



## The Robert Carre Trust

### Safeguarding (Child Protection) Policy

The Robert Carre Trust is committed to providing a safe and secure environment for children, staff and visitors, and to promoting a climate where children and adults will feel confident about sharing any concerns which they may have about their own safety or the well-being of others. The Trust recognises that safeguarding is everyone's responsibility and that our approach, in whatever capacity we come into contact with young people and their families, should be child-centred. The Trust's Child Protection Policy draws upon the principles of "Every Child Matters", duties conferred by the Children Acts 1989 and 2004, S175/157 of the 2002 Education Act, the Education & Inspections Act 2006 "What To Do If You're Worried A Child Is Being Abused", "Safeguarding Children and Safer Recruitment in Education" (April 2012), "Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings" (May 2019), "Working Together to Safeguard Children" (July 2018), Childcare Act 2006, The Childcare (Disqualification) Regulations 2009, procedures produced by the Lincolnshire County Council Safeguarding Children Partnership (LSCP) and Keeping Children Safe in Education (September 2020). The policy is applicable to all on and off-site activities undertaken by students whilst they are the responsibility of the Trust schools.

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## The Safeguarding Team - Carre's Grammar School

### **Designated Safeguarding Lead:**

Mrs Rosemary Brooks    rosemary.brooks@carres.uk

### **Deputy Safeguarding Lead:**

Mr Jamie Holland    jamie.holland@carres.uk  
Mrs Hayley Goymer    hayley.goymer@carres.uk

### **Safer Recruitment Trained:**

Mr Nick Law    Executive Headteacher  
Mr Jamie Holland    Deputy Headteacher  
Mr Andrew Wilkinson    Assistant Headteacher  
Mrs Julie Body    HR Administrator

### **Governors Responsible for Safeguarding**

Mr Mark Housley    Robert Carre Trust  
Mrs Jo Slesser    Local Governing Body CGS

### **External Safeguarding Contacts:**

Local Authority Designated Officers	Gemma Parkinson	01522 554668 01522 554674
Safeguarding Children Officer (Education Settings)	Ruth Fox	01522 554695
Lincolnshire Customer Service Centre Early help Consultancy Service		01522 782111 & 01522 782333 (out of hours)
Lincolnshire Police Central Referral Unit	Glyn Hughes Kev Gooch	01522 947590 01522 947590

### Other Useful Contacts

Child exploitation and on-line protection centre CEOP:    0870 0003344

[www.thinkuknow.co.uk](http://www.thinkuknow.co.uk)



## The Safeguarding Team - Kesteven and Sleaford High School

### Designated Safeguarding Lead:

Mrs Debbie Collett

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### Deputy Safeguarding Lead:

Ms Sarah Chant

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### Safer Recruitment Training:

Mrs Josephine Smith, Head of School

Gaynor White, Assistant Headteacher

Catherine Tipper, Assistant Headteacher

Debbie Collett, Assistant Headteacher

Colin Green, Assistant Headteacher

Leanne Martin, Assoc Asst Headteacher

### Governors Responsible for Safeguarding

Mr Mark Housley

Robert Carre Trust

Mr Nick Gibbons

Local Governing Body KSHS

### External Safeguarding Contacts

Local Authority Designated Officers	Gemma Parkinson	01522 554668 01522 554674
Safeguarding Children Officer (Education Settings)	Ruth Fox	01522 554695
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## 1. Definition of Abuse

- a. Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children". The Trust recognises that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.
- b. Appendix I detail the definitions and signs of the four types of abuse: Neglect, Emotional, Physical and Sexual.

## 2. Responsibilities and Immediate Action

- a. No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
- b. All adults working in a Trust school (including visiting staff, volunteers and students on placement) are required to report instances of actual or suspected child abuse or neglect to the Designated Safeguarding Lead with responsibility for child protection.
- c. The Designated Safeguarding Lead in each trust school is also the first point of contact for external agencies which are pursuing Child Protection investigations and co-ordinates the school's representation at Child Protection conferences and Core Group meetings (including the submission of written reports for conferences). When an individual concern/incident is brought to the notice of the Designated Safeguarding Lead, they will be responsible for deciding upon whether or not this should be reported as a safeguarding issue. Where there is any doubt as to the seriousness of this concern, or disagreement between the Designated Safeguarding Lead and the member of staff reporting the concern, advice will be sought from the Deputy Designated Safeguarding Lead, the Designated Safeguarding Lead in another Trust school, the Lead Officer for education services or the Duty Manager for the Education Welfare and Attendance Service.

## 3. Conversations with a child who discloses abuse should follow the basic principles:

- i. listen rather than directly question, remain calm
- ii. never stop a young person who is recalling significant events
- iii. make a record of discussion to include time, place, persons present and what was said (young person's language – do not substitute words)
- iv. at no time promise confidentiality to a child or adult
- v. advise you will have to pass the information on

- vi. avoid coaching/prompting
- vii. never take photographs of any injury
- viii. allow time and provide a safe haven / quiet area for student following disclosure

#### 4. Early Help and Multi-Agency Cooperation

- a. All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life. In the first instance staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment or acting as the lead professional in undertaking an early help assessment. An Early Help Assessment requires the consent of the parents/carers.
- b. The Trust recognises the importance of information sharing between professionals and local agencies and its staff will work with social care, the police, health services and other services to promote the welfare of children and protect them from harm.

#### 5. Informing Parents

- a. The parent/carer will normally be contacted before a safeguarding referral is made to Children's Social Care (Children's Services). However, if the concern involves alleged or suspected sexual abuse or the Designated Safeguarding Lead has reason to believe that informing the parent at this stage might compromise the safety of the child or a staff member, nothing will be said ahead of the referral.
- b. In circumstances where a child has an unexplained or suspicious injury that requires urgent medical attention, the Child Protection referral process should not delay the administration of first aid or emergency medical assistance. **If a student is thought to be at immediate risk because of parental violence, intoxication, substance abuse, mental illness or threats to remove the child during the school day, for example, a referral will be made to Children's Services and/or urgent Police intervention will be requested.**
- c. Where a child sustains a physical injury or is distressed as a result of reported chastisement, or alleges that they have been chastised by the use of an implement or substance, this will immediately be reported for investigation. Referrals to Children's Social Care will be logged in the school's central records. Individual records of advice/intervention will be completed as appropriate.
- d. All parents applying for places at a Trust school will be informed of our safeguarding responsibilities and the existence of this policy. In situations where students sustain injury or are otherwise affected by an accident or

incident whilst they are the responsibility of the school, parents will be notified of this as soon as possible.

- e. The Robert Carre Trust recognises the need to be alert to the risks posed by strangers or others (including the parents or carers of other students) who may wish to harm children in school or students travelling to and from school and will take all reasonable steps to lessen such risks.

## 6. Escalation

Where concerns remain or increase, despite a referral being accepted by Children's Services, Trust staff will look to escalate concerns through appropriate channels. The Escalation Protocol can be found in Appendix K

## 7. Whistleblowing

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them as outlined in the RCT Whistleblowing Policy.

## 8. Vulnerable Students

- a. Particular vigilance will be exercised in respect of students who are the **subjects of Child Protection Plans** and any incidents or concerns involving these children will be reported immediately to the allocated Social Worker (and confirmed in writing; copied to the Local Authority Designated Officer (LADO). If the student in question is a **Looked After Child (LAC)**, this will also be brought to the notice of the Designated Teacher with responsibility for children in public care. The SENCO is the Designated Teacher.
- b. **The Designated Teacher** will ensure that staff are party to any information necessary to safeguard the young person. S/he will ensure s/he knows the looked after legal status of the young person and any contact arrangements that are in place. S/he will liaise with the Virtual School's Progress Manager and other agencies involved in the provision of care to ensure that the young person is enabled to achieve their potential.
- c. We acknowledge that **children who are affected by abuse or neglect** may demonstrate their needs and distress through their words, actions, behaviour, demeanour, school work or other children. The school has a strong commitment to an anti-bullying policy and will consider all coercive acts and inappropriate child on child behaviour and sexual activity within a Child Protection context.
- d. Where it comes to our notice that **a child under the age of 13 is, or may be, sexually active**, whether or not they are a student of a Trust school, this will result in an immediate referral to Children's Services.

## 9. Private Fostering

- a. The Trust applies the following government definition: A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or step-parent will not be a private foster carer. A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster a child.
- b. Where notification is received or staff become aware of a private fostering arrangement staff there is a mandatory duty to inform the Local Authority Children's Services so that the local authority can then discharge its duty to satisfy itself that the welfare of the privately fostered child concerned is satisfactorily safeguarded and promoted. Where staff know, or have reason to believe, a student is being privately fostered they should report this to the Designated Safeguarding Lead who will take the appropriate steps to inform the Local Authority.

## 10. Domestic Abuse and Violence

- a. The Robert Carre Trust has adopted the Local Authority Charter on domestic abuse and violence. The Trust recognises that this is an issue that can affect employees as well as students and seeks to support all victims of domestic abuse and violence. Students will be made aware of what constitutes domestic abuse and violence, including honour-based violence, forced marriage and coercive behaviours.
- b. If a student discloses that they have witnessed domestic violence or it is suspected that they may be living in a household which is affected by family violence, this will be referred to the Designated Safeguarding Lead as a safeguarding issue. The school acknowledges the additional needs for support and protection of children who are **vulnerable by virtue of disability, homelessness, refugee/asylum seeker status, the effects of substance abuse within the family, those who are young carers, mid-year admissions and students who are excluded from school.**

## 11. Students with Special Needs and Disabilities

The Trust recognises that young people with SEND may face additional safeguarding challenges. Pastoral staff will be cognisant of the additional communication barriers that may exist for such young people and that their



emotional literacy may make it more difficult to recognise neglect and abuse in this group of children.

## **12. Safeguarding Students Who Are Vulnerable To Exploitation, Forced Marriage, Female Genital Mutilation Or Trafficking**

- a. Trust schools keeps themselves up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.
- b. Staff are supported to recognise warning signs and symptoms in relation to specific issues, and include such issues in an age appropriate way in their curriculum.
- c. All teaching staff are made aware that if it appears or it is disclosed that Female Genital Mutilation has been carried out it is mandatory for the teacher to report this to the police.**

## **13. Risky Behaviour**

The Trust acknowledges that drug taking, alcohol abuse, truanting and sexting can place young people at significant risk of harm and will seek to protect young people through appropriate education and intervention. The Designated Safeguarding Lead will ensure that all staff are apprised of any current safeguarding concerns or specific identified risks.

## **14. Peer on Peer Abuse**

The Trust recognises that young people can be subject to abuse from their peers. This may involve but, not be limited to: bullying, harmful sexual behaviour including gender based violence, domestic abuse in teenage relationships, criminal and sexual exploitation, youth violence and weapons, initiation and hazing, and prejudicial behaviour. Pastoral staff will be cognisant of this when dealing with reported incidents and/or disclosures and whilst the Trust will not tolerate such abuse it recognises that inappropriate behaviours might be indicators of other underlying safeguarding concerns. Where peer on peer abuse is disclosed the investigation will seek to safeguard the interests of both parties by ensuring that either parental support or support from an appropriate adult is available to support both the victim and the alleged perpetrator.

## **15. Sexting and Risky Behaviour Online**

The Trust recognises that students may engage in sexually inappropriate activity online or be subjected to such activity by their peers. An increasingly common area of concern is the practice of sexting: the exchanging of sexually explicit messages and/ or images. Online safety and the law that applies to online sexual behaviour is taught as part of the PSHE curriculum cycle. When

the school becomes aware that a student's personal online behaviour is putting themselves or others at risk the school will adopt an approach that complies with our legal safeguarding duty but also seeks to support the student(s) involved. Where appropriate individual work will be done with students to ensure they have an enhanced awareness of the risks of such activity.

