



Safeguarding Policy **(Child Protection)**

Date of Last Review: September 2019

Date of Next Review: September 2020

Responsibility: Miss Emma Campbell

Local Governing Body Signature:




M. HONWICK.
CHAIR OF GOVERNORS.

Designated Safeguarding Lead (DSL)	Miss Emma Campbell
Deputy Designated Safeguarding Lead (DDSL)	Mr Phil Berry Miss Lisa Moriarty Miss Alison Jenkins Mrs Nancy Eames
Safeguarding Administration and DDSL	Mrs Nancy Eames
Child Looked After (CLA) Designated Teacher	Miss Emma Campbell
Single Point of Contact (SPOC) relating to Channel	Miss Emma Campbell
Safeguarding and Child Looked After Governor	Mr Michael Hunwick
Online Safety Lead	Miss Emma Campbell

Aim

- The Ravensbourne School staff and members of The Local Governing Body are committed to providing a caring, positive, safe and stimulating environment
- To provide a continuous training programme that raises the awareness of all members of Local Governing Body and staff of the need to safeguard students and ensure that they are fully aware of their responsibilities in identifying and reporting possible cases of abuse
- The Ravensbourne School will appoint a Designated Safeguarding Lead who will adhere to the updated London Child Protection Procedures and Bromley Safeguarding Children Board, regarding referring a student where concerns of abuse are raised and keep confidential records, secure and separate from student's main record
- To ensure that all staff and volunteers who have access to students have an enhanced DBS disclosure and S128 Education and Skills Act 2008 'discretion' check via the Teacher Services System
- The Ravensbourne School will implement recruitment procedures as outlined by updated Safeguarding Children and Safer Recruitment legislation
- The Ravensbourne School will develop and promote working relationships with external agencies in line with Working Together to Safeguard Children Legislation, Keeping Children Safe in Education Guidance (2019) and contribute to external agency enquiries as appropriate
- The Ravensbourne School will fulfil their obligation to undertake any special responsibilities or tasks required for the care of students on a Child Protection Plan (CPP)
- The Ravensbourne School will endeavour to make parents/carers aware of their role in child protection and safeguarding from all potential risks
- Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL) available to staff at all times
- Safeguarding is the duty of all and is broadly constituted for.

Promoting A Protective Ethos

Safeguarding incidents could happen anywhere and safeguarding students is everyone's responsibility. Staff should be alert at all times to possible concerns being raised at the schools.

All staff may raise concerns directly with Children's Social Care services. Staff at the schools who have a safeguarding concern regarding adults in the school should raise that concern with the Designated Safeguarding Lead, or the Headteacher as soon as possible. If the allegation is made against the Headteacher then the Designated Safeguarding Officer will inform the Chair of Local Governing Body and they will discuss the allegation with the LADO.

The staff training and daily practice of The Ravensbourne School seeks to create a protective ethos and a culture of vigilance where risk to the personal safety of students, particularly the risk of abuse, is minimized. Equally, we work to promote a culture where students have the confidence to talk to a member of staff about any concerns in their life.

The Ravensbourne School encourages working practices that will protect staff and volunteers from malicious accusations or misunderstandings.

The Ravensbourne School's procedures are in line with updated Bromley and London Child Protection Procedures (May 2018) and have been updated in line with KCSIE September 2019.

All parents/carers will be made aware of child protection/safeguarding procedures; our policies are published on the school website.

The Ravensbourne School recognises that a student who is abused or witnesses' violence may find it difficult to develop and maintain a sense of self-worth, feel helpless and humiliated and may feel self-blame.

We recognise that the school may provide the only stability in their lives and accept that research shows that the behaviour of a student in these circumstances may range from what is perceived to be normal to aggressive or withdrawn.

The Ravensbourne School recognises that students with Special Educational Needs and Disabilities (SEND) are more likely to be abused or neglected. The school will identify these students through a variety of ways and act to keep them safe.

Staff/Volunteers will:

- Encourage self-esteem and assertiveness whilst not encouraging aggression and bullying
- Promote a caring, safe and positive environment within the school
- Liaise and work together with the agencies involved in safeguarding students
- Establish and maintain an ethos where students feel secure and have opportunities to talk and are always listened to
- Support all students especially those vulnerable to abuse through sensitive monitoring and by ensuring that all students have a network of people around them that they can go to if necessary

- Be aware of the possible increased vulnerability of students with additional needs and those who have been bullied or isolated by their peers in the past
- Include opportunities within curriculum time which equip students with the skills they need to stay safe from harm and that is appropriate to their age and development and to know whom they should turn to for help. The Ravensbourne School recognises that all matters relating to child protection/safeguarding are highly confidential and the Head and the Designated Safeguarding Lead will only disclose any information on a 'need to know' basis

All staff/volunteers are aware that they have a professional responsibility to disclose information and they cannot promise a student to say nothing/keep it a secret.

The Ravensbourne School recognises that staff /volunteers who have become involved with a student who has suffered or is likely to suffer harm, may find the situation stressful and upsetting. These members of staff/volunteers are provided with the opportunity to talk through their anxieties with the Designated Lead and to seek further support as appropriate.

The Ravensbourne School will work as closely as possible in partnership with parents/carers and as a matter of good practice, will inform them of any referral made under our safeguarding (child protection) policy, unless it is agreed that by doing so may/will put the student at risk from harm.

All staff, governors and volunteers will be subject to a full enhanced DBS check which is renewed every 3 years. Volunteers who are here for very short periods of time (less than a week, or a day visit) are never unsupervised while on site, and where appropriate, if they hold a current DBS they are asked to bring that with them while visiting the school. Visiting guest speakers are researched and verified by the DSL in advance of their visit. DBSs are requested to be seen and if they are not seen; the guest will be accompanied at all times.

S128 checks are carried out on School Leaders and Governors.

The school has a staff code of conduct policy and forms part of the induction training for all new staff.

Early Help

If staff members have any concerns about a student (as opposed to a student being in immediate danger) they will need to decide what action to take. Where possible, there should be a conversation with the Designated Safeguarding Lead to agree a course of action, although any staff member can make a referral to Children's Social Care. Other options could include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Partnership.

Early Help also refers to the completion of a CAF (Common Assessment Framework) and the accessing of in-school support such as the School Counsellor. If anyone other than the Designated Safeguarding Lead makes the referral, they should inform the Designated Safeguarding Lead as soon as possible. The Local Authority should make a decision within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up on a referral should that information not be forthcoming.

The Ravensbourne School use the CAF as an assessment tool to facilitate early intervention and co-operation between agencies to improve outcomes for students.

This might be because:

- We are concerned about a student's health and general wellbeing
- We are concerned about their appearance
- A student has poor attendance
- We are concerned about a student's behaviour
- A student's parent/guardian has asked for support
- We need the input of external practitioners to help us identify the needs of a student

If, after a referral, the student's situation does not appear to be improving, the Designated Safeguarding Lead (or the person who made the referral) should press for reconsideration to ensure their concerns have been addressed and, most importantly, that the student's situation improves.

If early help is appropriate, the Designated Safeguarding Lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.

If early help, sometimes referred to as the CAF or other support is appropriate, the case should be kept under constant review and consideration given to a referral to Children's Social Care if the child's situation does not appear to be improving.

If a teacher, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the teacher must report this to the Designated Safeguarding Lead who will report it to the police; this is a statutory duty.

Special Educational Needs

Children and young people with Special Educational Needs and Disabilities can face additional safeguarding challenges because:

- There may be assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Students with SEND can be disproportionately impacted by things like bullying without outwardly showing any signs; and
- Difficulties may arise in overcoming communication barriers

The Ravensbourne School identifies students who might need more support to be kept safe or to keep themselves safe by:

- Identifying those students with additional needs and monitoring their progress closely
- Building positive relationships with parents and children
- Giving access to our counselling service
- Referrals to external agencies as appropriate

Child In Immediate Danger

If a student 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.

