

Barncroft Primary School



Safeguarding Policy, Procedure and Guidance

(Including First Aid policy)

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Hampshire
Safeguarding
Children
Board

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Any links to local or national advice and guidance can be accessed via the safeguarding in education webpages:

www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance

Links to online specific advice and guidance can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/online/safety>

and links to other pages from the local authority on safeguarding can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren>

Barncroft Primary School's Safeguarding Policy

This policy should be read in conjunction with the school's Child Protection Policy and Staff Behaviour Policy/Code of Conduct

Policy Statement

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

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

Aims

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

Principles and Values

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

Some areas, such as Health and Safety, are a specialist area of safeguarding and a separate lead for this area is in place in the school.

Safeguarding processes are intended to put in place measures that minimise harm to children. There will be situations where gaps or deficiencies in the policies and processes we have in place will be highlighted. In these situations a review will be carried out in order to identify learning and inform the policy, practice and culture of the school.

All pupils in our school are able to talk to any member of staff to share concerns or talk about situations which are giving them worries. The staff will listen to the pupil, take their worries seriously and share the information with the safeguarding lead.

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

As a school, we review this policy at least annually in line with DfE, HSCB, HCC and any other relevant guidance.

Areas of Safeguarding

Within Keeping Children Safe in Education (2016) and the Ofsted inspection guidance (2015), there are a number of safeguarding areas directly highlighted or implied within the text.

These areas of safeguarding have been separated into issues that are emerging or high risk issues (part 1); those related to the pupils as an individual (part 2); other safeguarding issues affecting pupils (part 3); and those related to the running of the school (part 4).

Definitions

Within this document:

'Safeguarding' is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

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

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

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

Key personnel

The designated safeguarding lead for the school is:

Helen Wearn

The deputy safeguarding leads are:

Julia Roberts, Liz Dayton, Lynda Burgess, John Pitt, Debra O'Rourke

Part 1 – High risk and emerging safeguarding issues

Preventing Radicalisation and Extremism

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

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

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

Gender based violence / Violence against women and girls

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

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

Female Genital Mutilation (FGM)

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

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

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

At no time will staff examine pupils to confirm this.

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

Forced Marriage

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

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

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

Characteristics that may indicate forced marriage

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

- an extended absence from school/college, including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;
- a history of siblings leaving education to marry early;
- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

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

Honour Based Violence

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

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

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

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

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

If staff believe that a pupil is at risk from honour based violence the DSL will follow the usual safeguarding referral process, however, if it is clear that a crime has been committed or the pupil is at immediate risk the police will be contacted in the first place. It is important that if honour based violence is known or suspected that communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

Teenage Relationship Abuse

Research has shown that teenagers didn't understand what constituted abusive behaviours such as controlling behaviours, which could escalate to physical abuse, e.g. checking someone's phone, telling them what to wear, who they can/can't see or speak to and that this abuse was prevalent within teen relationships. Further research showed

that teenagers didn't understand what consent meant within their relationships. They often held the common misconception that rape could only be committed by a stranger down a dark alley and didn't understand that it could happen within their own relationships.

This led to these abusive behaviours feeling 'normal' and therefore left unchallenged as they were not recognised as being abusive.

In response to this the school will provide education to prevent children from becoming victims and perpetrators of abusive relationships by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships. Information about controlling or coercive behavior in relationships is accessible from the safeguarding in education pages.

The Toxic Trio

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

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

Domestic Abuse

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

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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

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

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

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

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

- withdrawn
- suddenly behaves differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm
- thoughts about suicide

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

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

Parental mental health

The term "mental ill health" is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs
- Child's physical and emotional needs neglected
- A child acting as a young carer for a parent or a sibling
- Child having restricted social and recreational activities
- Child finds it difficult to concentrate- impacting on educational achievement

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

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

Parental Substance misuse

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

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

For children the impact of parental substance misuse can include:

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

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

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

Missing, Exploited and Trafficked Children (MET)

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

Children Missing from Education

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

DSLs and staff should consider:

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

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

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

- Is the child being sexually exploited during this day?
- Do the parents appear to be aware?
- Are the pupil's peers making comments or suggestions as to where the pupil is at?