## **16. Self Harm or Self-Injury**

- a. The Trust is dedicated to ensuring the emotional, physical and mental wellbeing of all the students in our community. We regard self-injury to be a coping mechanism for young people who are attempting to cope with high levels of distress and emotional pain. It is any deliberate, non-suicidal behaviour which causes physical pain or injury and is aimed at reducing the emotional pain and distress of the individual concerned.
- b. We also understand that self-injury is not suicidal behaviour. However, the emotional distress that causes these behaviours can lead to suicidal thinking and actions and we will consequently take ALL incidents of self-injury seriously, investigate them and attempt to provide the most appropriate emotional support possible. The Trust's response to self-harm is addressed in Appendix D.

## **17. Prevent Duty**

Vulnerable children may also be at increased risk from the dangers associated with radicalisation and extremism. The school is compliant with the Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015 and the guidance issued by the Lincolnshire Safeguarding Children Board (July 2015). The Trust's response to the Prevent strategy, outlining procedures and protocols, is attached as Appendix G to this policy.

## **18. Working with families and communities to safeguard young people**

- a. Our schools, where appropriate, work with and engage our families and communities to talk about such issues. Staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible. Our Designated Safeguarding Leads know where to seek and get advice as necessary. Our schools bring in experts and use specialist material to support the work we do.

## **19. Children Missing in Education (CMIE)**

- a. The Trust recognises that prolonged or unexplained absence might be cause for concern and that schools have a mandatory duty to report Children Missing in Education. Attendance is monitored by the relevant Head of Year

and appropriate action will be taken where attendance falls below the designated threshold of 90%.

- b. The Trust follows the Local Authority protocols with regard to mid-year transfers and any student whose absence remains unexplained after the designated trigger points of 5 days and 10-15 days. The relevant Head of Year, in collaboration with the Designated Safeguarding Lead, will complete the necessary Local Authority Risk Assessment form.
- c. Where a child transfers to a different school the Trust school will ensure that all relevant records are transferred to the new school. Safeguarding records will be transferred under separate cover and via a tracked delivery. Where uncertainty exists with regard to the school the student is transferring to, the Trust school will make every reasonable effort to ascertain which school the student has transferred to. If the Trust school has reason to suspect that the student meets the criteria for “missing in education” the concern will be reported to the Local Authority.
- d. For students transferring mid-year to a Trust school and where parents/carers are reluctant to divulge the details of the previous school without good reason the Designated Safeguarding Lead should be informed so that the safeguarding concerns can be assessed, and appropriate action taken.

## **20. Contextual Safeguarding**

- a. Safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside the school. All staff, but especially the designated safeguarding lead (and deputies) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child’s life that are a threat to their safety and/or welfare.

## **21. Staff Training**

- a. The Designated Safeguarding Lead (and their Deputy) will follow the 5 year training cycle as recommended by the Local Authority and Lincolnshire Safeguarding Children Partnership (LSCP). Designated staff will attend appropriate network meetings and participate in the multi-agency training programme organised by the LSCP.
- b. Whole-school in-service training on safeguarding issues will take place annually with awareness updates throughout the year as and when new concerns emerge. The Designated Safeguarding Lead in each school is responsible for the identification and delivery of training that is relevant to

current concerns as well as refreshing awareness. All newly recruited staff and governors will be apprised of this policy and will complete Safeguarding awareness training as part of the induction process. Staff with pastoral responsibilities will receive additional targeted training appropriate to their role.

- c. Governors with specific responsibility for Safeguarding will also undergo additional training appropriate to their role.
- d. Where school leaders become aware of specific concerns that are prevalent within the local community appropriate awareness training will be facilitated for relevant staff.

## **22. Volunteers**

- a. Any parent or other person/organisation engaged by a Trust school to work in a voluntary capacity with students will be subjected to all reasonable vetting procedures and Disclosure and Barring Service (DBS) checks through the school. Where it is not appropriate to instigate an enhanced DBS check for volunteers, e.g. parents helping with an event, they may be required to provide references and will be asked to sign a declaration that they have not been convicted of any criminal or disciplinary offence which could preclude their employment as a worker with children.
- b. Volunteers must work under the direct supervision of an established staff member and will be subject to the same code of conduct as paid employees of the school. Volunteers will at no time be given responsibility for the personal care of students. Voluntary sector groups that operate within a Trust school, provide off-site services for our students or use school facilities, will be expected to adhere to this policy or operate a policy which is compliant with the procedures adopted by the Lincolnshire Safeguarding Children Board. Premises lettings and loans are subject to acceptance of this requirement.

## **23. Staff Code of Conduct & Contact with Students**

- a. All staff (paid and voluntary) are expected to adhere to a code of conduct in respect of their contact with students and their families. Children will be treated with respect and dignity and no punishment, detention, restraint, sanctions or rewards are allowed outside of those detailed in each school's Behaviour Policy. Whilst it would be unrealistic and undesirable to preclude all physical contact between adults and children, staff are expected to exercise caution and avoid placing themselves in a position where their actions might be open to criticism or misinterpretation. Where incidents occur which might otherwise be mis-construed, or in the exceptional circumstances where it becomes necessary to physically restrain a student for their own protection or others' safety, this will be appropriately recorded and reported to the Headteacher and parents. Any physical restraint used

will comply with the Trust policy which is compliant with DfE and Local Authority guidance.

- b. Except in cases of emergency, first aid will only be administered by qualified First Aiders. If it is necessary for the child to remove clothing for first aid treatment, there will, wherever possible, be another adult present. If a child needs help with toileting or washing after soiling themselves, another adult should be present. If a member of staff is providing any form of intimate care, another colleague will be present. All first aid treatment and non-routine changing or personal care will be recorded and shared with parents/carers at the earliest opportunity.
- c. Children requiring regular medication or therapies for long-term medical conditions will be made the subject of a Medical Plan that has been agreed with the parents and health authority. Please see Appendix C regarding the administration of medicines within school.
- d. For their own safety and protection, staff should exercise caution in situations where they are alone with students. Other than in formal teaching situations; musical instrument tuition, for example, the door to the room in which the 1:1 coaching, counselling or meeting is taking place should, wherever possible, be left open. Where this is not practicable because of the need for confidentiality, staff should ensure that the meeting is held in a room where the door has a glass panel allowing visibility of the occupants of the room. Where a member of staff is meeting regularly with a student, their Line Manager should be informed. All rooms that are used for the teaching or counselling of students will, wherever possible, have clear and unobstructed glass panels in the doors.
- e. School staff should also be alert to the possible risks that might arise from social contact with students outside of the school. Home visits to students or private tuition of students should only take place with the knowledge and approval of the Head of School. Visits/telephone calls by students to the homes of staff members should only occur in exceptional circumstances and with the prior knowledge and approval of the Head of School (see Appendix C for guidance regarding students known to staff socially). Any unplanned contact of this nature or suspected infatuations or “crushes” will be reported to the Head of School. Staff will not disclose their personal telephone numbers and email addresses to students or parents. Staff supervising offsite activities or school journeys will be provided with a school mobile telephone as a point of contact for parents and carers.

## **24. Safer Recruitment and Selection**

- a. The Trust pays full regard to ‘Keeping Children Safe in Education’. Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes

undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS).

- b. All recruitment materials will include reference to the Trust's commitment to safeguarding and promoting the wellbeing of students.
- c. Members of the Senior Leadership Team, Local Governing Bodies and Trustees have undertaken Safer Recruitment training. A trained senior leader will be involved in all staff / volunteer recruitment processes and sit on the recruitment panel.

## **25. Contractors**

Building contractors who are engaged by or on behalf of a Trust school to undertake works on site will be made aware of this policy and the reasons for this. Long-term contractors who work regularly in the school during term time will be asked to provide their consent for DBS checks to be undertaken. These checks will be undertaken when individual risk assessments by the Leadership Team deem this to be appropriate. Individuals and organisations that are contracted by the school to work with, or provide services to, students will be expected to adhere to this policy and their compliance will be monitored.

## **26. Complaints/allegations made against staff**

- a. Schools have a duty to manage cases of allegations that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity with children in a school or college. The *Keeping Children Safe in Education (Sept 2020)* guidance should be followed where it is alleged that anyone working in the school or college that provides education for children under 18 years of age, including supply teachers and volunteers has:
  - behaved in a way that has harmed a child, or may have harmed a child;
  - possibly committed a criminal offence against or related to a child;
  - behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or
  - behaved or may have behaved in a way that indicates they may not be suitable to work with children.
- b. Procedures are in place for students, parents and staff to share any concern that they may have about the actions of any member staff or volunteer. All such complaints will be brought immediately to the attention of the Head of School, in order that he/she may activate the appropriate procedures. If the allegation concerns alleged minor physical mishandling or verbal abuse, this will normally be dealt with under the Trust's Complaints Procedure. If the allegation is of physical assault, the Head of School will take action in accordance with the Trust's Complaints Procedure, unless one of the following criteria applies:

- i. The allegation is one of actual bodily harm – i.e. an injury has necessitated first aid or medical treatment.
  - ii. There is reason to suspect parental instigation or collusion.
  - iii. The allegation has been reported to the Police or Children’s Services by the child or parent.
  - iv. The child is Looked After in Public Care.
  - v. The child is the subject of a Child Protection Plan.
  - vi. The child has a disability, Statement of SEN or Educational Health Care Plan.
  - vii. The member of staff concerned has been subject to previous complaints.
  - viii. The allegation is one of sexual abuse.
- c. In these cases, in collaboration with the Designated Safeguarding Lead for Safeguarding, advice will be sought from the Local Authority Designated Officer for education services (or the Education Welfare Service Duty Manager) with a view to a Strategy Meeting or Discussion being held in accordance with the Lincolnshire Safeguarding Children Board procedures. This process will agree upon the appropriate course of action and the time-scale for investigations.
- d. In considering whether or not a referral to Children’s Services is appropriate, the Executive Headteacher may seek advice from the Chair of the Trust Board, the Local Authority’s Designated Officer and human resources advisers. Parents should also be advised of their independent right to make a formal complaint to the Police. Temporary and visiting staff will be subject to the same procedures.
- e. If the complaint concerns alleged abuse by the Head of School who is not the Designated Safeguarding Lead, this should be brought to the attention of the Designated Safeguarding Lead, who will inform the Executive Head, the Chair of Governors and the Local Authority’s Lead Officer. Any complaint concerning alleged abuse by the Designated Safeguarding Lead, whether it is the Headteacher or another member of staff, should be reported to the Deputy Designated Safeguarding Lead and the Executive Headteacher.
- f. If the complaint concerns the Executive Headteacher, the Designated Lead will inform the Trust Chair.
- g. Staff who are formally disciplined for the mistreatment of students (or who resign before disciplinary action can be completed), will be notified to Children’s Services and the Department for Education, for possible inclusion on their Protection of Children Act List (PoCAL) consultative index and the DBS.

## **27. Records**

- a. Brief and accurate written notes will be kept of all incidents and Child Protection or Child in Need concerns relating to individual students. Records of events and disclosures should be factually clear and specific accounts of the reported abuse. Jargonised, neutral terms or euphemisms should be

avoided. This information may be shared with other agencies as appropriate. Parental consent will be sought before making a Child in Need (S17) referral to Children's Social Care (Children's Services). If consent is withheld, consideration will be given to the potential impact of this for the child and to the need for a child protection referral (S47), which does not require parental consent. The school will take into account the views and wishes of the child who is the subject of the concern, but staff will be alert to the dangers of colluding with dangerous "secrets".