Review Procedures

1. Staff training procedures will ensure that:

- All staff will be kept up to date on safeguarding issues and will be able to identify concerns and understand protocol to protect and safeguard students
- All members of staff know how to respond to a student who makes a disclosure
- All staff are made fully aware of their responsibilities in reporting concerns regarding a colleague's behaviour
- The Designated Safeguarding Lead and Deputies will undertake refresher training once every 2 years as a minimum with an annual update
- All members of Local Governing Body, staff and volunteers will undertake refresher training once every 3 years as a minimum
- All new members of Local Governing Body, staff and volunteers will also undertake induction training on child protection/safeguarding. Key elements of this training are to be aware of the child protection policy, behaviour policy, the staff code of conduct, and the safeguarding response to children who go missing from education and the role of the DSL (KCSIE 2019)
- All staff will have read and understood Part 1 and Annex A of KCSIE September 2019.

Appendix 1 Dealing with A Disclosure Of Abuse - All staff are made fully aware of their responsibilities in reporting concerns regarding a colleague's behaviour.

Appendix 2 - Recognising Signs Of Abuse

2. Each term, the Designated Safeguarding Lead will review all cases and evaluate how well the school managed the cases. The following procedure will be used as a guideline:

- Were the "Keeping Children Safe in Education" guidelines followed?
- Were the records produced appropriate?
- Did the external agencies respond appropriately?
- How was the involvement of family members dealt with?
- Was the case well managed 'by the school'; are improvements needed?

3. All staff have access to the safeguarding policy and all new staff are given a copy as part of their induction training.

4. Local Governing Body will receive regular reports about all child protection/safeguarding matters, i.e. numbers of child protection referrals and allegations against staff.

5. The Designated Safeguarding Lead will take part in regular de-briefing sessions through line management.

6. Children Missing Education – attendance, absence and exclusions are closely monitored. A student going missing from education is a potential indicator of abuse, neglect, including sexual abuse and sexual exploitation.

The Ravensbourne School will ensure there are two emergency contacts for every child in school.

The Designated Safeguarding Lead will monitor unauthorised absence and take appropriate actions including notifying the Local Authority, particularly where students go missing on repeated occasions. Staff must be alert to the signs of students at risk of travelling to conflict zones, female genital mutilation and forced marriage.

Legislative Protocol

1. Allegations against staff:

- We understand that a student may make an allegation against a member of staff. If such an allegation is made the member of staff receiving disclosure will:
 - Take the allegation seriously
 - Inform the Designated Safeguarding Lead/Head immediately
 - Accurately record what they have been told/observed and respect confidentiality
 - The Head will discuss the allegation with the Local Authority Designated Officer (LADO)
 - If the allegation is made against the Head then the Designated Safeguarding Officer will inform the Chair of Local Governing Body and they will discuss the allegation with the LADO
 - The school will refer to the following documents in relation to managing the allegation:
 - London and Bromley's Safeguarding Children Board Protocol
 - Safeguarding Children-Safer Recruitment in Education
 - London Child Protection Procedures
 - Keeping Children Safe in Education

Please also refer to Appendix 6

2. Safer Recruitment

- The Ravensbourne School will implement their responsibilities for safer recruitment as recommended in updated Safeguarding Children and Safer Recruitment legislation
- The Head will complete Safer Recruitment training
- There will be at least one member of the interview panel that has completed safer recruitment training
- All staff offered positions within the school have offers made subject to an enhanced DBS check
- Enhanced DBS checks are renewed for all staff every 3 years
- Please refer to the Safer Recruitment Policy.

Contractors

The school checks the identity of all contractors working on site and requests DBS with barred list checks where required by statutory guidance. Contractors who have not undergone checks will not be allowed to work unsupervised during the school day.

Child Protection Referrals

Child protection referrals will only be made by the Designated Child Protection/Safeguarding Lead or a nominated Deputy.

All members of staff and volunteers at school are expected to be vigilant and look out for:

- Sudden changes in student behaviour
- Students becoming withdrawn
- Unexplained bruising/injury
- Reluctance to leave the classroom because "something" needs to be discussed

- Conversation in which a student reveals information of a worrying nature

Any member of staff who has reason to be concerned should always act in the best interest of the student and inform the Designated Safeguarding Lead of their concerns, any signs of abuse, and details of the student's disclosure, and any anxieties about the family.

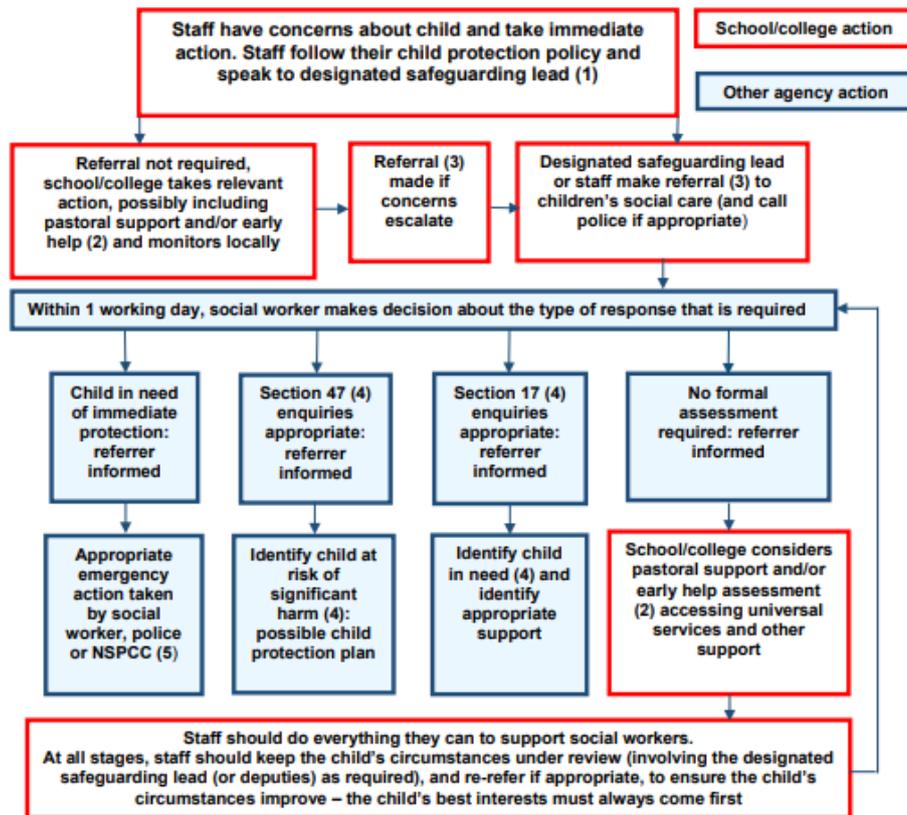
The Designated Safeguarding Lead will contact the agencies below. In a circumstance where neither the Designated Safeguarding Lead, the Head nor a line manager is available, staff can also contact these agencies (KCSIE 2019 paragraphs 9/36):

- MASH TEAM (Bromley) mash@bromley.gov.uk 0208 461 7373/7379/7026
- MASH TEAM (Lewisham) MASHagency@lewisham.gov.uk 02083149181
- MASH TEAM (Croydon) childreferrals@croydon.gov.uk 0208 726 6400
- MASH TEAM (Greenwich) mash-referrals@royalgreenwich.gov.uk 02089213172
- Bromley Social Care Out of Hours 0208 464 4848
- The duty social worker will be contacted if the Designated Safeguarding Lead is unsure about whether or not a referral should be made

All referrals should be submitted using the appropriate referral forms. In cases of serious and urgent concerns about a student's welfare the referral can be made over the telephone and followed up in writing within 72 hours.