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

- Did we have any concerns about radicalisation, FGM, forced marriage, honour based violence, sexual exploitation?
- Have we had any concerns about physical or sexual abuse?

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

Children Missing from Home or Care

Children who run away from home or from care, provide a clear behavioural indication that they are either unhappy or do not feel safe in the place that they are living. Research shows that children run away from conflict or problems at home or school, neglect or abuse, or because children are being groomed by predatory individuals who seek to exploit them. Many run away on numerous occasions.

The association of chief police officers has provided the following definitions and guidance.

“Missing person is: ‘Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.’

An absent person is: ‘A person not at a place where they are expected or required to be.’

All cases classified as ‘missing’ by the police will receive an active police response – such as deployment of police officers to locate a child. Cases where the child was classified as ‘absent’ will be recorded by the police and risk assessed regularly but no active response will be deployed.

The absent case will be resolved when a young person returns or new information comes to light suggesting that he/she is at risk. In the latter instance, the case is upgraded to ‘missing’.

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

Push factors include:

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

Pull factors include:

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

As a school we will inform all parents of children who are absent (unless the parent has informed us).

If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to/directly contact the police to inform them.

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (*Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation*, February 2017).

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

Indicators a child may be at risk of CSE include:

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

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

As a school we educate all staff in the signs and indicators of sexual exploitation. We use the sexual exploitation risk assessment form (SERAF) and associated guidance to identify pupils who are at risk and the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form [Annex 3]

Trafficked Children

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

- Movement (including within the UK);
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

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

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

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

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

- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

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

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

Technologies

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

Online Safety

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

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

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

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

Social media

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

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- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletters and on the web site
- Parents evenings / sessions

- High profile events / campaigns e.g. Safer Internet Day
- Building awareness around information that is held on relevant web sites and or publications

Cyberbullying

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

The school should also recognise that it must take note of bullying perpetrated outside school which spills over into the school and so we will respond to any cyber-bullying we become aware of carried out by pupils when they are away from the site.

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

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

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

Cyber-bullying may be at a level where it is criminal in character.

It is unlawful to disseminate defamatory information in any media including internet sites. Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character.

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

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

Sexting

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and the internet. It also includes underwear shots, sexual poses and explicit text messaging.

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

As the average age of first smartphone or camera enabled tablet is 6 years old, sexting is an issue that requires awareness raising across all ages.

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

Gaming

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

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

Online reputation

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

Grooming

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

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

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

That parents should:

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

The school will raise awareness by:

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

Part 2 – Safeguarding issues relating to individual pupil needs

Pupils with medical conditions (in school).

There is a separate policy outlining the school's position on this (Supporting Pupils with Medical Needs can be found on the school website <http://www.barncroftprimary.co.uk/policies>)

As a school we will make sure that sufficient staff are trained to support any pupil with a medical condition.

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

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

Pupils with medical conditions (out of school).

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

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

Where it is clear that an absence will be for more than 15 continuous school days the Education and Inclusion Service will be contacted to support with the pupil's education.

Special educational needs and disabilities

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

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs;
- Communication barriers and difficulties in overcoming these barriers.
- Have fewer outside contacts than other children;
- Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
- Have an impaired capacity to resist or avoid abuse;

- Have communication difficulties that may make it difficult to tell others what is happening;
- Be inhibited about complaining for fear of losing services;
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers.

As a school we will respond to this by:

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

Intimate care

Guidelines for good practice adapted from the Chailey Heritage centre

1. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. The 4LSCBs believe this practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. The 4LSCBs recognise that there are partner agencies that recommend two carers in specific circumstances. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in

practice. Agencies should consider the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse.

2. Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.
3. Be responsive to a child's reactions. It is appropriate to "check" your practice by asking the child - particularly a child you have not previously cared for - "Is it OK to do it this way?"; "Can you wash there?"; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.
4. Make sure practice in intimate care is as consistent as possible. Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?
5. Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.
6. If you are concerned that during the intimate care of a child:
 - You accidentally hurt the child;
 - The child seems sore or unusually tender in the genital area;
 - The child appears to be sexually aroused by your actions;
 - The child misunderstands or misinterprets something;
 - The child has a very emotional reaction without apparent cause (sudden crying or shouting).

Report any such incident as soon as possible to another person working with you and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

7. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.
8. Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. The 4LSCBs recognise that children who experience intimate care may be more vulnerable to abuse:-

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless
- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately
- Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer

Fabricated or induced illness

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

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

If we are concerned that a child may be suffering from fabricated or induced illness we will follow the established procedures of the Hampshire Safeguarding Children Board.

Mental Health

Form tutors and class teachers see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of pupils.

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

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

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

Where the needs require additional professional support referrals will be made to the appropriate team or service with the parent's agreement (or child's if they are competent as per Fraser guidelines).

Part 3 – Other safeguarding issues impacting pupils

Bullying

The school works to a separate Behaviour and Anti-bullying policy that can be found at [\[http://www.barncroftprimary.co.uk/policies\]](http://www.barncroftprimary.co.uk/policies)

Prejudice based abuse

Prejudice based abuse or hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a person's real or perceived:

- Disability
- Race
- Religion
- Gender identity
- Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender doesn't have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

- threatened or actual physical assault
- derogatory name calling, insults, for example racist jokes or homophobic language
- hate graffiti (e.g. on school furniture, walls or books)
- provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations
- distributing literature that may be offensive in relation to a protected characteristic
- verbal abuse
- inciting hatred or bullying against pupils who share a protected characteristic
- prejudiced or hostile comments in the course of discussions within lessons
- teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
- refusal to co-operate with others because of their protected characteristic, whether real or perceived
- expressions of prejudice calculated to offend or influence the behaviour of others
- attempts to recruit other pupils to organisations and groups that sanction violence, terrorism or hatred.

As a school we will respond by:

- clearly identifying prejudice based incidents and hate crimes and monitor the frequency and nature of them within the school

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

Drugs and substance misuse

The school works to a separate drug policy that can be found at [\[insert link or location\]](#)
[If you do not have a separate policy for drug and substance misuse the linked guidance above provides a framework for what could be considered. While the prevalence of drug and substance misuse decreases with the lower key stages, early years settings have had under 5's bring in both packets of class A drugs and drug based paraphernalia from home. The policy needs to consider both deliberate and accidental possession and use of drugs and other substances.]

Faith Abuse

The number of known cases of child abuse linked to accusations of “possession” or “witchcraft” is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem. Such abuse generally occurs when a carer views a child as being “different”, attributes this difference to the child being “possessed” or involved in “witchcraft” and attempts to exorcise him or her.

A child could be viewed as “different” for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of “possession” or “witchcraft”. These include family stress and/or a change in the family structure.

The attempt to “exorcise” may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

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

Gangs and Youth Violence

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

As a school we have a duty and a responsibility to protect our pupils. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While pupils generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education.

Primary schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work can be done within school to prevent negative behaviour from escalating and becoming entrenched.

As a school we will:

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

Private fostering

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

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

The Law requires that the carers and parents must notify the children's services department of any private fostering arrangement.

If the school becomes aware that a pupil is being privately fostered we will inform the children's services department and inform both the parents and carers that we have done so.