- b. Child Protection records are not open to students or parents. Child Protection records are kept securely by the Designated Safeguarding Lead and separately from educational records. They may only be accessed by the Designated Safeguarding Lead, their Deputy or the Head of School. A referrals and action log will be opened for each referral where progress and outcomes will be recorded. These records are stored securely/electronically and access is restricted to the Designated safeguarding Leads and Head of School. A central school record is kept of all referrals and requests for advice to ensure that relevant pastoral staff are aware of 'live' cases, and so that the incidence of referrals can be monitored.
- c. If a student is withdrawn from the school having not reached the normal date of transfer, due to a family move or any other reason, all efforts will be made to identify any new address and the school to which they are being admitted and to ensure that their educational records are sent without delay to that school. If the parent/carer fails to provide this information, an urgent referral will be made to the Education Welfare and Attendance Service in order that they might make further enquiries. If educational records are sent to a Trust school concerning a child who is not registered by the parent, the records will be returned to the sending school with a note, advising them to refer to their Local Authority's Education Welfare Service. **A child's name will only be removed from a Trust School's Admissions Register in accordance with the Student Registration Regulations or with the authorisation of the Education Welfare and Attendance Service.**
- d. All additions to, or deletions from, a Trust school's roll will trigger the completion of a Common Transfer Form (CTF) which will be downloaded to the appropriate database via the S2S system. Where an onward destination cannot be determined and the student is of compulsory school age, the CTF will be downloaded to the Lost Students' Database.
- e. The content of Child Protection Conference or Review reports prepared by the school will follow the headings recommended by Children's Services and will, wherever possible, be shared with the parent/carer in advance of the meeting.
- f. Trust schools may require documentary proof as to the identity of students presented for admission. If there is any doubt as to the identity of a student, advice will be sought from the local authority and other statutory agencies, as appropriate. We will maintain accurate records of those with parental responsibility and emergency contacts. Students will only be released to the care of those with parental responsibility or someone acting with their written



consent. The Designated Safeguarding Lead will be responsible for verifying access rights where a separated parent has requested access to a child's information.

- g. Child Protection records will be sent to receiving schools separately and under a confidential cover. Where students join a Trust school mid-year, the Designated Safeguarding Lead will request that the student's previous school forward any safeguarding records.

## **28. Consent to share and/or disclose personal information held in school**

- a. Staff need to be aware of the rights of the student with regard to the sharing of their personal information, even when it is their parents making the request. Caution should also be exercised when sharing information with separated parents as students may have indicated that they do not wish information to be shared with an estranged parent.
- b. Parents are only entitled to access personal information about their child if the child is unable to act on their own behalf or if he/she has consented to the information being shared. There isn't a strict age for capacity but, as general guidance, the law suggests that it is reasonable to assume that someone aged 12 and over can make their own decisions. Fundamentally, the school needs to be comfortable that the student in question is mature enough to understand their rights. If the school deems a student to have sufficient capacity and maturity, it would be unreasonable for the school to share their personal information with a third party without their consent. Disclosure of a student's information without his/her consent could, therefore, amount to a breach of the Data Protection legislation.

## **29. Confidentiality and Students who are aged 18 or over**

- a. Students who are aged 18 or over are deemed to be competent adults. If they do not wish their parents to be involved or informed of concerns this must be respected. However, every effort should be made, where appropriate, to encourage them to disclose their concerns to a trusted adult carer within their family. If they maintain their desire for confidentiality every effort should be made to signpost them to appropriate support agencies and to facilitate such intervention within school if at all possible.
- b. Where the member of staff believes that the young person concerned is at significant, immediate risk of self-harm or suicide they should refer the matter to the Designated Safeguarding Lead for advice and support. In such cases, the young person's mental state should be taken into consideration when determining their level of competence.

## **30. Academic and Educational Records**

Parents with parental responsibility have the right to access academic and educational records. This right does not apply to academies but it is considered good practice by the school to share this information with parents

in the interests of achieving the best outcomes for the student. A student's academic reports, progress reports, attendance record and discipline record would be considered to be educational and academic records. These records are all available to parents who register for e-Access via e-Portal. Unless there is a Court Order restricting access, it is the Trust's policy to provide separated parents with copies of all academic records.

### **31. Child Protection Records**

Parents and students do not have the right to access child protection records.

### **32. Personal Safety in Trust schools**

- a. All members of staff and Sixth Form students are required to wear their designated ID at all times on the school site.
- b. No internal doors to classrooms will be locked whilst students are present in these areas.
- c. The Trust school sites are accessible to members of the public. Visitors are instructed to report to main reception. Authorised visitors to a Trust school will be logged into and out of the premises and will be asked to wear their identity badges or be issued with school visitor badges. All staff members should remain vigilant to unauthorised access to school premises. Unidentified visitors will be challenged by staff or reported to the Head of School or school office.
- d. The presence of intruders and suspicious strangers seen loitering near the school or approaching students, will be reported to the Police and the Local Authority with a view to alerting other local schools through appropriate systems.
- e. Parents, carers or relatives may only take still or video photographic images of students in school or on school-organised activities with the prior consent of the school and then only in designated areas. If parents do not wish their children to be photographed or filmed and express this view in writing, their rights will be respected.

### **33. Student Teachers**

Student teachers must be registered with the relevant school office. Core placement students will be issued with an identity badge bearing their name,. Students on a second placement or temporary placement will be issued with a Trainee Teacher identity badge or use their authorised identity badge from their training programme.

### **34. Curriculum**

The Robert Carre Trust acknowledges the important role that the curriculum can play in the prevention of abuse and in the preparation of our students for

the responsibilities of adult life and citizenship. It is expected that all curriculum co-ordinators will consider the opportunities that exist in their area of responsibility for supporting the safeguarding and welfare of our students as outlined in this document and relevant statutory guidance. As appropriate, the curriculum will be used to build resilience, help students to keep safe and to know how to ask for help if their safety is threatened. As part of developing a healthy, safer lifestyle, students will be taught, for example:

- i. to recognise and manage risks in different situations and then decide how to behave responsibly;
- ii. to judge what kinds of physical contact are acceptable and unacceptable;
- iii. to recognise when pressure from others (including people they know) threatens their personal safety and well-being, including knowing when and where to get help;
- iv. to use assertiveness techniques to resist unhelpful pressure

The Robert Carre Trust will work with partners (including the Agencies Supporting Schools Programme and Safer Schools Partnership) to promote “Healthy School” status through the curriculum with the aim of:

- i. developing a school ethos and environment which encourages a healthy lifestyle for students;
- ii. using the full capacity and flexibility of the curriculum to help students to achieve safe and healthy lifestyles;
- iii. ensuring that food and drink available across the school day reinforces the healthy lifestyle message;
- iv. providing high quality Physical Education and sport to promote physical activity;
- v. promoting an understanding of the full range of issues and behaviours which impact upon a lifelong health and well-being.

### 35. Online safety

- a. The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:
  - i. **Content:** being exposed to illegal, inappropriate or harmful material; for example pornography, fake news, racist or radical and extremist views;
  - ii. **Contact:** being subjected to harmful online interaction with other users; for example commercial advertising as well as adults posing as children or young adults; and
  - iii. **Conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example making, sending and receiving explicit images, or online bullying
- b. The designated safeguarding lead **has lead responsibility** for safeguarding and child protection which includes online safety but s/he works in liaison with the ICT Support Team and the PSHE coordinator to address our responsibilities with regard to online safety.

- c. Trust schools seek to protect and educate the whole school community in their use of technology and have established mechanisms to identify, intervene in, and escalate any incident where appropriate.
- d. These mechanisms include the monitoring of internet use by systems that are designed to respond to key trigger words or activity that raises a safeguarding flag. The ICT Support Team administers this system and all concerns are raised with the DSL or their deputy and relevant pastoral staff so that the incident can be investigated and the risk to that young person assessed.
- e. The PSHE programme, as well as the KS3 Computing curriculum, and the staff training schedule address online safety and the risks associated with online activity to ensure that all members of the community are equipped with relevant knowledge with regard to content and contact. Expectations regarding conduct are outlined in the Acceptable User Policy which all members of the school community are required to sign and agree to every time they access the intranet or the internet. Trust schools also have clear policies with regard to the use of mobile phones in school time and established protocols for addressing the misuse of mobile phones that takes place outside of school hours but could be disclosed to a member of school staff.

### **36. Working in partnership with parents**

- a. It is the Trust's policy to work in partnership with parents or carers to secure the best outcomes for our children. We will therefore communicate as clearly as possible about the aims of a Trust school:
- b. we will try to use clear statements in our brochures and correspondence;
- c. we will involve parents and students in the development of Codes of Conduct and Equalities and Behaviour Management policies;
- d. we will liaise with agencies in the statutory, voluntary and community sectors and locality teams that are active in supporting families;
- e. we will be alert to the needs of parents/carers who do not have English as their first Language ;
- f. we will make parents aware of the support available from the Local Authority and other agencies;
- g. we aim to use a range of media to keep parents informed: School-to-Parents text service; regular newsletters; email and telephone contact. Information evenings relevant to specific key stages are held and copies of general correspondence are also posted on each school's website.

### **37. Complaints and Monitoring**

All complaints arising from the operation of this policy will be considered under the Trust's Complaints Procedure, with reference to the Local Authority's Designated Officer as necessary. The Robert Carre Trust and local school governing bodies will consider safeguarding issues and their implications for this policy on an annual basis. For this item, the Heads of School and the Executive Headteacher will report upon levels of child

protection referrals made by the school during the past year, training undertaken by school staff and governors and any changes in legislation or national/local guidance.

**Approved at the meeting of the Board on 9 December 2020**  
**Next Review Date: September 2021 (Annually)**

## **Appendix A. Protocols for Community Sport**

The Trust recognises that it has a safeguarding duty beyond the immediate school communities it serves in Trust schools. It is committed to safeguarding vulnerable adults and children who access our site and services as part of its community sport provision. It is also committed to safeguarding our young employees under the age of 18 from any potential risk presented by clients using our community services.

The core principles and practices outlined in the Trust's Safeguarding policy apply to all community activity involving children and vulnerable adults. However, it recognises that the relationship between staff involved in community sport activities and their young or vulnerable clients is different to that which exists between staff members and students/pupils in the normal working context of a Trust school. Parents too have a different relationship with the staff involved in community sport activities with their children.

### **A. Children Accessing Community Sport Activities**

It is expected that the following protocols and practices will be adhered to:

- Employees will treat all children with dignity and respect in attitude, language and actions.
- No employee should put themselves in a position where they are on their own with a child unless to do otherwise would place the child or young person at risk of harm.
- Employees will be vigilant to unauthorised persons accessing an activity and be prepared to challenge them as to their identity. Any concerns should be reported at the earliest opportunity to the Duty Manager.
- Activity leaders will make themselves aware of any known medical needs /learning needs that might impact on the child's ability to access the activity and make adjustments accordingly. The application process should ensure that parents supply this information prior to the activity taking place.
- Employees should exercise due care when offering physical assistance to a child involved in an activity. Such contact should be kept to the minimum required to ensure the safety of the child.
- Activity leaders should ensure that children are collected by a known adult at the end of an activity. The application process should identify who will be collecting a child and there should be a clear system for the dispersal of

children at the end of an activity. If there is any doubt regarding an adult seeking to collect a child the matter should be referred to the Duty Manager.

- A young person under 18 who is assisting as a volunteer with an activity will remain the responsibility of the adult employee. The adult employee will be responsible for ensuring that the young person concerned is of sufficient maturity and has the necessary capacity to assist in the activity. No volunteer under 18 years of age should be left in sole charge of any children of any age. Children will not be left unsupervised at any time.

### **Toileting and Personal Care**

- The general public have access to the sports facilities and employees running children's sessions should be cognisant of this when managing children's access to toilets. No child should access toilets with public access unaccompanied.
- Regular toilet breaks should be scheduled into an activity session so that children access the toilets as a group under the supervision of a staff member. Where possible the supervising staff member will be of the same gender.
- Should a child need the toilet outside of the scheduled breaks they should be accompanied wherever possible by a staff member of the same gender. Once the staff member has verified the toilets are not being used by another member of the public they should wait for the child outside the entrance.
- The Trust seeks to be inclusive in its provision of services and recognises that some children with additional needs may require assistance to use the toilet or an element of personal care. Any provision of this nature should be agreed with the parent/carer in advance of the activity. Where practicable this care should be provided by the parent or an agreed carer. No employee will be expected to provide a level of personal care that they are not comfortable with. Where an employee is prepared to provide personal assistance it should be agreed with their line manager. The employee should be of the same gender as the recipient and the care regime should be agreed with the parent/carer in writing.