Parents/carers should always be informed that the referral has been made, unless it is agreed that by doing so will put the student at risk from harm.

Actions where there are concerns about a child



(1) In cases which also involve a concern or an allegation of abuse against a staff member, see Part Four of this guidance.

(2) Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of [Working Together to Safeguard Children](#) provides detailed guidance on the early help process.

(3) Referrals should follow the process set out in the local threshold document and local protocol for assessment. Chapter one of [Working Together to Safeguard Children](#).

(4) Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Chapter one of [Working Together to Safeguard Children](#).

(5) This could include applying for an Emergency Protection Order (EPO).

Child Protection Case Conferences

- It would be usual for the Designated Safeguarding Lead to attend the case conference
- If invited, staff will be given priority to attend
- A full report is produced and sent to the conference administration 5 days prior to the conference as required by the Bromley Children's Safeguarding Partnership, assuming staff are informed in good time.

The Data Protection Act 2018 and the GDPR DO NOT prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information MUST NOT be allowed to stand in the way of the need to promote the welfare and protect the safety of children. (KCSIE 2019, pg22 p78).

Multi-agency working

Schools have a pivotal role to play in multi-agency safeguarding arrangements and work in line with the guidance entitled 'Working together to safeguard children'. It is essential for The Ravensbourne School train and to engage with Bromley Safeguarding Partnership which is made up of the Police, Education, Health and Social Care. The Ravensbourne School will work with the partnership and co-operate with the published policies and procedures.

Sharing of information is essential to ensure the welfare, care and safety of students attending The Ravensbourne School.

Technology

To ensure the safeguarding of the students, staff should NOT have their mobile phones on in class. If there is a one-off emergency and a member of staff's mobile phone needs to be on silent for a specific time, they are to seek the permission of the Head or Deputy Headteacher in their absence.

Staff should not use their own cameras or other recording devices to photograph or record students from our school either in school, during visits or outside of school.

Anything relating to school, especially information on students, should be emailed via staff school email accounts and never personal email accounts as this leaves staff vulnerable to safeguarding issues. All email accounts in E21C Trust follow the format of initial and surname@e21c.co.uk.

School email accounts can be used for personal items but it is a disciplinary offence to send any unsuitable adult or racist material through the school's network, or to make derogatory comments about students or staff, or to bring the school into disrepute.

E-Safety

Most of our students will use mobile phones and computers at some time. They are a source of fun, entertainment, communication and education. However, we know that some men, women and young people will use these technologies to harm students. The harm might range from sending hurtful or abusive texts and emails, to enticing students to engage in sexually harmful conversations, webcam photography or face-to-face meetings.

Cyber-bullying by students, via texts and emails, will be treated as seriously as any other type of bullying and will be managed through our anti-bullying procedures. Chat rooms and social networking sites the more obvious sources of inappropriate and harmful behaviour and students are not allowed to access these sites whilst in school.

No students in our school, past or present, should be on staff Facebook accounts. If a student tries to contact a member of staff via Facebook, they should immediately inform the Designated Safeguarding Lead. It is a serious disciplinary offence for a member of staff to contact any child on Facebook. It is also a serious disciplinary offence to bring the school, E21C Trust or its staff into disrepute in any way by writing or implying derogatory comments about them on Facebook.

On-line safety in schools is very important to teach students to stay safe online. The on-line safety curriculum at The Ravensbourne School is written in line with the guidance, 'Teaching on-line safety in schools,' June 2019.

The guidance sets out how schools can ensure their students understand how to stay safe and behave online as part of existing curriculum requirements. It complements existing and forthcoming subjects including Relationships Education, Relationships and Sex Education, Health Education, Citizenship and Computing. It does not imply additional content or teaching requirements.

Extended School and Off-Site Arrangements

Where extended school activities are provided by and managed by the school, our own safeguarding and child protection policy and procedures apply. If other organisations provide services or activities on our site, we will check that they have appropriate procedures in place, including safer recruitment procedures.

When our students attend off-site activities during school hours, we will check that effective child protection and safeguarding arrangements are in place.

Confidentiality

Staff have the professional responsibility to share relevant information about the protection of children with other practitioners particularly investigating agencies.

Staff who receive the information about students and families in the course of their work should have the information only within the professional context. Child protection records should be kept securely locked.

Appendix 1

Dealing with A Disclosure of Abuse

A student may quite innocently disclose details of abuse that occurs within the family. It is also the case that students with experience of abuse may unburden themselves to a member of our staff as an adult they can trust. If this happens, a member of staff cannot promise to keep secret what the student has said.

It is vital that a member of our staff in whom a student has chosen to confide in is sympathetic and supportive, encouraging dialogue in the following ways:

1. A room which is private and quiet but not too remote, should be found to discuss the concerns
2. The member of staff should always believe what the student is saying – research has shown that students are very unlikely to fabricate allegations of sexual abuse
3. The member of staff should remain calm and reassuring – students who suffered abuse may have low self-esteem and may withdraw if they detect signs of doubt or revulsion
4. The member of staff should listen carefully and quietly but should never attempt to cross-examine the student or to press for evidence. They should not question or coach the student into saying information.
5. The member of staff should not attach blame to any party.

The member of staff must then take the following steps:

1. Explain to the student that the disclosure must be reported – it is important for members of staff to stress that they believe the student's account and want to help by passing the information to the correct people
2. Do not discuss concerns and fears with the parent(s) or indeed with anyone who is not involved in the case of the student. If the student's allegations prove to be untrue, reporting them to someone who is not concerned with the case of the student may be deemed defamatory
3. In cases of serious disclosures, inform the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead, immediately – this is essential. Do not delay due to other duties
4. Log the conversation on the school's safeguarding website. This log should include all details of your conversation outlined below:
 - a) The information revealed by the student in as much detail as possible
 - b) Actions taken by the member of staff
 - c) Date and Time when the suspicions were reported
 - d) To whom the suspicions were reported (was there anyone else in the room, where, context of how the conversation started)
 - e) Reasons for the actions that were taken
5. The Designated Safeguarding Lead will then act on evidence and record on the school's Safeguarding software what follow up was taken by the school. This log must be completed by the end of the school day or as soon as possible.

What if Abuse is Suspected?

- The Designated Safeguarding Lead or Deputy Designated Safeguarding Lead should always be informed either in person or by the school's safeguarding website
- If the student is absent from school and absence may be suspect, this should be reported to the child protection team – it may be that the student is kept at home to hide signs of abuse

- Where injuries have been sustained, the member of staff should log on the school's Safeguard software when and how the marks were noticed. If a student or parent makes a reference to the marks the member of staff should log what has been said
- If a student is examined by the child protection team or the medical staff, another member of staff should also be present. Students should never be asked to remove clothing as part of the examination.

The Role of the Member of Staff Who Reports Allegations of Abuse

Some members of staff feel disloyal and uncomfortable in reporting abuse; all members of staff have a duty to report findings to the Designated Safeguarding Lead or Deputy Safeguarding Leads. Any decision on action is taken by all the support services. Members of staff who attend case conferences (usually Designated Safeguarding Lead) report as accurately as possible on the student's health and welfare, behaviour and educational attainment. It is the responsibility of the lead person on each case to complete paperwork in advance of each meeting. This lead person must also keep all files and the school's safeguarding website up to date.