Parenting

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

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

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

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

As a school we will support parents in understanding the parenting role and provide them with strategies to make a difference by:

- providing details of community based parenting courses <http://www3.hants.gov.uk/childrens-services/familyinformationdirectory.htm>
- linking to web based parenting resources (for example <http://www.familylives.org.uk/>)
- referring to the school parenting worker/home school link worker (where available)
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence based parenting programmes)
- Considering appropriate early help services <http://www3.hants.gov.uk/childrens-services/childrens-trust/earlyhelp.htm>

Part 4 –Safeguarding processes

Safer Recruitment

The school operates a separate safer recruitment process as part of the school's Recruitment Policy (<http://www.barncroftprimary.co.uk/policies>) On all recruitment panels there is at least one member who has undertaken safer recruitment training. The process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

Staff Induction

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

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

Health and Safety

The site, the equipment and the activities carried out as part of the curriculum are all required to comply with the Health and Safety at Work act 1974 and regulations made under the act.

All risks are required to be assessed and recorded plans of how to manage the risk are in place. The plans should always take a common sense and proportionate approach to allow activities to be safe rather than preventing them from taking place. The school has a Health and Safety policy which details the actions that we take in more detail (<http://www.barncroftprimary.co.uk/policies>)

Site Security

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

- All gates except the carpark and front gate are locked except at the start and end of the school day
- The front gate and carpark gate are kept shut throughout the day and locked overnight.

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

Off site visits

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

First Aid Policy Policy Statement

Barncroft Primary School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Responsibility for first aid at Barncroft Primary School is held by Julia Roberts who is the responsible manager.

All first aid provision is arranged and managed in accordance with the Guidance on First Aid for Schools (DCSF).

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Aims & Objectives

Our first aid policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our premises
- It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision
- The Children's Services First Aid Needs Assessment Form (CSAF-002) will be used to produce the First Aid Needs Assessment for our site.
- Ensuring that there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment

- Ensuring the above provisions are clear and shared with all who may require them

First Aid Training

The responsible manager will ensure that appropriate numbers of appointed persons, school first aid trained staff, emergency first aiders, qualified first aiders and paediatric first aid trained staff are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

Appointed Persons

At Barncroft Primary School the appointed person is as follows:

Alison Watson

Where the first aid needs assessment identifies that qualified first aid staff are not necessary due to the nature/level of risk, the **minimum legal requirement** is to appoint a person (the Appointed Person) to be on site at all times during the working day. Appointed persons are in place to take charge of first aid arrangements including looking after equipment and calling emergency services.

School First Aid Trained Staff

Optional, bespoke training for school staff is available to assist the school in meeting its own duty of care towards its pupils. It is not a substitute for HSE-approved first aid training which qualifies staff to provide first aid to other staff. This training should be provided only where:

- Additional training is considered to be required for appointed persons in order to enhance their role to provide first aid to children;
- Other staff, in addition to Emergency/Qualified First Aiders, are also considered to require some level of training in order to provide first aid to children

Emergency First Aiders (Those completing the HSE approved 1 day emergency first aid course)

At Barncroft Primary School all staff are trained as emergency first aiders.

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. They may also have other duties and responsibilities which are identified and delegated as appropriate (eg. first aid kit inspections).

Qualified First Aiders (Those completing the HSE approved 3-day first aid course)

At Barncroft Primary there are 2 qualified first aiders who are

Alison Watson and Sue Aldridge

She will be responsible for administering first aid, in accordance with her training, to those that become injured or fall ill whilst at work or on the premises. There may also be other duties and responsibilities which are identified and delegated to the first aider (eg. first aid kit inspections).

Paediatric First Aid Trained Staff

At Barncroft Primary School here are two paediatric first aid trained staff named as follows:

- Jo Clooney
- Linda Bailey

These staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations for provision of first aid to those children aged 5 years old or younger.

First Aid Provision

Our First Aid Needs Assessment has identified the following first aid kit requirements:

- 5 First Aid Kits

We have first aid kits in every classroom, the office, the DT room, the minibuses and the swimming pool. We also have first aid kits that go out on trips and one that is for school evacuation purposes.