### **Dealing with Inappropriate Behaviour**

- Most children will at some time exhibit behaviour that is not desirable. Firm and calm correction is usually sufficient to correct such behaviour. Positive management of behaviour should be the aim. Clear expectations, a clear structure to activities and well-organised delivery will usually ensure children are positively engaged and behaving appropriately.

- Where a child's behaviour is likely to put them or others at risk of harm then intervention will be appropriate. Intervention must be proportionate and take into account the age and maturity of the child.
- In some situations (i.e. Birthday Party) it may be appropriate to refer serious misbehaviour or disruptive behaviour directly to the child's parent/carer for them to address.
- Where it becomes apparent that a child needs a greater level of support to be able to participate appropriately then a parent/carer should be asked to attend with the child. If a single parent/carer is involved the Trust could consider recruiting another appropriate adult or volunteer to provide one-to-one support for the child.
- Physical restraint and/or contact are not appropriate unless it is to protect the child or another child from imminent or immediate harm.
- With older children any reprimand should be delivered apart from the group but in the presence of another team member, and in a calm and respectful manner. It is the behaviour that should disappoint, not the child. Some children will need time to cool down before they can meaningfully discuss inappropriate behaviour.
- Where misbehaviour is persistent or is placing other children at risk of harm parents/carers should be informed so that a plan of action can be agreed.
- Advice regarding the positive management of behaviour can be sought from the team leader or the school's Safeguarding Officer.
- If an employee/volunteer feels that a child is developing an inappropriate emotional relationship with them it should be reported to the team leader.

## **Accidents and Emergencies**

- Activity application forms should include a consent slip that parents/carers will be asked to complete with emergency contacts and relevant medical details. The information given to parents/carers should also include a contact number for the organisers so that a parent/carer can make contact in the event of delay or emergency.
- In the event of an accident every effort should be made to contact parents but where the staff member is unable to contact the parent they will act in loco parentis in accordance with the signed consent form.



- All accidents should be reported to the duty manager and recorded.
- First aid should be provided by a qualified first aider.
- The protocols for administering first aid as outlined in the core policy apply.

## **Safeguarding Concerns**

- If a child discloses information which suggests that they have been the subject of or are at significant risk of abuse and/or neglect the standard Trust protocols regarding reporting apply.
- Outside of school hours the matter should be referred to the Duty Manager who will refer the concern to the school's Safeguarding Officer at the next available opportunity. Outside of school hours and where the risk to the child is deemed to be significant and imminent the Duty Manager should refer the matter to the Out of Hours Duty Team.

## **B. Working with Vulnerable Adults**

The gym sited at Carre's Grammar School is a facility that is open to members of the general public either through membership or an exercise referral from a local GP. This could bring employees into contact with vulnerable adults as defined by the Disclosure and Barring Service (DBS):

The DBS defines a vulnerable adult as someone who is at a greater than normal risk of abuse. The following examples are not exhaustive:

- Older people are vulnerable, especially those who are unwell, frail, confused and unable either to stand up for themselves or keep track of their affairs.
  - Older people who are isolated and don't have much contact with friends, family or neighbours
  - Older people whose carer is addicted to drugs or alcohol
  - Adults with learning difficulties
  - Adults with physical disabilities
  - Adults suffering from mental illness
  - Adults suffering from chronic illness
- Whilst the Trust recognises that the service offered by the gym would not fall within the scope of regulated activity it is committed to safeguarding the interests of all vulnerable groups that access our services.

- The Trust expects its employees to treat vulnerable adults with respect and dignity.
- Where employees suspect that an adult who could be deemed to be vulnerable is the subject of or is at significant risk of abuse and/or neglect they should report their concerns to the Duty Manager who will refer the concern to the school's Safeguarding Officer.

### **C. Safeguarding Young Employees**

The Trust's Community Sport team employs several young people under the age of 18 to work as Leisure or Gym Staff. It acknowledges that it has an enhanced duty of care towards employees under the age of 18 and seeks to safeguard them from the potential risk posed by contact with members of the public. The following protocols exist to safeguard their interests:

- Young employees should be made aware of safe working practice when assisting members of the public in the gym or in exercise activities as part of the induction process and their regular training schedule. This should include:
  - The extent to which physical contact is appropriate/inappropriate and that it can be misconstrued
  - The need to ensure that verbal interactions are respectful and appropriate in content
  - A consideration of the risks associated with sharing their personal details with clients
  - A consideration of the risks associated with accepting favours from clients
- Young employees should be made aware that unwanted or uninvited approaches by or interactions with members of the public should be reported to the Duty Manager.
- Where the Manager of the facility becomes aware that a young employee is the subject of undue or inappropriate attention from a client they should take steps to intervene.

## Appendix B Guidance for Staff

To be read in conjunction with *Guidance for Safer Working Practice for Adults who Work with Children and Young People and Keeping Children Safe (2015) in Education (2016)*

**The guidance should be viewed as best practice that has at its heart a two-fold aim: firstly to safeguard young people and secondly to safeguard those who work with them from being subject to suspicion and/or allegation.** Nobody working with children would disagree that they do need safeguarding from a section of our community that is known to be both devious and manipulative. The nature of the duplicity and manipulation within this section of the community means that those of us who work with children need to operate within certain constraints.

The guidance starts from an assumption that the young people are not personally known to the adult. Nevertheless, there are circumstances in which staff members might legitimately have a non-professional association with a child outside of school. The Robert Carre Trust acknowledges the right of staff who work with children to be active members of their own communities and also the rights of their children to pursue their own social networks. With a sensible and open approach it should still be possible to achieve an acceptable balance that respects the needs of both the child and the adult. Openness and transparency are important keys to achieving this balance.

The protocols that follow are intended to ensure that both adults and children within our Trust and the wider community can enjoy safe, positive relationships and that our schools are “safe places” for both the young people and the adults who work within them either as employees, students or volunteers.

### 1. Family & Community Relationships with Students

**This applies where a member of staff ...**

- is also a **parent or relation of a child** who is or becomes a student at the school where they work and therefore may have social contact with that child and their peers outside of the workplace.
- has a close **pre-established community connection** with a students' family (for example as a neighbour / member of a club or organisation)
- has an **out-of-school association with a child** who is or becomes a student at the school where they work (for example membership of sports club / youth organisation / church)

**Aims:**

- To recognise the right of both student and staff member to enjoy the benefits of being active members of their local community and the relationships therein.
- To enable staff members who are also parents of students on roll to fulfil their parental role in supporting their child in developing positive friendships.
- To recognise the right of a child to choose their friends from within their peer group at school.

## Protocols

- i. In the interests of transparency colleagues should ensure that senior colleagues are aware of their relationship when their child or a child known to them in one of the circumstances above joins the school. This will pre-empt any suggestions of favouritism. The school should try to accommodate a request by a parent teacher not to teach their child where the constraints of the timetable permit this.
- ii. Where a parent teacher has agreed to teach a class that includes their son/daughter the school will provide a chaperone where one-to-one interaction forms part of the public examination process. Similarly, where a piece of work forms part of the formal public examination assessment process this should be verified independently by a second colleague.
- iii. The staff member should ensure that contact has been made with the students' parents/carers to confirm that the social contact is taking place with both their knowledge and consent.
- iv. Staff members may not always be party to the social arrangements their relatives have made and may find themselves in social settings with students who are friends with the child they are related to. However, the principle of parental consent should prevail whenever they fulfil a supervisory role for their relative's child and his school friends. It is likely that the parents will know that the staff member is employed at their child's school but colleagues are advised to clarify that parents are aware of their role within school.
- v. Colleagues who find themselves in a social situation outside of school that they feel may represent a conflict of interests with their professional role, or has the potential to do so, are advised to make a simple declaration of association to the Designated Safeguarding Lead (DSL).
- vi. Any contact with the student without the presence of their parents should, except in exceptional circumstances, be with the parents' consent and knowledge to avoid that association being interpreted as secret. Where such contact has arisen as the result of an emergency then the parents should be informed at the earliest opportunity. In such instances staff members would be expected to respect appropriate personal and professional boundaries with the student even within a social context out of school.
- vii. Staff members should beware of divulging sensitive or confidential information that they are party to as a staff member during social contact outside of school that might constitute a breach of data protection legislation and/or compromise their role or other staff members' roles in school.
- viii. Where colleagues become concerned that a student is attempting to capitalise on their personal association with the staff member outside of school they should raise this concern with the DSL in school.

## **2. The use of students for work in the home of staff members**

In the light of the guidance, staff members would be best advised to avoid employing a student that is not personally known to them. However, the Trust recognises that there might be some circumstances where this might be appropriate.

### **This applies where...**

- **a student is known to a staff member through a family or a community association**

### **Protocols**

- i. Where there is an established family contact it may be appropriate for the student to receive payment for a service they have provided. However, this should always be with their parents'/carers' consent and knowledge.
- ii. Outside of an established family connection such contact could give rise to suspicion. Staff members who live alone are more vulnerable to misinterpretation and would be wise to exercise caution even with regard to those students who fall within their established social circle. Any such contact should always be with their parents'/carers' consent and knowledge.

## **3. The giving of or receiving of gifts between staff and students & perceived acts of favouritism**

Staff members should be cognisant of the fact that gifts and acts of favouritism could be perceived as having an ulterior and/or exploitative motive.

### **This applies to...**

- **ALL members of staff**

### **Protocols**

- i. The giving of any gift that falls outside of the established reward system should be discussed with a senior manager and/or the DSL. The parents should also be informed. The DSL should be informed so that the action can be recorded.
- ii. Any gift falling outside of the established reward system should be of insignificant value.
- iii. When selecting students for participation in an event staff members should establish clear criteria with a colleague *prior* to selection. Where the selected student is personally known to the staff member it would be advisable to confirm the selection of students with the relevant line manager to ensure that they meet the agreed criteria. Staff members should also seek to avoid always selecting the same students but should aim to give as many different students as possible the opportunity to participate in such extra-curricular activities.

#### 4. The use of communication technology

This section should be read in conjunction with the RCT Social Media Policy which all staff members should have read and be familiar with.

##### This applies to...

- **ALL members of staff**

##### Protocols



- i. Staff members should not give their mobile phone numbers to students or enter into text messaging with students **except in exceptional circumstances** where no other means of communication is possible and the young person is deemed to be at risk. **Wherever possible a school mobile phone should be used.**
- ii. If a staff member shares personal contact details with a student they should inform their line manager or the DSL and explain why they have deemed the circumstances to be exceptional enough to warrant this. Failing this, staff should make every effort to share their decision with an appropriate colleague or adult.
- iii. On school visits the school mobile phones should be used for communicating with students. Parents should be informed of this in the visit information.
- iv. The school email system should be used for any communications necessary to the professional role of the staff member, rather than a personal email address.
- v. Staff should not associate with students via social networking sites. If members of a network themselves, they should ensure that privacy settings are set at maximum. Staff members should be cognisant that individuals within their own personal social media network may be connected with students and should be circumspect about the nature of information shared with their contacts.
- vi. Inappropriate images or links to such images stored on personal equipment that members of staff bring into school could result in disciplinary action and referral to the appropriate authorities.

#### 5. Supporting parents

Staff members should exercise care when entering into a supportive role with a parent to ensure that the parent does not become over-reliant on the staff member or that the relationship does not become of a more personal nature that could compromise the professional role.

##### This applies to...

- **staff members who are involved in supporting a parent**

## **Protocols**

- i. The proposed support plan should be discussed with the relevant Team Leader and/or DSL prior to being actioned. Thereafter progress should be reviewed with the relevant Team Leader to ensure that any over-reliance on the staff member can be redirected to appropriate agencies.
- ii. All email communications should be via the school system.
- iii. Communication via personal mobile phones would not be appropriate.
- iv. Meetings should take place in school unless an alternative venue has been agreed with the relevant Team Leader and/or DSL prior to being actioned.

## **6. The management and treatment of students reporting for first-aid**

This section should be read in conjunction with Appendix D: Meeting the Medical Needs of Students. There are designated members of staff who have received appropriate training in First Aid and it is envisaged that they will be the members of staff administering first aid. However, staff accompanying visits or sporting teams may find themselves in a position where they might be required to administer first aid under the *in loco parentis* responsibility.