Recording Information

- All records should be logged on the school's safeguarding website by either the child protection team or the member staff who the student disclosed to
- The Designated Safeguarding Lead and Deputies will be responsible for recording information about each case and for collecting reports and notes from those involved in the case. The Designated Safeguarding Lead should not collect statements from the student but record or ask the person who initially listened to the student to record what the student said via the school's safeguarding website
- The log will document every aspect of the case as it develops including grounds for initial concern arising from, where appropriate, descriptions of injuries to the student or of worrying behaviour, a note of what the student said, composition of the case team, minutes of meetings of the case team and decisions reached, records of interviews, evidence offered to the case conferences, minutes and outcomes of case conference
- Access to records will be confined to members of the child protection team and appropriate agencies. All records should be kept separately from the main school file for security reasons in a locked filing cabinet and also the school's safeguarding website access is restricted to key members of the child protection team.

Abuse by Education Employees

- It is essential that if ever there is a case of suspected abuse or inappropriate behaviour by a member of staff, that action is taken quickly and professionally in the interest and welfare of the student
- In the rare event that a member of staff suspects another member of staff of being involved in abuse or inappropriate behaviour, it is their responsibility to discuss these concerns with the Head and Designated Safeguarding Lead or Deputies, except where the suspect is either of these
- Other than in a case where the suspected person is the Head, the Head should be immediately informed. The Head should contact the LADO immediately, in addition to the following the normal procedures for child protection
- Where the Head is suspected, the Designated Safeguarding Lead should contact the LADO and Chair of the Local Governing Body.

LADO – Rita Dada : rita.dada@bromley.gov.uk 0208 461 7669 or 0208 313 4325.

The Ravensbourne School has a Whistleblowing Policy which is available and updated regularly. This policy is referred to in training and staff are encouraged to use it if necessary.

Appendix 2

Recognising Signs Of Abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs Of Abuse In Children

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated/named/ lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and/or referral to Children's Social Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to students when individuals, previously known or suspected to have abused students, move into the household. Staff should also be aware that vulnerable students, such as those with SEND are more at risk of abuse.

Peer-on-Peer Abuse

KCSIE September 2019 makes it a requirement for schools to respond to peer-on-peer abuse. We recognise that students are capable of abusing their peers; students with intra-familial abuse in their histories, living with domestic abuse, CLA (Child Looked After) and students who have suffered bereavement feature as those who may abuse or have been abused by their peers but this can happen to any child.

Peer-on-peer abuse is captured in four key definitions:

- The definition for domestic abuse (Home Office 2013) relates to young people aged 16 and 17 who experience physical, emotional, sexual and/or financial abuse, and coercive control, in their intimate relationship
- The definition for child sexual exploitation (KCSIE September 2019, p 10 paragraph 29/30) captures young people aged under 18 who are sexually abused in the context of exploitative relationships, contexts and situations by a person of any age – including another young person
- Contextual safeguarding – the assessment of children should include the wider environmental factors and if they pose a risk to their safety/and or welfare.
- The definition for young people who display harmful sexual behaviour refers to any young person, under the age of 18, who demonstrates behaviour outside of their normative parameters of development (this includes, but is not exclusive to abusive behaviours) (Hackett 2011, NICE 2014)
- Serious youth violence is defined with reference to offences (as opposed to relationships/contexts) and captures all those of the most serious in nature. (London Safeguarding Children Board 2009)
- Upskirting is a criminal offence and should be treated seriously and dealt with appropriately
- Sexting
- Initiating/hazing type violence and rituals.

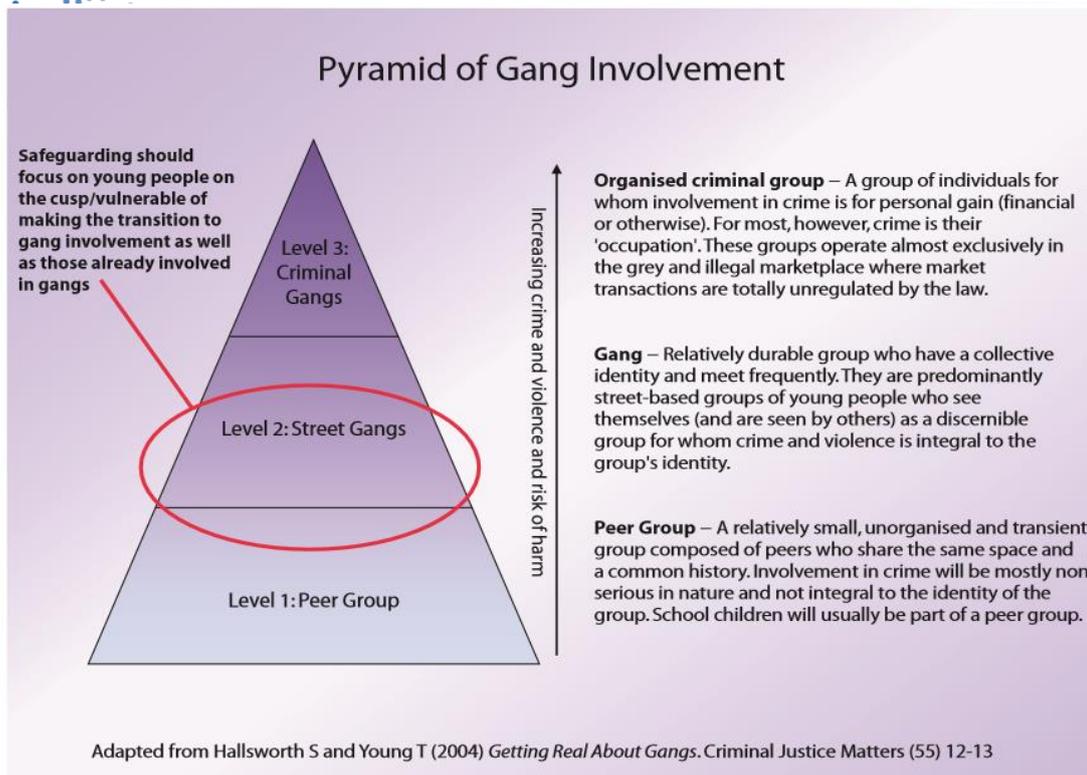
Further guidance for peer-on-peer abuse is contained within the Anti-Bullying policy. The Ravensbourne School deals rigorously with issues around peer on peer abuse including sexting and follow the protection procedures in the UKCCIS guidance: Sexting in Schools and Colleges, 2016.

Definition of a Gang

Being part of a friendship group is a normal part of growing up and it can be common for groups of students to gather together in public places to socialise.

Belonging to such a group can form a positive and normal part of young people's growth and development. These groups should be distinguished from 'street gangs' for whom crime and violence are a core part of their identity, although 'delinquent peer groups' can also lead to increased antisocial behaviour and youth offending. Although some group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a gang.

The diagram below sets out a tiered approach to defining gangs. This guidance is focused on those young people on the periphery of becoming involved with street gangs and those young people already involved in some way with:



The factors which influence a student's propensity to initiate violence include:

- Parenting which is cold/uncaring, non-nurturing and neglectful
- Parenting which includes harsh disciplining
- Maltreatment, such as physical or sexual abuse in childhood (abuse by adults and peers within and outside of the family); and/or
- Trauma such as domestic violence or involvement in or witnessing conflict violence.

Gangs and Youth Violence

Gangs are defined as a relatively durable, predominantly street-based group of young people who:

- See themselves (and are seen by others) as a discernible group
- Engage in criminal activity and violence
- Lay claim over territory
- Have some form of identifiable structural feather
- Are in conflict with other, similar gangs.

Early warning signs of gang involvement or youth violence include:

- Aggression
- Truancy
- Substance use.

The Ravensbourne School would work with local police and community groups as appropriate when developing an approach.

