APPENDIX A – Safeguarding Policy

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What is Child Abuse?

Definitions, signs and symptoms.
The following definitions are taken from ‘working together to safeguard children HM Government (2015)’. In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation.

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

Physical abuse
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators of physical abuse / factors that should increase concern:

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

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

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adult’s words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault
- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.
Emotional abuse

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

Indicators of emotional abuse:

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

Behaviour

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

Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression
Social issues
• Withdrawal from physical contact
• Withdrawal from social interaction
• Over-compliant behaviour
• Insecure, clinging behaviour
• Poor social relationships

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

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

Indicators of sexual abuse:

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

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

**Neglect**

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

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

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

**Indicators of neglect:**

**Physical indicators of neglect**

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

**Behavioural indicators of neglect:**

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies
Pupil Attendance and Children Missing from Education
Please see our Attendance Policy on our school website.

Dealing with Disclosures

All staff should:

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

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

All staff should know who the Designated Safeguarding Lead (DSL) is and who to approach if the DSL is unavailable. The DSL or DDSL should be approached first to raise any concerns or safeguarding issues:

1. Discuss your concerns with the Designated Safeguarding Lead or in their absence the Deputy Designated Safeguarding Lead or any member of the leadership team, as soon as possible, before the child leaves for the day. It is important that the child is not sent home at the end of the day without taking the right protective action.

2. Complete a cause for concern via Edaware but also verbal pass on to the Designated Safeguarding Lead to make sure that appropriate action is taken.

3. If the Designated Safeguarding Lead or the deputy are not available, you should contact the Children’s Social Care and Duty Assessment Team yourself for a consultation about the action you need to take. Inform the Designated Safeguarding Lead about your consultation and the actions you have taken. Ultimately, all staff have the right to contact Ark Head of Safeguarding directly or make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home or an aggressive/violent parent on the premises.

Guiding principles for dealing with a disclosure:

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

Reassure
- Reassure the pupil, but only so far as is honest and reliable
- Don’t make promises you may not be able to keep e.g. ‘I’ll stay with you’ or ‘everything will be alright now’ or ‘I’ll keep this confidential’
- Do reassure e.g. you could say: ‘I believe you’, ‘I am glad you came to me’, ‘I am sorry this has happened’, ‘We are going to do something together to get help’

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

Report
• Share concerns with the designated safeguarding lead as soon as possible
• If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the deputy designated safeguarding lead, principal, Ark Head of safeguarding and or children’s social care directly
• If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration

Remember
• Support the child: listen, reassure, and be available
• Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
• Try to get some support for yourself if you need it
• Review (led by DSL)
• Has the action taken provided good outcomes for the child?
• Did the procedure work?
• Were any deficiencies or weaknesses are identified in the procedure? Have these been remedied?
• Is further training required?
• What happens next?
• It is important that concerns are followed up and it is everyone’s responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out. The DSL may only be able to share information on a need to know basis to staff which will not cover everything but will be enough to provide support to the child.
• If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the children’s services department.
• Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.
• In some cases additional support/counselling might be needed and a staff member can be directed to be encouraged to recognise that disclosures can have an impact on their own emotions.

Signs and symptoms of Child Sexual Exploitation

Child Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Both girls and boys are at risk of sexual exploitation, and it is seriously harmful to children both emotionally and physically. Children and young people often find it very hard to understand or accept that they are being abused through sexual exploitation, and this increases their risk of being exposed to violent assault and life threatening events by those who abuse them.
**Signs to look out for include:**

- Going missing for periods of time or regularly returning home late.
- Going places that you know they cannot afford.
- Skipping school or being disruptive in class.
- Suddenly acquiring expensive gifts such as mobile phones, jewellery – even drugs – and not being able to explain how they came by them.
- Having mood swings and changes in temperament.
- Noticeable changes in behaviour – becoming secretive, defensive or aggressive when asked about their personal life.
- Wearing age inappropriate clothing
- Displaying inappropriate sexualised behaviours, such as over familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone (‘sexting’).
- Getting into trouble with the police. Bruises, marks on the body, sexually-transmitted diseases, pregnancy, drug and alcohol abuse or self-harm.
- Repeated phone calls, letters, emails from adults outside family social circle.