### **This applies to...**

- **Members of staff administering first aid**

## **Protocols**

- i. Office staff should ensure that another colleague is aware that they are dealing with a student who has reported to the office for medical reasons.
- ii. If an examination of an injury requires the removal of clothing then staff should request that a first aider of the same gender attend the casualty, or if the need is urgent a second member of staff should be asked to chaperone.
- iii. Staff should not assume physical comfort is sought by every child, and should be mindful of each individual child's response when physical comfort is offered, paying attention to body language. Where feasible, permission should be sought from the child.
- iv. Staff should encourage children to self-administer medications or treatments involving physical contact. If it is deemed appropriate to assist the child then staff should request the presence of a colleague.
- v. Any first-aid given should be recorded and parents informed if appropriate.
- vi. Where a head injury is involved parents must always be informed personally so that they can react to any deterioration appropriately. Where the injury is serious parents should be advised to seek further medical attention.

- vii. Where a child requires urgent medical attention an ambulance should be called. In the absence of their parent, the child should be accompanied in the ambulance by a member of staff. Parents should be informed as soon as practicable.

## 7. One-to-one interactions between staff & students

### This applies to...

- **Staff members transporting students in their own vehicles**
- **Staff members meeting students on a one-to-one basis**

### Protocols – Transport

- i. A school transport log is kept for the recording of transport arrangements involving a staff members' own vehicle. All occasions where a member of staff has transported a student should be recorded in the log.
- ii. Members of staff who use their vehicle for transporting students should be made aware of their responsibilities regarding the safety of their vehicle and the use of seatbelts. Where members of staff expect the need to transport students to be part of their role they are advised to ensure they have work use included on their insurance policy.
- iii. Members of staff should not travel alone with a student in their vehicle, unless not doing so would put the child at greater risk. This must be reported to a senior manager. The child should sit in the rear of the vehicle. Where possible, **parents should be contacted prior to the journey** to obtain consent.

### Protocols - One-to-one Meetings

- i. Wherever possible, meetings should take place in rooms where the participants are visible by means of a glass pane in the door and within school hours. Students should be seated in such a way so that they can easily exit the room if they wish. Regular meetings planned as part of an agreed support strategy or those taking place outside of school hours should be with the knowledge and consent of parents/carers.
- ii. Members of staff meeting one-to-one with students as a planned, integral part of their role should log the meetings and keep a record of discussions that take place.
- iii. Where a risk assessment suggests a student might become distressed or aggressive staff should arrange for a colleague to be on-call for assistance should the need arise or consider asking a colleague to act as chaperone.
- iv. Where the meeting involves a significant safeguarding concern the student concerned should be offered an appropriate adult to support them.



- v. Teachers who meet with a student in their classroom should take appropriate measures to ensure the interaction cannot be misconstrued, such as leaving the door open. This is particularly relevant where a gender difference might apply.

## **8. Photographic and digital images**

This section should be read in conjunction with the RCT Social Media Policy.

### **This applies to...**

- **ALL members of staff who take or use still or moving images as part of their role**
- **Members of staff accompanying educational visits**

### **Protocols**

- i. Any DVDs/media clips shown in the classroom or during educational visits should be age appropriate for the youngest child in the party or class. Teachers who wish to use material that is not age appropriate, but which they believe is of pedagogical relevance, must obtain parental consent.
- ii. Staff members should ascertain if parents/carers have given their consent on the media release form before publishing any images.
- iii. Staff taking pictures or making a digital recording should ensure students know why pictures are being taken and how they will be used. Parental consent should be obtained if the action falls outside of the circumstances outlined in the media release form.
- iv. Staff should not film or photograph a student in a one-to-one situation unless this is by prior agreement for an appropriate educational purpose.

## **9. Behaviour Management & Support For Staff**

This section should be read in conjunction with the policies on Student Behaviour and Staff Discipline.

- i. Staff members are expected to model the behaviours we seek to instil in the students. Staff members who use inappropriate language towards students should be challenged and should be made aware that persistent use of such language will result in disciplinary action.
- ii. Line Managers should be prepared to intervene with appropriate support where they are aware that a staff member is struggling to maintain effective or appropriate management of any student or group. Where a line manager is concerned that a colleague may not be in a fit state to manage their students they should raise the concern with a senior manager so that appropriate action can be taken.

- iii. Staff members should have access to a clear support system when they feel that they are having difficulties with a student or a group. Staff members should have access to an alternative source of support to their line-manager.
- iv. Colleagues who are subject to an allegation should be advised to contact their professional organisation and that they can access confidential support services.
- v. Colleagues returning to work after a period of suspension and/or disciplinary action should be given support from a colleague of their preference to ensure that any difficulties are addressed effectively and at the earliest opportunity.

## **Appendix C Meeting the Medical Needs**

### **Prescribed Medicines**

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. All medicines brought into school should be handed into the school office where it will be stored securely and administered to the student at the appropriate time(s). A record of when the medicine is administered will be kept in the school office. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

**The schools will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

### **Non-Prescription Medicines**

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

**A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.**

### **Short-Term Medical Needs**

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

### **Long-Term Medical Needs**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The

impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2015 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered. Please refer to the Trust's SEND Policy and each School's SEND information report on the relevant school website for details of a school's provision.

Schools need to know about any particular needs prior to admission to the school, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

### **Administering Medicines**

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

### **Self-Administered Medicine**

Parents may provide their child with over-the-counter medicines such as paracetamol or ibuprofen to manage pain or temporary conditions. The school advises that parents only provide sufficient medication for each school day. Parents providing such medication do so at their own risk.

## **Record Keeping**

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects expiry date

## **Appendix D Self Harm**

### **Introduction – Definition of Self-Injury**

We regard self-injury to be a coping mechanism for young people who are attempting to cope with high levels of distress and emotional pain. It is any deliberate, non-suicidal behaviour which causes physical pain or injury and is aimed at reducing the emotional pain and distress of the individual concerned.

These behaviours may include deliberate bone-breaking, cutting, bruising, banging and non-suicidal overdosing and the behaviours are usually chronic, repetitive and habitual. Young people who self-injure will generally attempt to hide any scarring or injuries and can find it extremely difficult to discuss their behaviours, and the emotions behind them, with others. We understand these behaviours not to be about seeking attention but rather to be about seeking relief and release from emotional distress. We also understand that self-injury is not suicidal behaviour. However, the emotional distress that causes these behaviours can lead to suicidal thinking and actions and we will consequently take ALL incidents of self-injury seriously, investigate them and attempt to provide the most appropriate emotional support possible.

### **Aims**

The Trust is dedicated to ensuring the emotional, physical and mental wellbeing of all the students in our community. In Trust schools we consequently aim to:

- Recognise any warning signs that one of our students may be engaging in self-harming behaviours.
- Understand the risk factors associated with these behaviours including low self-esteem, perfectionism, mental health issues such as anxiety or depression, home or school problems, social isolation, emotional, physical or sexual abuse.
- Be pro-active in discussing this topic with students we might feel are deliberately harming themselves.
- Know how to respond to students who wish to discuss these behaviours with us and take them seriously at all times.
- Be able to produce short and long-term care and management plans for such students in conjunction with external agencies if necessary.
- Provide the appropriate level of practical and emotional support for staff dealing with students who self-harm and ensure appropriate training and education is available to all staff regarding this issue.
- Provide an appropriate awareness campaign for students and ensure the topic is a part of our PSHE curriculum.

### **Recognising Warning Signs**

We are aware that for some young people, there will not be any specific warning signs that they are engaging in or contemplating engaging in self-harming behaviours. For others, the following indicators may be noted:

- Risky behaviours, for example drug taking, alcohol misuse;
- Lack of self-esteem, being overly negative;
- Bullying of others;
- Social withdrawal;
- Significant change in friendships;
- Regularly bandaged wrists and arms;
- Obvious cuts, burns or scratches (that don't look like accidents);
- A reluctance to participate in PE or change clothes;
- Frequent accidents that cause physical injuries;
- Wearing long sleeved tops even in very hot weather.

## **Key Responsibilities**

Everyone in a Trust school community – the Governing Body, the Head of School, staff and teachers, students and parents/Carers all have responsibilities to promote and adhere to this policy in order to help ensure the wellbeing of all within the community. These are outlined as follows:

### **Governing Body**

- Ensure that the policy and protocols are current and effective in addressing this area of concern
- Ensure they are aware of the incidence of self-harm within their school community
- Monitor the effectiveness of the policy and protocols

### **Head of School**

- Appoint a designated member of staff to be responsible for all incidents of self-harm and be responsible for disseminating the policy and training to the whole team.
- Be ultimately responsible for ensuring that designated staff receive appropriate training and supervision (possibly from the local CAHMS team).
- Ensure that all staff in the school community are fully conversant with and adhere to the Self-Harm Policy.

### **Designated Staff**

- Ensure that the policy is disseminated and implemented appropriately, providing regular feedback and updates to the Head of School and Local Governing Body.
- Ensure that students have an appropriate care and management plan which is recorded and, if necessary, developed with the support of external specialist agencies.
- Liaise with external agencies (specifically mental health) in order to provide the most appropriate support alongside utilising key services to provide up to date education and information for students, parents/Carers and staff.
- Liaise with parents or Carers as appropriate in order to ensure the safety and wellbeing of students in the school community.

- Report on suicidal intent or feelings straight away and refer to other professional bodies as appropriate.
- Engage in appropriate supervision so as to ensure personal wellbeing.

### **All Staff**

- Act in an empathic manner, assuring students that they are available to actively listen in a calm and non-judgemental manner.
- Will not invalidate any students' concerns or emotional distress.
- Know the available support options or referral routes and refer students to these as appropriate.
- Ensure that students know they cannot make any promises to keep things confidential if they feel that the student is at risk.
- Adhere to the Trust's Safeguarding Policy.
- Be committed to providing an emotionally literate context in which the self-esteem and emotional and mental wellbeing of all are fostered and promoted.
- Be aware of the 'healthy' coping strategies students can utilise and know who to ask for advice if it is felt that these are being abused or becoming unsuccessful for the student.
- Ask for help if they feel a situation falls outside of their emotional competency, skills or knowledge base.

### **Parents/Carers**

The Trust will make parents/carers aware of its safeguarding policy and encourage them to familiarise themselves with it in order to:

- Ensure that they both understand and endorse the Trust's approach to self-harm.
- Find out about self-harm, making use of school-based and external resources and discuss their findings with their child.
- Ensure that school staff are kept informed of any changes or incidents that occur outside of school that they feel may impact on the behaviour and wellbeing of their child.
- Work with designated staff to help the school develop the best ways of supporting them and their child if they become aware that their child is engaging in these behaviours,
- Recognise that they may also need emotional support and find out where this is best accessed.

### **Students**

- If they are self-harming, they will take care of any wounds appropriately and not display them in the school context.
- Ensure that they do not engage in 'sensationalised' conversations with peers or staff or talk about the methods they use to other students.
- Try to find something positive and fun in each day.
- Never encourage others to participate in self-harm.
- Discuss why they or others might self-harm, that is emotional factors and not focus on the act of self-harm itself.



- Ensure that they know who they can talk to in both the immediate and longer term should they feel distressed or at risk in either the school or social context (such as designated staff).
- Alert a member of staff if they are at all concerned about a friend or peer who may be at risk of self-harming, engaging in these behaviours or who may present as suicidal or discussing suicide.
- Must not bring into school any implement that could be classed as 'an offensive weapon'.

## Appendix E Supporting Transgender Students

The Robert Carre Trust recognises that gender is often an important part of our identity and developing a positive sense of gender identity is part of growing up. However, gender identity is often complex and it is now recognised that there is a spectrum of gender identity which is wider than just male and female. As trans people become more visible in society, the number of young people feeling confident and able to seek help with their gender identity issues is increasing. The Trust is committed to supporting and safeguarding young people who are questioning their gender or may identify with a different identity of gender than that which was assigned to them at birth.