Effective approaches include:

- Mentoring programmes
- Bullying prevention
- Improving social skills and resilience
- Involving parents/carers

- Cognitive Behaviour Therapy (CBT).

Children and the Court System

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed.

Making child arrangements via the family courts following separation can be a stressful time and entrenched in conflict. The Ravensbourne School will support and offer guidance using the online child arrangements information tool for information on dispute resolution.

Children with Family Members in Prison

See Appendix 4.

Extremism and Radicalisation

We will help support students who may be vulnerable to such influences as part of our wider safeguarding responsibilities and where we believe a student is being directly influenced by extremist materials or influences, we will ensure that students are offered mentoring. In such instances our schools will seek external support from appropriate services working to prevent extremism.

However, staff will be alert to the fact that whilst extremism and radicalisation is broadly a safeguarding issue, there may be some instances where a student or students may be at direct risk of harm or neglect. For example, this could be due to a student displaying risky behaviours in terms of the activities they are involved in or groups they are associated with or staff may be aware of information about a student's family that may equally place a student at risk of harm. These examples are for illustration and not definitive or exhaustive.

Therefore, all adults working within The Ravensbourne School including visiting staff, volunteers, contractors and students on placement, are required to report instances where they believe a student may be at risk of harm or neglect to the Designated Safeguarding Lead, including any harm through extremism or radicalisation.

Please refer to our Extremism and Radicalisation Policy for the full procedural framework on our safeguarding duties in protecting our students from extremism and radicalisation. It is a statutory duty under the Counter Terrorism and security Act 2015, The Prevent Duty to report any concerns of radicalisation or extremism.

Channel is the programme that 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.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

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

- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries.

Bruising

Students can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those broadly over 3cms in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water on his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile students rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures

- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

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

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or non-attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goat within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others.

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Sexual Violence and Sexual Harassment Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include students and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or students.

Developmental sexual activity encompasses those actions that are to be expected from students and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate sexual behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a student or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the student or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some students, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. Students who are victims of sexual violence or sexual harassment will likely find the experience stressful and distressing, which could adversely affect their educational attainment. It is important that all victims are taken seriously and offered appropriate support.

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 harassment as ‘banter’, ‘part of growing up’ or ‘just having a laugh’
- Challenging behaviours (potentially criminal) such as grabbing bottoms, breasts or genitalia, flicking bras and lifting skirts up. Dismissing or tolerating such behaviours risks normalising them.

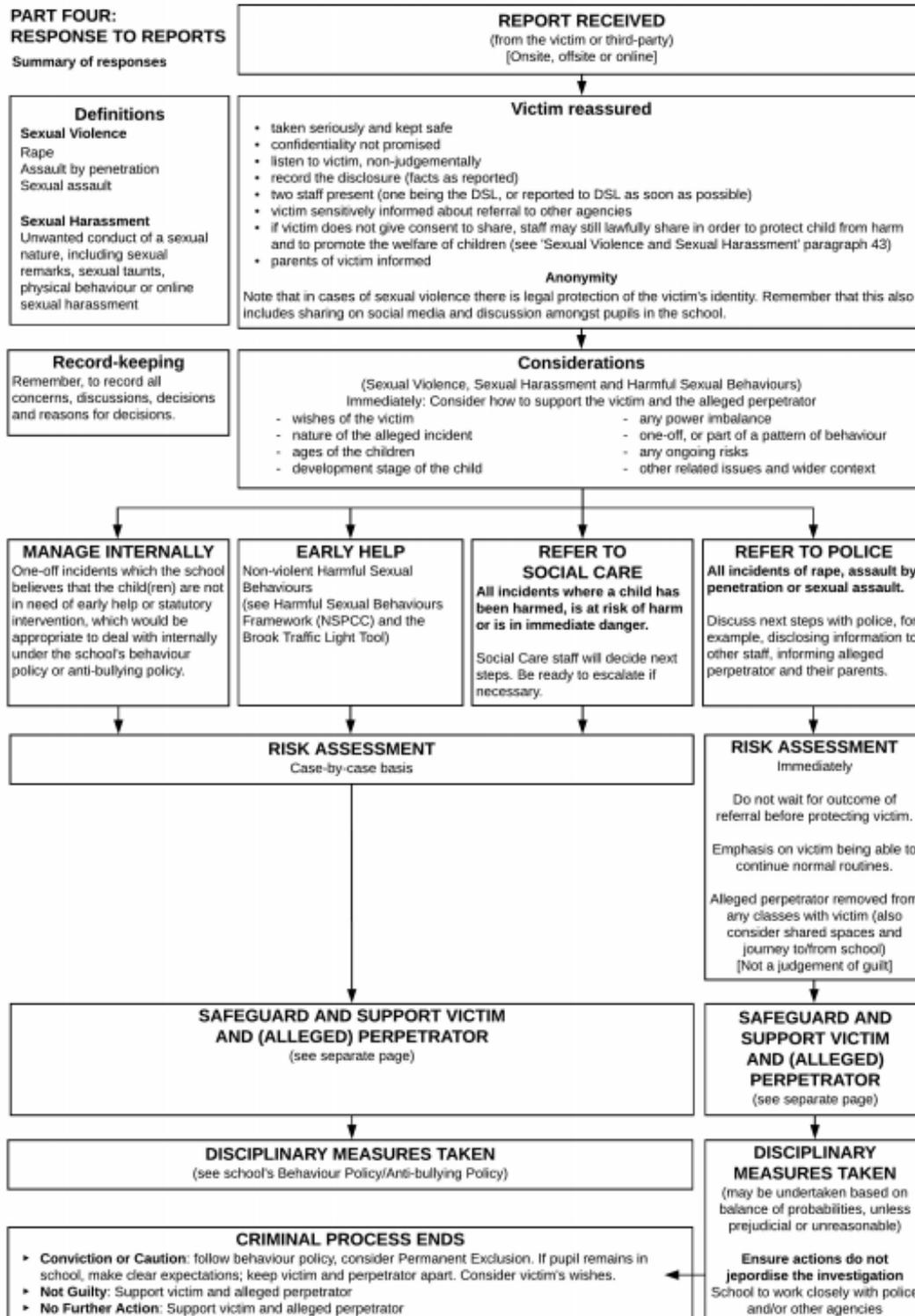
What is consent?

Consent is having 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. Consent can be withdrawn at any time during the sexual activity and each time activity occurs.

The response to a report of sexual violence

The initial response to a report from a student is important. It is essential that all victims are reassured that they are being taken seriously and they will be kept safe and supported. A victim should never be given the impression that they are creating a problem by reporting the sexual violence or sexual harassment. A victim should not be made to feel ashamed for making a report.

Please see flowchart for dealing with allegations of sexual violence and sexual harassment and supporting victims, alleged perpetrators and other children.



Safeguarding and supporting victims and alleged perpetrators

Victim	Alleged Perpetrator	Other children
<ul style="list-style-type: none"> • needs and wishes of victim are paramount • not made to feel they are the problem • consider proportionality of response • aim for victim to carry out normal routine • recognise that they may struggle in class and may need time out (if they wish) • be aware that they may not disclose the whole picture immediately • prepare for support over a long period and consider who is involved (internal and external) • if victim moves school, the Designated Safeguarding Lead (DSL) informs the new school of the need for continued support 	<ul style="list-style-type: none"> • possible tension between discipline and support (these are not mutually exclusive) • consider age/ developmental stage/any SEND • proportionate response • consider unmet needs (for example, harmful sexual behaviours (HBV) in younger children may be a sign or abuse or trauma) • if (alleged) perpetrator moves school, the Designated Safeguarding Lead (DSL) informs the new school of the issues and transfers the child protection file 	<ul style="list-style-type: none"> • witnesses may need support (especially in cases of sexual violence) • avoid allowing pupils to 'take sides' • minimise potential for bullying or victimisation in school and on school transport • be aware of any social media use and inappropriate or even illegal posts (especially in cases of criminal investigation where anonymity is legally guaranteed) • develop safeguarding culture • constantly review reporting procedures and responses • consider potential for systematic and environmental weaknesses

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- Consent – agreement including all the following:
 - Understanding what is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society's standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence.
- Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of students and young people, the above information should be used only as a guide.

