a href="http://www.freedomcharity.org.uk">www.freedomcharity.org.uk</a> The Freedom Charity (UK charity) have a helpline, text facility and app which can be downloaded to help to provide support and protection for victims of abuse, FGM or forced marriage. They can be contacted on tel: 0845 607 0133 or text 4freedom to 88802 or go to the website to download the app from the app page.</p> <p>Karma Nirvana - This organisation offers support, information and help with re-housing to victims of forced marriages, domestic violence and honour based crimes. It also offers a bi-lingual service. Phone confidential helpline: 01332 604098</p>
Gender-based violence/ violence against women and girls (VAWG)	<p>Home office policy document, 'Ending violence against women and girls. Strategy 2016-2020 (March 2016).  <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF</a></p> <p>FGM (Female Genital Mutilation) is violence against women and girls.  Suffolk Rape Crisis Centre: 0800 0850 520  <a href="http://www.srchelp.org.uk/home/">www.srchelp.org.uk/home/</a></p>
Honour based violence (HBV)	<p>The police have made it a high priority to help communities fight back to tackle both honour based violence and hate crime. The 'Honour Network Help line': 0800 5 999 247</p> <p>Local information from SSCB: <a href="http://www.suffolkscb.org.uk">http://www.suffolkscb.org.uk</a></p>
Private fostering	<p>Suffolk County council website information on private fostering.  <a href="https://www.suffolk.gov.uk/children-families-and-learning/fostering-and-adoption/">https://www.suffolk.gov.uk/children-families-and-learning/fostering-and-adoption/</a></p> <p>A private fostering arrangement is essentially one that is made without the involvement of a local authority. Private fostering is defined in the Children Act 1989 and occurs when a child or young person under the age of 16 (under 18 if disabled) is cared for and provided with accommodation, for 28 days or more, by someone who is not their parent, guardian or a close relative. (Close relatives are defined as; step-parents, siblings, brothers or sisters of parents or grandparents). Contact MASH to report private fostering arrangements.</p>
Radicalisation and Extremism (PREVENT duty).  As of 1 July 2015 duty in the Counter-	<p><b>Prevention:</b> RT teach traditional British values through the Personal Development and RE Curriculums, and through its pastoral programmes: democracy, rule of law, respect for others, liberty, tolerance of those with different faiths and beliefs and promotion of 'Britishness'. Online-safety is an important aspect of the curriculum to keep pupils safe from radicalisation. Pupils need to understand that radicalisation can be a form of grooming online and understand the notion of propaganda. They need to be taught to be discerning about what they read on the internet as the dangers of speaking to strangers online.</p>

<p><i>terrorism and security act 2015 for specified authorities (including all schools) to have due regard to the need to prevent people being drawn in to terrorism.</i></p>	<p>All RT staff have had training in how to spot the signs of radicalisation and extremism and when to refer to the Channel panels.  All teaching and admin staff and governors have completed Channel training.  Anti-Terrorist Hotline: tel 0800 789 321 The 'Advice on the Prevent duty' written by the Department for Education explains what governors and <u>staff</u> can do if they have any concerns relating to extremism. The Department for Education has also set up a telephone helpline (<u>020 7340 7264</u>) to enable people to raise concerns directly. Concerns can also be raised by email to <u>counter.extremism@education.gsi.gov.uk</u>.  <i>If you see extremist or terrorist content online please report it via:</i>  <a href="https://www.gov.uk/report-terrorism">https://www.gov.uk/report-terrorism</a></p>
<p>Sexting</p>	<p>Prevention: pupils are taught about the dangers and legal implications of sexting through the PSHE and IT lessons.  Advice for schools:  <a href="http://swgfl.org.uk/magazine/Managing-Sexting-Incidents/Sexting-Advice.aspx">http://swgfl.org.uk/magazine/Managing-Sexting-Incidents/Sexting-Advice.aspx</a>  Further information can be found at:  <a href="http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting">http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting</a> (NSPCC website).  Childnet: <a href="http://www.childnet.com/young-people/secondary/hot-topics/sexting">http://www.childnet.com/young-people/secondary/hot-topics/sexting</a>  Booklet: 'So you got naked online' can be accessed at  <a href="http://www.childnet.com/ufiles/So%20you%20got%20naked%20online.pdf">http://www.childnet.com/ufiles/So%20you%20got%20naked%20online.pdf</a></p>
<p>Trafficking</p>	<p>Trafficking can include a young person being moved across the same street to a different address for the purpose of exploitation. It doesn't have to include people, children or young people being moved great distances.  Local information from SSCB can be found at:  <a href="http://www.suffolkscb.org.uk/safeguarding-topics/child-sexual-exploitation-cse/">http://www.suffolkscb.org.uk/safeguarding-topics/child-sexual-exploitation-cse/</a></p>
<p>Children who run away or go missing</p>	<p>Local procedures can be found on SSCB website at: enter Suffolk website....  Statutory guidance can be found at:  <a href="http://media.education.gov.uk/assets/files/pdf/s/dcsf-00670-2009v2.pdf">http://media.education.gov.uk/assets/files/pdf/s/dcsf-00670-2009v2.pdf</a></p>
<p>CME (Children missing education)   A child missing from education is a potential indicator of abuse or neglect. Keeping Children Safe in Education (2018) has further information</p>	<p>Local procedures can be found on SSCB website at:  <a href="http://www.suffolkscb.org.uk/safeguarding-topics/child-sexual-exploitation-cse/">http://www.suffolkscb.org.uk/safeguarding-topics/child-sexual-exploitation-cse/</a>   Children Missing Education (CME) refers to 'any child of compulsory school age who is not registered at any formally approved education activity e.g. school, alternative provision, elective home education, and has been out of education provision for at least 4 weeks'. CME also includes those children who are missing (family whereabouts unknown and are usually children who are registered on a school roll / alternative provision. This might be a child who is not at their last known address and either: has not taken up an allocated school place as expected, or has 10 or more days of continuous absence from school without explanation, or left school suddenly and the destination is unknown. It is the responsibility of the of the Local Authority (LA), to: Collate information on all reported cases of CME of statutory school aged children.</p>

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on CME which has been read by all RT staff.	Statutory guidance can be found at: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/395138/Children_missing_education_Statutory_guidance_for_local_authorities.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/395138/Children_missing_education_Statutory_guidance_for_local_authorities.pdf</a>
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