The Trust acknowledges that under the terms of the Equality Act 2010 the protected characteristic of gender reassignment covers trans people whether or not they have undergone any specific treatment or surgery. Changing your physiological or other gender attributes can be an entirely personal process rather than a medical one. The Trust recognises that students who want to use a new name, wear new clothes or ask for a new pronoun to be used are protected under the law, regardless of whether they have, or want to have, any medical treatment.

The Trust recognises that supporting transgender students in a single gender setting may require schools and individuals to re-think views and practices on gender and identity which have been accepted as 'standard' for a long time. This can be challenging, but no student should be made to feel that they are the ones who are causing problems or that they owe anything to their school in return for being treated with the equality they deserve and are legally entitled to.

### Definitions

Transgender: The term transgender, or more commonly now trans, is an umbrella term used to describe a person whose gender identity is not the same as the sex they were assigned at birth. Trans also includes non-binary people who do not fall into the binary categories of man/woman or male/female. Non-binary people may feel they are not exclusively male or female, and may embody elements of both.

Transition: The word 'transition' describes the steps a trans person may take to live in the gender with which they identify. Every person's transition is unique and will involve different things. Not all trans people want or can access hormone therapy and surgeries. Someone's transition may involve purely social aspects, such as telling friends, family and colleagues; dressing differently; and changing names, pronouns and official documents. There is no 'right' or 'wrong' way to transition.

Sexual Orientation: Being transgender does not imply any specific sexual orientation. A trans person can be gay, straight, bisexual, lesbian or any other sexual orientation. You cannot tell if a person is trans just by looking at them; trans people do not look a certain way or come from any one background.

In supporting a young person who identifies as transgender the Trust will:

- Listen to the child or young person and their parents and carers, and wherever possible follow their lead and preferences when agreeing a transition plan
- Give the young person the opportunity to say how they identify or describe themselves rather than labels being ascribed to them
- Be guided by the young person as to how they wish to communicate their identity to their peers, teachers (including supply staff) and other school staff
- Respect the young person's right to confidentiality by ensuring that any information shared with either peers or staff is with their informed consent
- Be guided by the young person and their parents and carers as to how they wish to be addressed by their peers and teachers and referred to in written reports and correspondence. The school will also ensure that the young person is made aware of those instances when their legal name will have to be used such as registering for public examinations.
- Recognise that providing support to a trans child or young person at any particular point in time does not signal that they are or will conform to any single trans identity or follow any particular path of transition
- Be flexible with regard to uniform and dress codes in order to support the young person's preferred identity
- Support access to transgender support groups and organisations and where necessary draw on their advice in planning for transition\*\*

### **Changing Rooms and Toilet Facilities**

The Trust recognises that for young people with gender dysphoria the use of single-sex changing rooms and toilets may be a source of significant anxiety. The Trust schools will ensure that there will always be gender-neutral changing and toilet facilities available. This provision may also be made available to any student who does not feel comfortable in a communal single-sex facility. In principle the Trust schools will seek to consult the young person as to what would make them most comfortable and if what they want is realistic and possible, then proceed accordingly.

### **Promoting the Inclusion of Transgender Students**

Trans people should not have to ask to be included. The Trust is committed to creating a trans-friendly environment that will send a message of acknowledgement, respect and acceptance to all students. We recognise that trans people may be part of our school community as students, parents, carers, staff and governors whether or not they have "come out". It is important, however, to differentiate between students who are trans, or questioning their identity, and children and young people who do not conform to stereotypes about gender.

Breaking down narrow and limiting stereotypes about girls and boys helps every child and widens the life experiences and ambitions of both girls and boys. Trust schools will therefore seek to challenge stereotypes based on gender and gender identity through the curriculum and activities such as assemblies and awareness days. Teachers will avoid groupings or seating arrangements based solely on gender and be sensitive to the needs of trans students in their planning and delivery of the curriculum. In order to promote and support gender diversity the Trust schools will seek to collaborate in joint events and activities.

The Trust will ensure that trans issues and transphobia are included within the policy framework and staff training alongside LGB equality and sex equality.

**\*\* Resources:**

Trans Inclusion School Toolkit  
Youth Project (Rev. Jan 2019)

Brighton & Hove City Council & Allsorts

Journey without a Map

Allsorts Youth Project

*Being a parent of a trans child*

Healthy Heads & Hearts

Allsorts Youth Project

*Difference is Normal*

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

*Supporting gender-diverse and transgender children and young people*

## **Appendix F Supporting Mental Health and Well-Being**

The Robert Carre Trust recognises that schools have an important role to play in supporting the mental health and well-being of their students, by developing approaches tailored to the particular needs of their students. The Trust is committed to promoting the welfare of their students, which includes: preventing impairment of children's health or development, and taking action to enable all children to have the best outcomes. Our vision is that all members of our community will be able to address mental health difficulties without fear of stigma or prejudice and be able to access support that will enable them to achieve and maintain positive mental well-being.

Early intervention to identify issues and provide effective support is crucial. The Trust approach to supporting and promoting mental health and well-being can be summarised as:

- **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and well-being of the whole school population, and equipping students to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental well-being through the curriculum and reinforcing this teaching through school activities and ethos;
- **Identification:** recognising emerging issues as early and accurately as possible;
- **Early support:** helping pupils to access evidence based early support and interventions; and
- **Access to specialist support:** working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

### **Identification and Assessment of Need**

The Trust recognises that some students may be more at risk with regard to mental health problems and seeks to ensure that relevant policies reflect this. The following categories of students might be at increased risk of mental health problems but this list does not reflect any scale of priority nor is it by any means exhaustive:

- Students who are the victims of abuse, neglect or exploitation
- Students who are the victims of bullying, including online
- Students who have witnessed or experienced domestic violence
- Students with SEND
- Same-sex attracted or gender variant students
- Students with life determining or threatening medical conditions
- A Child in Need, Looked After or Previously Looked After (Adopted) Children
- Children who have experienced Adverse Childhood Experiences (ACEs)
- Students who have been bereaved or whose parent/carer has a terminal diagnosis
- Students who sustain a life-changing injury
- Young carers
- Students dealing with an unplanned pregnancy
- Students involved in substance abuse
- Students whose parent/carer is deployed to a zone of war or conflict
- Students who experience difficulties with social communication and friendships
- Students with deviant peer influences
- Students experiencing a difficult passage through puberty (e.g skin conditions or menstrual problems)

Students experiencing significant mental health difficulties should be considered as having a special educational need that may require reasonable adjustments to be made or the allocation of relevant SEN resources.

Trust schools draw on a range of information and tools to identify students who might be at risk of or experiencing mental health difficulties:

- Attendance and absence data
- Behaviour Logs monitored by Heads of Year
- Pupil Premium data
- Securus monitoring of internet use in school
- Daily contact with a Form Tutor who is well placed to note changes in demeanour or well-being
- Transition information from previous schools
- Heads of Year who meet weekly with their teams to oversee student progress and welfare
- Class teachers who are best placed to identify underlying learning needs
- Self / Parent referral to student support services
- Empirical assessment tools to identify sources and levels of anxiety
- Learning Need Assessment Tools available to all staff to assess emergent concerns
- Known learning or medical needs
- Contextual safeguarding information

Intervention and Support

Trust schools seek to intervene at the earliest opportunity but also look to secure the consent of the student to engage with the support offered. Support may take a range of different forms: enhanced daily or weekly contact with the form tutor or key worker; a short term support programme as an individual or as part of a small group; curriculum adjustments; referral to outside agencies such as Lincolnshire Centre for Grief and Loss or NHS services such as Healthy Minds or Child and Adolescent Mental Health Services (CAMHS). Referrals to other specialist support services are made as appropriate. We aim to tailor support to the needs of the individual student and their voice and wishes are central to the planning of support.

Each Trust school has a safe area located in the student support area of each school that is staffed throughout the school day so students can access support at any time during school hours. This also enables the school to provide a rapid response to students in crisis.

### **Confidentiality**

The student support service will always maintain confidentiality unless there is a clear safeguarding concern with regard to a student. This is always made clear to students engaging with the service.

Staff members encourage students to involve their parents/carers in the planned support but where a student declines to involve their parent/carers staff will assess their competence to make this decision according to Fraser competence guidelines.

### **Culture and Ethos**

Each Trust school seeks to create a culture and environment where students and staff feel safe and able to talk about mental health difficulties and well-being in the knowledge that they will be supported. Our approach encompasses all aspects of school life both inside and outside the classroom. We promote positive mental well-being through curriculum subjects such as relationship and sex education and PSHE; assemblies and tutor time activities; targeted intervention and counselling; positive classroom management; positive relationships between students and staff; opportunities to develop social and personal skills through extra-curricular activities and visits; working in partnership with parents/carers and encouraging our students to be active members of the school support network.



Each school has a whole school behaviour policy, which includes measures to prevent and tackle bullying and a clear system of rewards and sanctions. The behaviour system also allows for reasonable adjustments to be made where necessary to accommodate those students with additional needs.

Staff have access to relevant training to support their understanding of students with mental health needs and to support their own positive mental well-being and effectiveness. The school also has in place policies and protocols that promote a healthy work-life balance for staff members. Staff who work predominantly in supporting students' mental health are encouraged to access supervision with a retained counsellor to safeguard their own well-being and to guide them in their practice.

### **Sources of Support**

There are support pages on the school website for staff, students and parents/carers. These can be located via the associated tabs: Students, Parents and Staff. The student support services are also happy to discuss concerns and signpost to relevant agencies.

Support agencies are also promoted in posters and publicity around school as well as in staff and student planners.

## **Appendix G Prevent Duty**

The Robert Carre Trust is committed to ensuring that its students are safeguarded from the risks associated with radicalisation or extremism as part of the school's safeguarding policies and procedures.

Lincolnshire is currently a low risk area in terms of terrorist acts and radicalisation but it is important that we remain vigilant in our approach to supporting vulnerable young people. As part of the Prevent strategy, Lincolnshire considers the risks of all extreme activity including that of faith based extremism, the extreme right wing ideology and all other forms of extremism.

This appendix to the Safeguarding Policy has been drawn up in the light of the Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015 and the guidance issued by the Lincolnshire Safeguarding Children Board (July 2015).

### **Definitions**

- i. Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.
- ii. 'Extremism' is defined in the 2011 Prevent strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. The definition of extremism also includes calls for the death of members of the British armed forces, whether in this country or overseas.

Radicalisation is a form of grooming and therefore abuse.

### **Indicators of Radicalisation**

Indicators that could suggest an individual is engaged with an extremist group, cause or ideology could include:

- i. Changing their style of dress or personal appearance to accord with the group.
- i. Self-segregation
- ii. Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- iii. Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- iv. Possession of materials or symbols associated with an extremist cause.
- v. Attempts to recruit others to the group/cause.
- vi. Communications with others that suggests identification with a group, cause or ideology of concern
- vii. Using insulting and/or derogatory names for another group.
- viii. Increase in prejudice-related incidents committed by that person – these may include;
  - a. physical or verbal assault
  - b. provocative behaviour

- c. damage to property
- d. derogatory name calling
- e. possession of prejudice-related materials
- f. prejudice related ridicule or name calling
- g. inappropriate forms of address
- h. refusal to co-operate
- i. attempts to recruit to prejudice-related organisations
- j. condoning or supporting violence towards others.

### **The Role of the Trust, Leaders and Staff**

The implementation of the Prevent strategy will be overseen by the following Trust and staff members:

#### **Robert Carre Trust**

- i. Lead Board Member for Safeguarding will ensure the policy is reviewed according to the agreed schedule and that the Trust is compliant with the statutory duty across the Trust.
- ii. Executive Headteacher will ensure that procedures and protocols are implemented consistently in Trust schools, reviewing the effectiveness of referrals to ensure that procedures continue to safeguard the students appropriately.