Recognising Neglect

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

Indicators include:

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

Child Sexual Exploitation

Statutory Definition:

'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.' Published by the Government, February 2017.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist practitioners in identifying students or young people who may be victims of sexual exploitation.

Signs include:

- Underage sexual activity
- Inappropriate sexual or sexualised behaviour
- Sexually risky behaviour, 'swapping' sex
- Repeat sexually transmitted infections
- In girls, repeat pregnancy, abortions, miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- Changes in the way they dress
- Going to hotels or other unusual locations to meet friends
- Seen at known places of concern
- Moving around the country, appearing in new towns or cities, not knowing where they are
- Getting in/out of different cars driven by unknown adults
- Having older boyfriends or girlfriends
- Contact with known perpetrators

- Involved in abusive relationships, intimidated and fearful of certain people or situations
- Hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- Associating with other young people involved in sexual exploitation
- Recruiting other young people to exploitative situations
- Truancy, exclusion, disengagement with school, opting out of education altogether
- Unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- Mood swings, volatile behaviour, emotional distress
- Self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- Drug or alcohol misuse
- Getting involved in crime
- Police involvement, police records
- Involved in gangs, gang fights, gang membership
- Injuries from physical assault, physical restraint, sexual assault.

This should be reported via normal social services channels who will then contact the police exploitation team.

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and they need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris
- Type 2 Excision – partial/total removal of clitoris and labia minora
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

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

- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier.

Is FGM legal?

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

Circumstances and occurrences that may point to FGM happening

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

Signs that may indicate a child has undergone FGM:

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

It is a **statutory duty** for staff to report disclosures of FGM and all staff are aware they need to phone police immediately after disclosure (Serious Crime Act 2015).

The 'One Chance' Rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings/schools/colleges take action without delay.

Honour Based Violence

'Honour-Based' Violence (HBV) encompasses 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 (FM) and practices such as breast Ironing. All forms of HBV are abuse.

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). They will seek to activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with Police and Children's Social Services.

Fabricated or Induced Illness

A rare form of child abuse, which may include parents/carers fabricating signs and symptoms of illness, falsifying medical records, letters or documents, or inducing illness. Signs:

- Frequent and unexplained absences from school, particularly from P.E. lessons
- Regular absences for doctor's or hospital appointments
- Repeated claims by parent(s) that a child is frequently unwell and that he/she requires medical attention for symptoms which, when described are vague in nature, difficult to diagnose and which teachers/early years' staff have not themselves noticed (for example, headaches, tummy aches, dizzy spells).

Frequent contact with opticians and/or dentists or referrals for second opinions.

Child Criminal Exploitation: county lines

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.

Gender-Based Violence/Violence Against Women and Girls

Violence against women and girls (VAWG) is a term that covers a number of offences including domestic violence, stalking, sexual assault, forced marriage and FGM.

The Ravensbourne School will educate students about healthy relationships and consent so that students recognise abuse and know they can seek help.

If there is a risk of immediate serious harm to a child, a referral would be made to Children's Social Care immediately.

Private Fostering

Private fostering arrangements are arrangements made without the involvement of the LA for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative.

Privately fostered children are a potentially vulnerable group.

Signs to look out for:

- A child being collected from school by someone new on a regular basis
- A child mentioning that he/she is staying somewhere else or that his/her parents/carers have gone away
- Something unusual or unclear in the child's administration file

Staff should notify the school's safeguarding lead where they become aware of private fostering arrangements.

The safeguarding lead should speak to the family of the child involved to check that they are aware of their duty to inform the LA.

Trafficking

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

Exploitation includes prostitution or other sexual exploitation, forced labour or services, slavery or servitude.

Signs include:

- A history with missing links and unexplained moves
- Indication of physical or sexual abuse.

Appendix 3

Protocols and Procedures for Self Harm Care

<p>Key Staff in addition to whole school responsibility: Headteacher, Deputy Headteacher, School Counsellor</p>	
<p>General Notes: “Intentional self-poisoning or injury, irrespective of the apparent purpose of the act. Self-harm includes poisoning, asphyxiation, cutting, burning and other self-inflicted injuries”.</p>	
<p>Self-harm can take many forms, including:</p> <ul style="list-style-type: none"> • Cutting and scratching • Causing bruises • Self-poisoning/overdosing • Banging head against a wall • Pulling out hair • Burning • Swallowing objects • Jumping from heights/in front of vehicles • Breaking an arm/leg • Inserting foreign object into their body • Other risky behaviour 	<p>School’s plan to try to support students:</p> <ul style="list-style-type: none"> • Create a supportive environment where students feel comfortable to talk to someone if they have a problem • Cover self-harm within the safeguarding training for staff with guidance on procedures • Provide professional fully qualified Counselling service which is independent of the school but where students can feel safe and can access professional support • Address emotional well-being through PHSCE and assemblies • Provide a peer support scheme led by a member of staff trained in this area
<p>Staff Procedure:</p> <ul style="list-style-type: none"> • On discovery/disclosure, stay calm, listen and reassure • If necessary, call for first aid • Ensure the student understands limits of confidentiality • Inform the Designated Lead • DSL will inform parents and where appropriate arrange a meeting • Refer where appropriate counselling/other practitioners • Plan and co-ordinate support services • Refer to the Peer support group leader • Continue to monitor and review • If there is a CP concern, follow the Safeguarding Policy guidance 	<p>Some reasons for self-harm:</p> <p>There are many reasons – this list is not definitive and everyone’s experience is different, but could include:</p> <ul style="list-style-type: none"> • Problems with relationships at home • Issues with friendship groups • Bullying • Test stress • Times of change and transition • Mental health issues • Lack of self-esteem/confidence/ability to cope • Previous experience – particularly students who have been a subject of abuse
<p>Myths about self-harm: There are many myths and misconceptions: it is manipulative, attention seeking, done for pleasure, copycat behaviour, fashionable, a phase, associated with ‘goths’, is an attempt at suicide which has not worked. However, there is a growing concern that it is significantly on the rise and is thought to be encouraged through certain websites and blogs.</p>	
<p>Note: Do not attempt to stop someone from self-harming – offer support mechanisms and alternatives with support from multi-agencies and practitioners.</p>	