**Signs and symptoms of female genital mutilation/mandatory reporting**

FGM is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls.

Each NHS organisation will have local safeguarding protocols and procedures for helping children and young people who are at risk of or facing abuse. These should include multi-agency policies and procedures, consistent with those developed by their Local Safeguarding Children Board. If organisations have not already done so, these should be reviewed to include handling cases where FGM is alleged or known about or where there is a potential risk of FGM identified. These policies and procedures should consider the characteristics around FGM, ensuring that the response to FGM includes the sharing of information with multi-agency partners throughout the girl’s childhood, and that if, or when, the risk facing the girl changes (which may mean it escalates or even becomes less immediate), this is identified and consideration is given as to whether or not a change in subsequent safeguarding actions are required. It must always be remembered that fears of being branded ‘racist’ or ‘discriminatory’ must never weaken the protection that professionals are obliged to provide to protect vulnerable girls and women.

As FGM is a form of child abuse, professionals have a statutory obligation under national safeguarding protocols (e.g. Working Together to Safeguard Children 2015) to protect girls and women at risk of FGM. Since October 2015 registered professionals in health, social care and teaching also have a statutory duty (known as the Mandatory Reporting duty) to report cases of FGM to the police non-emergency number 101 in cases where a girl under 18 either discloses that she has had FGM or the professional observes physical signs of FGM.

One specific consideration when putting in place safeguarding measures against FGM is that the potential risk to a girl born in the UK can usually be identified at birth, because through the antenatal care and delivery of the child, NHS professionals can and should have identified that the mother has had FGM. However, FGM can be carried out at any age throughout childhood, meaning that identifying FGM at birth can have the consequence that any safeguarding measures adopted may have to be in place for more than 15 years over the course of the girl’s childhood. This is a significantly different timescale and profile compared with many of the other forms of harm against which the safeguarding framework provides protection. This difference in approach should be recognised when putting in place policies and procedures to protect against FGM.

This guidance has been developed to provide information about the specific issues frequently encountered when dealing with FGM. In addition, it provides a framework which organisations may wish to adopt to support professionals in the ongoing consideration of risks pertaining to FGM.

Once concerns have been raised about FGM, there should also be a consideration of potential risk to other girls in the family and practicing community. Professionals should be alert to the fact that any one of the girl children amongst these groups could be identified as being at risk of FGM and may need to be safeguarded from harm.
Information sharing in relation to FGM

Given the need to potentially safeguard over a number of years, it is appropriate to recognise here that there are a number of different responses to safeguard against FGM, and appropriate courses of action should be decided on a case by case basis, with expert input from all agencies involved. Sharing information in line with agreed policies and procedures is critical to safeguarding effectively. This is often sharing information to support safeguarding across organisational boundaries.

Staff should follow the FGM Mandatory reporting duty to report when a girl under 18 discloses she has FGM; report is to be made to the police via the 101 non-emergency number or be raised with the DSL as an immediate risk.

Duties under the Counter Terrorism and Security Act 2015 (The ‘Prevent Duty’)

Ark Oval Primary Academy recognises that it has a duty and a responsibility to protect pupils from gang involvement and youth violence. It also recognises that it is well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Ark Oval Primary Academy also acknowledges that primary schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be identified.

All Academy Staff must be able to recognise the signs and symptoms of gang involvement and therefore, must have an understanding of the groups which could be identified as ‘gangs’. There are three such groups:

- Organised Criminal Gangs – usually made up of adults and are involved in targeted organised crime (robbery, extortion, burglary, kidnapping etc).
- Street Gangs: made up of adolescents and young adults, usually centered around a common identity, or territory, or ethnic group/religion, and whose activity is centered on criminal activity and violence.
- Peer Groups: young people who associate with each other in groups, only some of whom may be involved in the fringes of delinquency, or actual acts of delinquency.

Ark Oval Primary Academy understands that pupils who are exposed to any such group listed above, either through peers or through family members, are at risk of abuse (emotional, physical and/or sexual abuse or sexual exploitation) and that any pupils involved in a Peer Group (as defined above) are at risk of their involvement with gangs escalating to Street Gangs or Organised Criminal Gangs.