#### **Trust Schools**

- i. Designated Safeguarding Leads for Safeguarding (DSL) will act as the single point of contact in the trust schools and will discuss all referrals with the relevant Head of School.
- ii. Heads of School will review all referrals in collaboration with the DSL and the Executive Headteacher to ensure approaches and protocols are consistent and robust across all schools in the Trust.
- iii. All members of staff will ensure that they provide positive role models in the promotion of the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs.
- iv. All members of staff have a duty to report any concerns to the Designated Safeguarding lead.
- v. Any concerns about staff members believed to be exerting or trying to exert inappropriate influence on the students will be reported in accordance with current safeguarding protocols.

#### **Staff Awareness and Training**

All members of school staff, including all support teams, will be required to complete the Police College online Channel General Awareness as a first response to the statutory guidance. Training will be recorded.

Prevent awareness will in future be included in the Safeguarding Induction with the Designated Safeguarding Lead for Safeguarding in the relevant school. All new staff

and students on placement will be required to complete a safeguarding induction session.

Prevent awareness will be included in the annual cycle of safeguarding training and updates.

The Designated Safeguarding Leads in each Trust school have a duty to ensure their own training is up-to-date and current in accordance with the published LSCP 5 year cycle.

## **The Referral Process and Assessment of Risk**

### **i. Single Point of Contact**

The Designated Safeguarding Lead for Safeguarding (DSL) will be the single point of contact for the referral of any concerns by members of staff. In the absence of the DSL the matter will be referred to the Deputy Designated Safeguarding Lead and in his/her absence the relevant Head of School.

### **ii. The existing safeguarding referral process and Early Help Assessment process** should be followed.

- a. Concern raised with relevant Safeguarding Lead
- b. Internal Referral form is completed in collaboration with reporting member of staff

### **iii. Early Help Assessment framework used to assess need and risk**

The Safeguarding Lead will assess the evidence presented and conduct a review of known information on student concerned. He/she will consider initiating the actions listed below. This list is not exhaustive and will be determined on a case by case basis:

- a. Consult the student's disciplinary and academic record
- b. Review the student's personal file
- c. Consult the tutor regarding recent changes to behaviour / interests
- d. Consult the Year Leader
- e. Consult the allocated Key Worker / Mentor
- f. Request a report of recent internet activity in school from ICT support team
- g. Interview the student regarding concerns to ascertain the level of risk of the concerning behaviours
- h. Consult subject teachers
- i. Interview other students that may have had some or significant involvement with the referred student

#### **iv. Contacting Parents / Carers**

In accordance with the Early Help Assessment process best practice is to involve parents/carers in an assessment of need and risk.

However, as with all safeguarding referrals that involve a student being at risk of harm, the DSL will give due consideration as to whether contacting the parents/carers might increase the risk of harm.

#### **v. Assessing the Risk**

The Designated Safeguarding Lead should consider the gathered evidence in the light of the 3 key categories:

- a. **Engagement** – is there evidence of engagement with radical and/or extremist ideology/groups
- b. **Intention** – is there evidence of intention to cause harm
- c. **Capability** – is there historic or known capability for causing harm

#### **Channel Referral**

Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

Where the Early Help Assessment indicates that there is significant evidence in one or more of the 3 risk categories a Channel Referral must be made.

THE DSL will inform the Head of School and Executive Head of the Robert Carre Trust that a referral is required. The student and parents/carers should be informed in accordance with the Early Help referral process.

#### **The Role of the Curriculum**

The Robert Carre Trust will ensure that the Curriculum is broad and balanced in accordance with current DfE and Ofsted guidance.

The PSHEC curriculum will provide students with the information they need to make safe choices about their use of the internet and to be discriminating with regard to the contacts they forge online. The current safety messages will be reinforced through whole school and Year assemblies.

#### **External Visitors and Facilitators**

All staff inviting external visitors to participate in school activities should be cognisant of the current safeguarding advice regarding such visits. They should ensure that the content of any presentation or delivery is compliant with the safeguarding policy and this appendix.

## **Policy Review**

This policy will be reviewed annually in collaboration with the Designated Safeguarding Leads and relevant Heads of School to ensure that it remains robust and appropriately safeguards the student's from the dangers associated with radicalisation and extremism.

## **Appendix H: Students Staying with Host Families**

*Keeping Children Safe in Education* (2018) Appendix E makes specific reference to children staying with host families. The Robert Carré Trust recognises that Trust schools may make arrangements for their students to have learning experiences where, for short periods, the students may be provided with care and accommodation by a host family to which they are not related. This might happen, for example, but not only, as part of a foreign exchange visit or sports tour. The Trust recognises the intrinsic value of experiencing daily life in a different culture in this way but also recognises that such arrangements raise safeguarding risks that need to be addressed.

Trust schools have a duty to safeguard and promote children's welfare. This extends to considering their safety and how best to minimise risk of harm to those children during any exchange visit the school or college arranges, and when organising for the care and accommodation of a child with a host family (known as homestays) as part of the exchange.

In circumstances where a Trust school arranges for a visiting child to be provided with care and accommodation in the UK (including where they engage a company to make those arrangements) in the home of a family to which the child is not related the responsible adults will be engaging in regulated activity for the period of the stay. In such cases and where the Trust school has the power to terminate such a homestay the school or college would be the regulated activity provider.

Where the child's parent(s) or a student themselves arranges their own homestay, this would be a private arrangement therefore the school or college would not be the regulated activity provider.

When arranging a homestay, Trust staff should consider the suitability of the adults in the respective families who will be responsible for the visiting child during the stay. They should consider what intelligence/information will best inform their assessment of the suitability of the adults in those families who will be responsible for the visiting child during the stay. Trust staff should also be cognisant that there may be circumstances or information that would not be disclosed by the DBS check but that might raise questions as to the suitability of a person or persons to host a child to whom they were not related. Party Leaders should, therefore, consult the relevant Heads of Year and the Designated Safeguarding Lead in assessing the suitability of hosts.

To help inform that assessment, a DBS enhanced certificate with barred list information should be obtained. This check will not only establish whether the adults are barred from engaging in regulated activity relating to children, but where criminal record information is disclosed it will also allow the school or college to consider, alongside all other intelligence that it has obtained, whether the adults would be a suitable host for a child.

Where a significant risk is identified the Designated Safeguarding Lead will assess the risk in consultation with the Party Leader and determine if a placement is suitable. Where such risks are identified this should not automatically preclude a

student from participating in the exchange but may require reasonable adjustments to be made.

Party Leaders should ensure that their budget includes a charge for the DBS process to be completed. Schools are entitled to include an administration charge for processing the application as well as the fee for the check to be carried out. The HR team in the relevant school will advise as to the current charges for this process.

In addition to those engaging in regulated activity, Party Leaders in consultation with their Safeguarding Leads should also consider if it is necessary to obtain a DBS enhanced certificate in respect of anyone aged 16 or over in the household where the child will be staying.

Due to the sensitive nature of the information that a DBS check could reveal it will only be reviewed by the Safeguarding Lead and their Deputy. They will determine what information should be shared with the Party Leader and other relevant parties.

### **Additional Safeguarding Protocols for Homestays in the UK**

- Participating parents/carers should complete a host agreement form
- Participating parents/carers should be made aware of these protocols and procedures as part of the consent process
- Students and their parents/carers must be made aware of safeguarding protocols that will operate during the visit. These protocols should be part of the visit Risk Assessment and should be addressed in the pre-visit briefing meeting.
- Visiting students must have telephone access to their teachers at all times during the visit and should not have more than two days without face-to-face contact with their teachers
- Party Leaders must ensure that alternative emergency accommodation is available should there be an urgent need to re-house a student during the visit; ideally this should be with one of their accompanying teachers

### **Suitability of adults in host families abroad**

It is not possible for schools and colleges to obtain criminality information from the DBS about adults who provide homestays abroad. The host school/body abroad will be expected to give similar consideration to the suitability of their host families and this must be part of the planning discussions between the respective visit organisers.

In order to safeguard our students Trust schools will adhere to the following protocols:

- Participating Host Schools / Bodies should be made aware at the start of the visit organisation process that adherence to these requirements will be a condition of the visit going ahead due to our need to comply with statutory guidance.



- If a Host School or Body refuses to adhere to these protocols the Trust and Local Governing Body will not be able to consent to the visit.
- Participating parents/carers should complete a self-declaration and host agreement form; this should be translated where possible into the relevant language of the host family
- Participating parents/carers should be made aware of these protocols and procedures as part of the consent process
- Students and their parents/carers must be made aware of the safeguarding risks that they could face and the safety measures that will operate during the visit. These risks and reduction measures should be part of the visit Risk Assessment and should be addressed in the pre-visit briefing meeting.
- Students must have telephone access to their teachers at all times during the visit and should not have more than two days without face-to-face contact with their teachers
- The Party Leader must ensure that alternative emergency accommodation is available should there be an urgent need to re-house a student during the visit; ideally this should be with one of their accompanying teachers
- Any safeguarding incidents or concerns should be reported to the Designated Safeguarding Lead as soon as possible. Where contact is not immediately possible the 's first priority must be the safety and well-being of the student concerned. The Party Leader should make a record of disclosures and measures taken to support the student.
- If local law enforcement agencies are involved urgent contact must be made with the Head and the Designated Safeguarding Lead.
- The Party Leader should ensure that the UK contact person knows how to contact the Head and the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead in an emergency.

## Robert Carre Trust Host Family Agreement & Declaration (Host Family Abroad)

**Name of Parents/Carers:**

.....  
.....

**Address during the visit:**

.....  
.....  
.....  
.....  
.....

### Agreement

- I understand that I am responsible for providing an appropriate level of care for the student I am hosting
- I will not delegate this care to another adult without the knowledge and consent of the lead teacher
- I will ensure that the student can contact their accompanying teachers by phone at any time they wish to do so
- I will notify the accompanying teachers of any concerns as soon as possible
- Where a student becomes ill I will notify the accompanying teachers as soon as is practicable and before seeking routine medical treatment from a GP/doctor
- I understand that in an emergency I can contact the lead teacher at any time of day or night
- I will ensure that the student is not exposed to material / venues that are not age-appropriate
- I will ensure that appropriate arrangements are made for the student to return to my home after visits or activities

### Safeguarding Declaration

I understand that under the terms of current UK safeguarding regulations I am providing care that is classed as regulated activity and declare that there are no restrictions and/or convictions that would prevent me from providing such care to the host student.

**Signed (First Parent / Carer):**

.....

**Print Name:**

.....

**Signed (Second Parent/Carer):**

.....

**Print Name:**

.....

## Robert Carre Trust Host Family Agreement & DBS Consent (UK Host Family)

**Name of Parents/Carers:**

.....  
.....  
.....

**Address during the visit:**

.....  
.....  
.....

### Agreement

- I understand that I am responsible for providing an appropriate level of care for the student I am hosting
- I will not delegate this care to another adult without the knowledge and consent of the lead teacher
- I will ensure that the student can contact their accompanying teachers by phone at any time they wish to do so
- I will notify the accompanying teachers of any concerns as soon as possible
- Where a student becomes ill I will notify the accompanying teachers as soon as is practicable and before seeking routine medical treatment from a GP/doctor
- I understand that in an emergency I can contact the lead teacher at any time of day or night
- I will ensure that the student is not exposed to material / venues that are not age-appropriate
- I will ensure that appropriate arrangements are made for the student to return to my home after visits or activities

### DBS

I understand that under the terms of current UK safeguarding regulations I am providing care that is classed as regulated activity and consent to an enhanced DBS check in respect of this activity. I am aware that any disclosed information will only be reviewed by the Designated Safeguarding Lead and their deputy.

**Signed (First Parent / Carer):**

.....

**Print Name:**

.....

**Signed (Second Parent/Carer):**

.....

**Print Name:**

.....

## Appendix I Definitions & Signs Of Abuse

### Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

It may occur during pregnancy as a result of maternal substance abuse.