Appendix 4

Protocols and Procedures for Supporting the Children of Offenders

<p>Key Staff in addition to whole school responsibility: Headteacher, Deputy Headteacher, Counselling service, if applicable</p>	
<p>General Notes: Depending on family circumstances and individual resilience, students whose parent may be imprisoned, can experience significant deterioration in their outcomes as a result of the imprisonment. The Ravensbourne School strive to support those students in every way possible to minimise the impact and ensure that they are kept safe and cared for through all means possible. The school provides a non-judgemental, confidential environment in which students and families can disclose information and access support.</p>	
<p>First Response:</p> <ul style="list-style-type: none"> • It is very important to listen to the child and to take in and assess their individual needs • The pastoral team and class teacher will endeavour to support the child through targeted interventions and care • The class teacher and pastoral teams will monitor attendance carefully and keep in contact where appropriate with the home • Any stress leading to disruptive behaviour would prompt a time out card and access to support systems • The student would be offered internal confidential and independent counselling. • Where appropriate the student may be offered a mentor 	<p>Continued Support:</p> <ul style="list-style-type: none"> • The class teacher and other key staff would monitor key indicators and track progress over time to ensure that the student is not underachieving, and where appropriate use internal intervention strategies • The school has a “no excuse” policy/ethos which applies to all students, but which is coached in additional support, encouragement, engagement and support to help vulnerable and disadvantaged students fulfil their potential despite the problems which may be associated with students whose parents are incarcerated
<p>Use of Outside Agencies and i-Hop:</p> <ul style="list-style-type: none"> • Where appropriate, the school will seek additional advice and resources, which are available through i-Hop (0808 802 2013 Mon-Fri 9am-5pm) • POPS (Partners of Prisoners and Families Support Group) is another resource • Barnardo’s are also available for advice for staff • Staff who are responsible for the care of a child of an offender, will be given appropriate guidance and support. • Other practitioners will be approached should a need arise 	<p>Other Concerns/Behaviours that may result:</p> <ul style="list-style-type: none"> • Difficult to concentrate on school work • High levels of anxiety and worry • Becoming withdrawn • Being bullied or bullying others • Having difficulty in paying for school events/trips • Beginning to commit offences themselves • Becoming increasingly aggressive • Becoming disengaged and absent

Appendix 5

Protocols and Procedures for the medical room

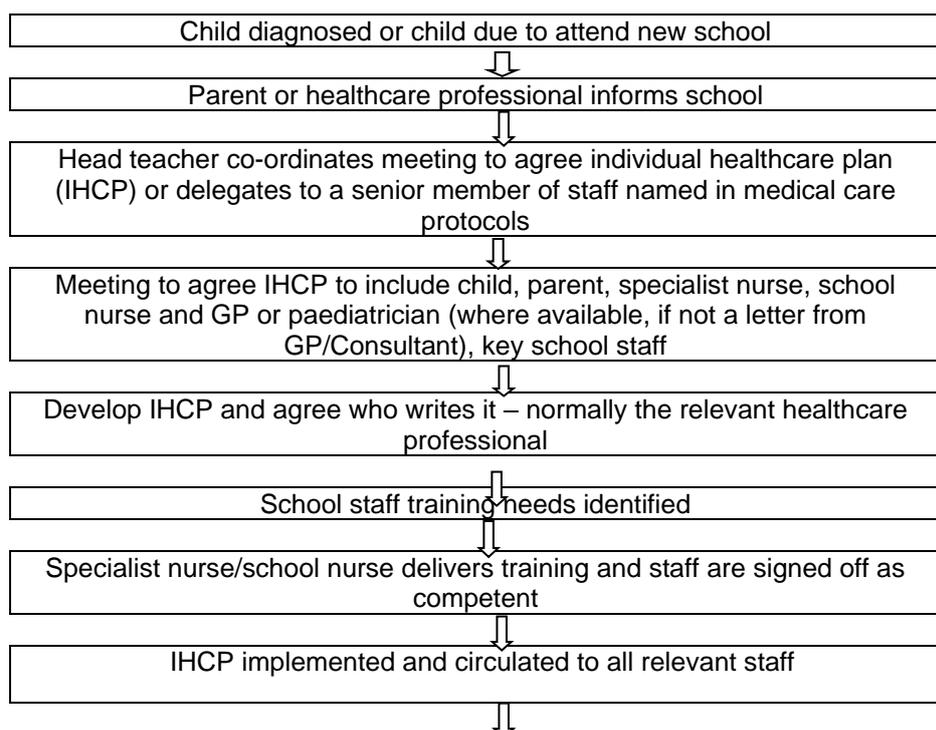
<p>Key staff: Ellie Streets, Nancy Eames and all other qualified first aiders.</p>	
<p>General Notes: Controlled drugs (such as Ritalin) are locked in a secure cupboard in a locked room off the main office/first aid rooms. All other medication kept on site is also locked in a safe storage area or kept in the medical room fridge and all administration of prescribed medication is monitored and administered by the first aiders.</p>	
<p>General Notes: There are 34 fully trained qualified first aiders within the staff of TRS a list of these staff is displayed in the main office on the noticeboard for information. The main office is the main Administration centre. Karen Griffiths is the key medical room receptionist and practitioner. In her absence, any of the other qualified first aiders in this location will take control.</p>	
<p>Medical staff procedures:</p> <ul style="list-style-type: none"> • A sick child should be accompanied to the medical room, or a first aider should be sent for to help in a classroom/teaching area • Staff must listen carefully • Make eye contact • Use a calm, confident voice • Do not speak too quickly • Keep instructions simple • Ask for support from colleagues when necessary and follow/support the guidance • Call an ambulance for any serious head injury, and for any minor head injuries where a swelling is obvious call the parents • Call an ambulance for any serious illness/condition which cannot and should not be treated by the first aiders other than to prevent the condition from worsening while awaiting the Paramedics • Wear gloves when appropriate and when dealing with body fluids/blood/open wounds & injuries 	<p>Treatments carried out in the medical room:</p> <ul style="list-style-type: none"> • Treat simple cuts, grazes, lacerations and other basic wounds • Treat bruises with ice and elevation • Treat blisters with antiseptic wipes and cover • Treat nose bleeds as trained • Sprains and strains – apply R-I-C-E and call parents/ambulance as appropriate • Simple burns – apply cold water and assess whether hospitalisation is required • Give assistance with the diabetics and their treatment/medication – this does not include giving injections • Give assistance with asthmatics – keeping the child/adult quiet and calm and call an ambulance if required • Care of an epileptic – follow the care plan, keep safe from dangers during the fit and call an ambulance
<p>Centralised storage of medication: The medical area holds securely and regulates Student medication including; Epipens, controlled drugs (Ritalin), Insulin, inhalers. Parents are informed when medication needs replacing.</p> <ul style="list-style-type: none"> • Staff will assist a student in taking their medication • When no longer needed, medicines are returned to the parent • A special safe disposal box is located in the medical room for all needles and other sharp objects to be safely stored/disposed • Following the Department for Health Guidance on the use of emergency 	<p>Other concerns/groups: -</p> <ul style="list-style-type: none"> • All serious conditions, accidents and illnesses will be referred to paramedics and an ambulance will be called • The Ravensbourne School staff will stay with a child who needs to go to hospital – this includes on the school site and on arrival by ambulance at the hospital, until either the parent arrives or the medical staff/ambulance/doctors remove the child for procedures where The Ravensbourne School staff are not permitted • First aiders will maintain the airways, monitor the patient and administer first aid as appropriate until medical help arrives

<p>inhalers in school, we will now hold a small number of spare inhalers for emergency use only for students prescribed reliever medication</p> <ul style="list-style-type: none"> The Ravensbourne School will purchase spare asthma inhalers and epipens to ensure the medication is available when needed in line with recent DfE guidance. These are stored safely in line with regulations 	<ul style="list-style-type: none"> Every child is treated as an individual and Pupils with the same conditions are never assumed to require the same treatment Staff must never ignore the views of the student or the parent Students with medical conditions should not be penalised if their attendance record is related to their medical condition and related hospital appointments Students with medical conditions must not be prevented from eating, drinking or taking a toilet or other break whenever they need to in order to manage their condition effectively
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Additional information:
Detailed notes and protocol advice is kept in the support document Appendix A (please see below). Care Plans are drawn up in consultation with the school nurse and other professionals for children with specific conditions. These include those who have, or are recovering from: strokes, cancer, tumours, broken bones and other conditions where a care plan would be appropriate. The number with plans naturally fluctuates as students arrive and leave the school and where conditions occur or a care plan becomes necessary/appropriate.