It is the responsibility of the emergency /qualified first aiders/appointed persons to check the contents of first aid kits and replenish when necessary.

The Medical Room is designated for treatment, sickness and the administering of first aid. The first aid room will have the following facilities;

Running water, all the components of the first aid kit and chairs

Emergency Arrangements

Upon being summoned in the event of an accident, the first aider/appointed person is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious injury
- requires significant first aid treatment
- requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents cannot be contacted by phone a text message will be sent. Our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider/appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Records

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Name of qualified/emergency/school/paediatric first aider or appointed person
- Date of accident
- Type of accident (eg bump on head etc)
- Treatment provided and action taken

Monitoring

The Headteacher will report all serious accidents to the Governing Body. A yearly analysis of accidents occurring in school will also be provided.

Physical Intervention (use of reasonable force)

As a school we have a separate policy outlining how we will use physical intervention. This can be found at <http://www.barncroftprimary.co.uk/policies>

Taking and the use and storage of images

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

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

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

Photographs will only be taken on school owned equipment and stored on the school network. No images of pupils will be stored on privately owned equipment by staff members.

Transporting pupils

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

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

In managing these arrangements the school will put in place measures to ensure the safety and welfare of young people carried in parents' and volunteers' cars. This is based on guidance from the local authority and follows similar procedures for school staff using their cars on school business.

Where parents'/volunteers' cars are used on school activities the school will notify parents/volunteers of their responsibilities for the safety of pupils, to maintain suitable insurance cover and to ensure their vehicle is roadworthy.

All parents/volunteers are therefore asked to complete and return the form attached as annex 3 to the school before they offer to use their car to help with transporting pupils.

Disqualification under the childcare act

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

Staff (meaning individuals employed by the school or local authority, those undertaking training in schools (both salaried and unsalaried), casual workers and volunteers) are covered by this legislation in the following circumstances:

- they are employed and/or provide early years childcare (this covers the age range from birth until 1 September following a child's fifth birthday, i.e. up to and including reception age). This includes education in nursery and reception classes (e.g. teachers and support staff in a reception class) and/or any supervised activity (such as breakfast clubs, lunchtime supervision and after school care provided by the school) both during and outside of school hours for children in the early years age range; and
- they work in childcare provided by the school outside of school hours for children who are above reception age but who have not attained the age of 8. This includes before school settings, such as breakfast clubs, after school provision and holiday clubs. It does NOT include education or supervised activity for children above reception age during school hours including extended school hours for co-curricular learning activities, such as the school's choir or sports teams.

The legislation also applies to any staff directly concerned in the management of such early or later years' provision.

In 2009 additional regulations were made to include those living in the same household as another person who is (or would be) disqualified under the Act.

As a school we require all staff who may be impacted by this piece of legislation to complete a self declaration form and to inform the Headteacher immediately if they become aware of any changes to their circumstances that would require us to be aware.

If a member of staff is impacted by the disqualification by association provisions we will ask them to apply for a waiver from Ofsted and put in place appropriate risk management plans while the waiver is being processed.

If a waiver is not granted we will seek advice from our HR provider and/or the LADO as to how risk is most effectively managed.

First Aid Policy



Community Partnership Information

Guidance: This form is for the sharing of non-urgent information by partner agencies that relates to the **Missing, Exploited and Trafficked** agenda and inter-connecting issues, such as **Modern Slavery**. This information may be sanitised and used in subsequent partnership forums for the purposes of identifying and mitigating risk. Completed forms should be sent electronically to 24/7-Intel@hampshire.pnn.police.uk. Any questions or concerns regarding

Your name:

Your organisation:

Your telephone number:

Your email address:

Information (including date & location):

Information Source:

Where did this information come from (name/Dob/address)?

Can they be re-contacted? What are their contact details?

How did they find this information out?

When did they find this information out?