Neglect may involve a parent or carer failing to:

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

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

### Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on their emotional development. It may involve:

- conveying to them that they are worthless, unloved, inadequate, or valued only insofar as they meet the needs of another person.
- not giving them opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- developmentally inappropriate expectations being imposed; interactions that are beyond the child's developmental capability
- overprotection and limitation of exploration and learning
- preventing the child participating in normal social interaction.
- seeing / hearing the ill-treatment of another.
- serious bullying causing them frequently to feel frightened or in danger
- exploitation or corruption of them.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone

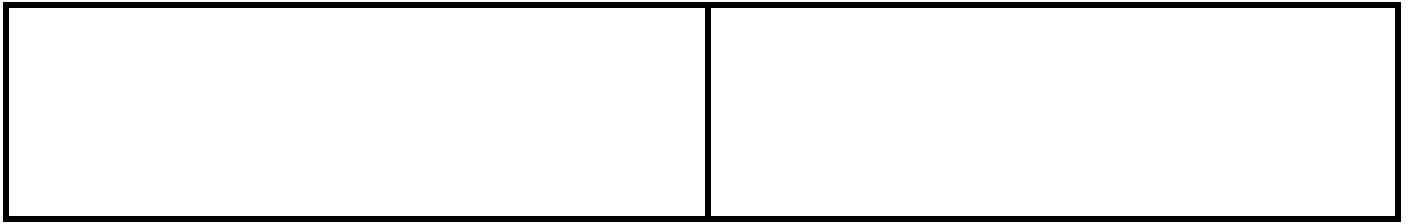
### Sexual Abuse

- forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.
- physical contact: including assault by penetration e.g. rape or oral sex; or non-penetrative acts e.g. masturbation, kissing, rubbing & touching outside of clothing
- Non-contact activities: e.g. involving children in looking at/ in the production of sexual images/ activities, encouraging children to behave in sexually inappropriate ways, grooming a child in preparation for abuse.

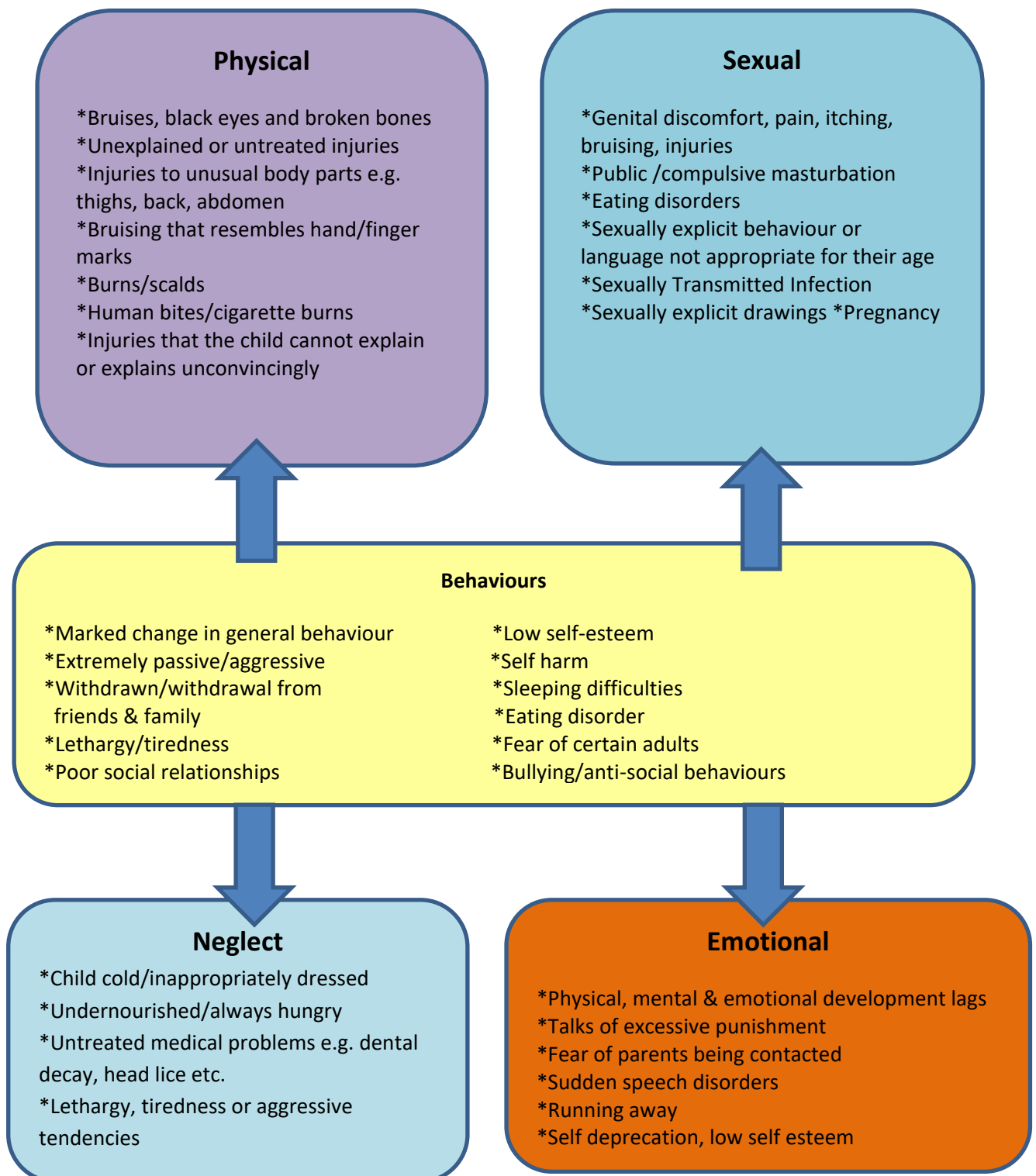
### Physical Abuse

A form of abuse which may involve:

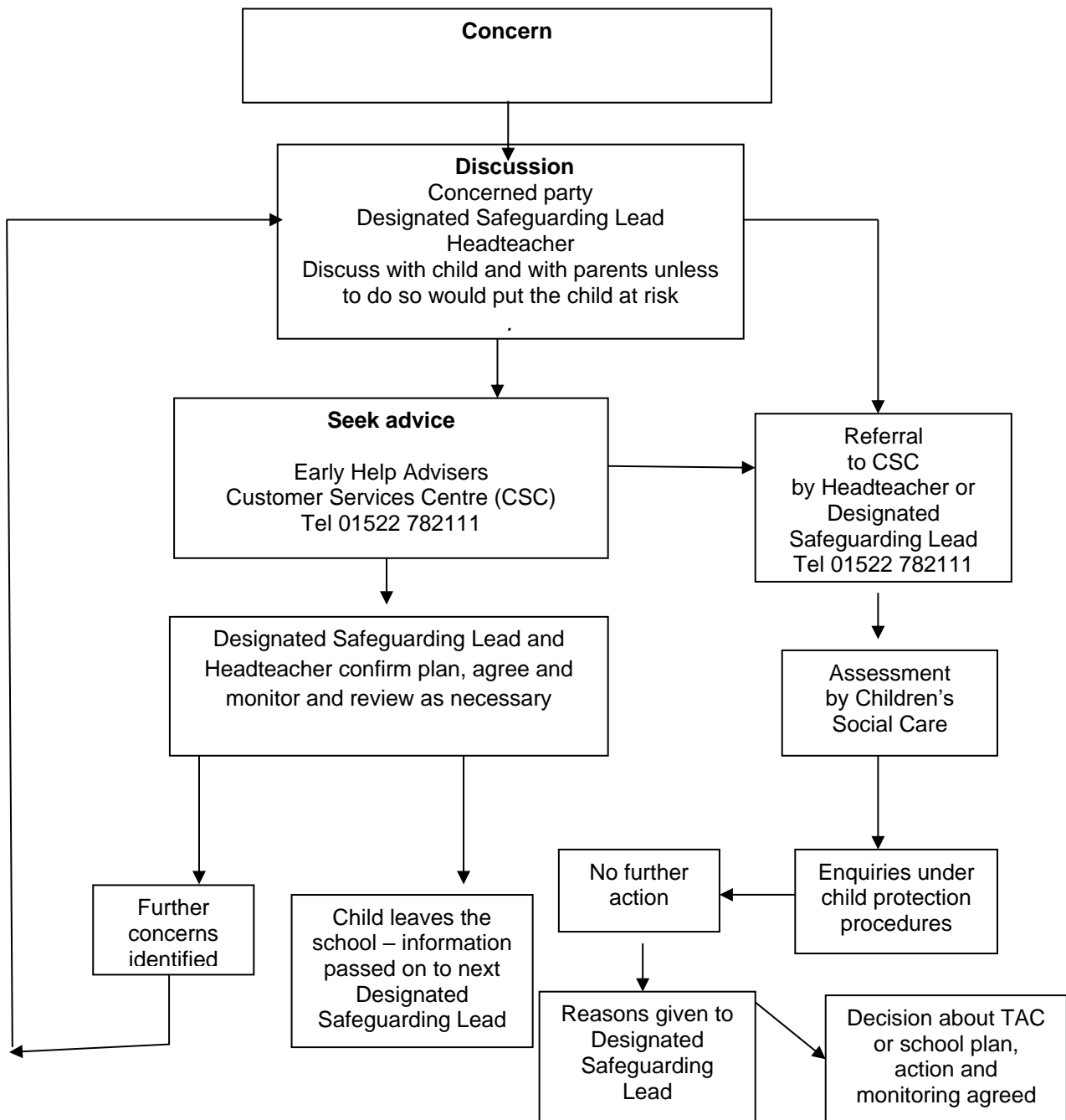
- Hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child.
- Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately induces illness in a child.
- Injuries in babies and non-mobile children



## Signs of Abuse



## Appendix J Responding To Safeguarding Concerns About A Child



## Appendix K Escalation Protocols

### Professional Resolution & Escalation Protocol



#### Escalation to Resolution Process

Escalation can be via telephone, face-to-face or internet meeting. All escalations should be recorded to ensure that the procedure is effective, transparent and for LSCB auditing purposes. Escalation via e-mail is not recommended as effective multi-agency working requires professional challenge in a suitable format and escalation is to resolve conflict and areas of concern relating to children and their families, a priority need. Any escalation should follow the steps below within the timescales stated.

#### Step 1 - Direct Professional to Professional Discussion

Differences of opinion or judgment should be discussed amongst frontline professionals to attempt to achieve a shared understanding and agree a local resolution, in line with the plan, or to ensure a plan is developed if needed. This must occur immediately with an acknowledgement and mutually agreed plan of action, including timescales within 48 hours (2 working days)

#### Step 2 - Direct Manager to Manager Discussion

If Step 1 does not resolve the issue then each professional should discuss the issue with their line manager or safeguarding supervisor. The line manager should review the concerns and ensure that they are justified and meet the purpose of this protocol. The line manager should then liaise with the other professional's line manager in an attempt to reach a resolution. Consultation with senior managers within each organisation can be used if this would be felt to assist resolution. The discussion between managers must occur within 5 working days of step 1, with a mutually agreed plan of action including timescales.

#### Step 3 - Direct SLO to SLO Discussion

If Step 1 and 2 do not reach a mutually agreeable resolution then the agencies' LSCB Senior Liaison Officer (SLO) should be contacted immediately to liaise with the other agency's SLO or assist as appropriate to resolve the conflict. A mutually agreeable plan of action including timescales should be in place within 48 hours (2 working days). This may involve a resolution meeting to ensure the learning points are recorded and brought forward.

#### Step 4 - Urgent resolution required- LSCB Independent Chaired Meeting

If the SLO's cannot resolve the issue that is causing conflict between professionals and agencies then a meeting should be convened with an independent chair selected from the LSCB partner organisations where the agencies can discuss the case and conflict issue in a chaired and minuted meeting, with resolution being agreed and recorded. The meeting should take place asap with a date set within 24 hours of step 3.

#### Step 4 - Non-urgent and/or lessons learned

Senior Liaison Officers can advise that the learning points from a non-urgent case should be referred to the next LSCB Policy and Procedures, Education and Training (PPET) sub group for interagency consideration. The group may make recommendations for individual agencies to review performance and/or involvement, or for LSCB policy and procedural review and development.

*At every stage of the discussion the actions should take place within the stated timescales and be followed up in writing between the agencies and in the single agency record.*