Additional comments if needed: All the key first aiders complete the Nationally recognised First Aid at Work qualification (3-day training), which is refreshed every 3 years. Many staff within the school also hold and renew regularly the paediatric First Aid, which is run annually within the Twilight Inset programme. Staff regularly taking school trips are encouraged to become a First Response first aider. Staff will also have the opportunity to be trained by the Health Care staff in Bromley on the use of Epipens/the defibrillators/ diabetic procedures and other relevant areas which The Ravensbourne School students may suffer from (hearing/sight included).

Annex A: - A model process for developing individual healthcare plans.



Or healthcare professional to initiate.

Appendix 6

Protocols and Procedures for dealing with allegations against teachers and other staff

<p>Key staff: Designated Safeguarding Leads, Deputy Designated Safeguarding Leads.</p>	
<p>General Notes: Please also refer to the document, “Dealing with allegations of abuse against Teachers and other staff, guidance for local authorities, Head teachers, school staff, Local Governing Bodies and proprietors of Independent schools.”</p>	
<p>If an allegation is made against a teacher/member of staff:</p> <ul style="list-style-type: none"> • All allegations MUST be reported to the Headteacher immediately • A quick resolution of that allegation should be a clear priority to the benefit of all concerned • All other options should be considered before suspending a member of staff: suspension should not be the default option • An individual should be suspended only if there is no reasonable alternative • If suspension is deemed appropriate, the reasons and justification should be recorded by the Headteacher and the individual notified of the reasons • The Headteacher will inform the LADO of any allegations against staff • In the case of the Headteacher being the accused, the Designated Safeguarding Lead will inform the Chair of Governors and they shall inform the LADO • In the case of any member of the Advisory Body being accused, the Head shall notify the LADO 	<p>Malicious allegations:</p> <ul style="list-style-type: none"> • Allegations that are found to be malicious should be removed from personnel records; and any that are unsubstantiated, unfounded or malicious should not be referred to in an employer’s reference • Students that are found to have made malicious allegations are likely to have breached the school behaviour for learning policy, and the school should consider whether to apply an appropriate sanction which could include temporary or permanent exclusion (as well as referring to the police if there are grounds for believing a criminal offence may have been committed) • Information sharing • Initial sharing of information happens at the Strategy meeting • Where the police are involved information may also be shared • Children’s Social Services also have access to and will share appropriately the information surrounding and allegation
<p>A Duty of Care: -</p> <ul style="list-style-type: none"> • The Headteacher has a duty of care to the member of staff • The Headteacher should ensure they provide effective support for anyone facing an allegation and provide the member of staff with a named contact if they are suspended • An allegation which might indicate the staff member might pose a risk of harm if they continue to work closely with children in their present position, or in any capacity. It should be used when the staff member has: 	<p>Other related issues: -</p> <ul style="list-style-type: none"> • The LADO is the first point of contact for the Headteacher and the purpose of the initial discussion is to consider the nature, content and context of the allegation and agree a course of action • It may be appropriate for the Police to be informed and involved • A Strategy meeting may be called so the case can be fully explored • The member of staff concerned should be informed of the concerns as soon as possible and given an explanation of the likely course of action, unless there is an

<ul style="list-style-type: none"> Behaved in a way that has harmed a student, or may have harmed a student Possibly committed a criminal offence against or related to a child Behaved towards a student or students in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children Any allegation should be dealt with very quickly, in a fair and consistent way that provides effective support for the child and at the same time supports the person who is the subject of the allegation 	<p>objection by the social care services or the police</p> <ul style="list-style-type: none"> The individual should be advised to contact their trade union representative, if they have one, or a colleague, for support The individual should also be given access to welfare counselling or medical advice if appropriate The head should give the individual a named contact within the school for support and communication
<p><u>Additional comments if needed:</u></p> <p>Parents & Carers:</p> <ul style="list-style-type: none"> Parents and carers of the students should be told about the allegation as soon as possible if they don't already know They should be kept informed about the progress of the case They should be told the outcomes where there is not a criminal prosecution, including the outcome of any disciplinary process in confidence Where a criminal prosecution has resulted, or the child suffered significant harm, Children's Social Care services or the police may be involved in supporting the student/family <p>Confidentiality:</p> <p>It is extremely important for all concerned that every effort is made to maintain confidentiality and guard against unwanted publicity.</p> <p>A "Compromise Agreement" by which a person agrees to resign if the employer agrees not to pursue disciplinary action, and both parties agree the wording of future references, may not be used in these cases.</p> <p>The LADO:</p> <p>The LADO has overall responsibility for the oversight of the procedures for dealing with allegations; for resolving any inter-agency issues; and for liaising with the Local Safeguarding Children Board (LSCB) on the subject.</p> <p>Outcomes:</p> <p>If the allegation is substantiated and the individual is dismissed, the LADO may deem it appropriate to refer the case to the ISA for consideration of inclusion on the barred lists. Where it is decided at the conclusion of the case that the individual may return to work, the Head will consider how best to manage that.</p> <p>Professional misconduct cases should be referred to the relevant regulatory body.</p>	

Appendix 6

Protocols and Procedures for physical contact

<p>Key staff: Designated Safeguarding Leads and Deputy Designated Safeguarding Leads.</p>	
<p>General Notes: The use of physical contact and intervention should, wherever possible be avoided. It should only be used to manage a child or prevent injury to them or others, or administer first aid or when teaching a physical skill that requires appropriate contact.</p>	
<p>Use of control and physical intervention:</p> <ul style="list-style-type: none"> • Always seek to defuse situations • The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual/s to be controlled and the nature of the harm they may cause • Always use the minimum force for the shortest period of time • Record & report what happened as soon as possible after any incident where physical intervention has been used • Staff should have had the Positive Handling Training 	<p>Activities that require physical contact:</p> <ul style="list-style-type: none"> • Adults working with students in certain settings – sports, drama or outdoor activities, will occasionally have to initiate physical contact. This may include demonstrating a technique with equipment, adjusting posture, supporting the child so they can perform the skill safely or to prevent injury • It should take place in a safe and open environment i.e. one easily observed by others and last for the minimum time necessary • Staff need to be aware of gender, cultural or religious issues that may need to be considered prior to initiating physical contact
<p>Other matters:</p> <ul style="list-style-type: none"> • There are some settings where staff may need to manage and be involved in occurrences of distress and emotional upset. In these instances, professional guidance should be followed. This may include: • Considering the way in which comfort and reassurance is offered to a child and do it in an age-appropriate way • It should be in an open and appropriate manner and in context of the situation and circumstances for the student • It is best to have another adult present – or at least in a staffed area • Staff should not assume that all children in distress seek or would accept physical comfort • Never touch a child in a way which may be considered indecent • Record and report situations which may give rise to concern from either party 	<p>Other related issues: -</p> <ul style="list-style-type: none"> • When first aid has been administered, wherever possible staff should ensure that another adult is aware of the action being taken • Parents should be informed when first aid has been administered • Where medication is regularly being administered a health care plan will normally be in place • Wherever possible the child should be encouraged where appropriate to self-administer medication or treatment including taking tablets, applying ointments or using inhaler • Staff may not transport students in their own vehicle unless there is an emergency and the Head/manager has given permission
<p><u>Additional comments if needed:</u></p> <p>Working with students on a one-to-one situation sometimes happens, however, work with the door open and inform line managers/colleagues and wherever possible avoid isolated places,</p>	

try to work with a student in a general “open” space. Home visits are risk assessed, arranged in advance and recorded, including the arrival and departure time. All home visits are notified to the relevant line managers and justified with a specific focus. Home visits should ideally be conducted by two or more people. Mobile phones should be taken.