More broadly, Ark Oval Primary Academy Staff must be able to recognise the following as indicators of possible gang involvement:

- Sudden loss of interest in school, loss of attendance or achievement
- Starting to use new or unknown slang words
- Coming into unexplained money or possessions
- Staying out late without reason
- Changes in appearance, wearing a style or “uniform” that is the same as other young people
- New nickname
- Unexplained injuries
- Graffiti style “tags” on possessions, school books, walls
- Constantly talking about another young person who has a lot of influence over them
- Broken off from old friends and now spends most of time with one group.
- Increased use of social work network sites
- Adopting certain codes of group behaviour, ways of talking, gestures or hand movements
- Scared when entering certain areas, and anxious about the presence of unknown youths
- Expressing aggressive or intimidating views towards other groups of young people, some of whom may have been friends before

When a pupil is identified as being at risk of being involved with gangs or youth violence, these concerns must be shared with the designated senior person for child protection using the safeguarding procedures detailed within this policy and where a judgement is made that input from external agencies is needed, the designated person will seek advice from the local authority.
Ark Oval Primary Academy recognises that children who become involved in gangs or youth violence pose a risk to themselves and others and may at times be in possession of prohibited items. As a result, Ark Oval Primary Academy will search pupils and confiscate prohibited items if school leaders believe a pupil may be in possession of a weapon (including knives), alcohol, illegal drugs, tobacco (and related paraphernalia), pornographic material, fireworks or stolen items.

School leaders will use the powers provided in the Department of Education guidance ‘Use of Reasonable Force – guidance for headteachers, staff and governing bodies (July 2013) to search pupils without consent if a concern is raised that the pupil(s) in question may be in possession of a weapon or illegal drugs.

At Ark Oval Primary Academy, all searches of pupils will be conducted in the presence of at least two members of staff and in the presence of a senior leader; in all instances of physical intervention, the staff involved are required to record the use of physical intervention with a written report completed on the academy proforma for recording the use of physical intervention. This report must be given directly to the Designated Safeguarding Lead or in their absence the Deputy Designated Safeguarding Lead.

**Medicine & First Aid**

If it is necessary for a child to receive medicine during the school day parents must fill out a permission form from the school office and discuss their child’s needs with a member of staff before the school agrees to administer medicines or medical care. It must be made clear to parents that staff administration of medicines is voluntary.

Any member of staff giving medicine to a pupil should check:

- The pupil's name
- Written instructions provided by parents or doctor
- Prescribed dose
- Expiry date

Particular attention should be paid to the safe storage, handling and disposal of medicines.

The Principal has prime responsibility for the safe management of medicines kept at school. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH). School staff are also responsible for making sure that anyone in school is safe. Medicines should generally be kept in a secure place, not accessible to pupils but arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available.

The School will conform to all statutory legislation and recognises and accepts its responsibility as an employer for providing so far as reasonably practicable, a safe and healthy work place and working environment, both physically and psychologically, for all its employees, volunteers, and other workers. The school also recognises that its responsibility for the safety and welfare of all the pupils at the school is paramount. First Aid matters will be raised at Staff Briefing and staff meetings. First Aid notices will be prominently displayed and all staff/new pupils will be informed about First Aid arrangements during induction.

**Health & Safety**

Ark Oval Primary Academy has a comprehensive Health and Safety Policy which can be viewed on our school website.

**Intimate care**

*Principles*

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child’s position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons’ right to privacy and dignity is maintained at all times.
Supporting a pupil with dressing/undressing

Children may seek physical comfort from staff (particularly, but not limited to, children in the Early Years). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a member of staff feels a child has touched them in an inappropriate manner, with intent to make him/her feel uncomfortable, or feels that the child has touched them in a sexualised manner, then the member of staff should inform the Designated Safeguarding Lead immediately. The DSL should then investigate the matter and decide on appropriate actions which may involve reporting the incident to the police.

Soiling

Intimate care for soiling should only be given to a child after the parents have given permission for staff to clean and change the child. If there is an identified on-going need then an Intimate Care Plan will be written which will be shared with the parents/carers and signed by all parties.

If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parents/carers or emergency contact is able to come within a few minutes, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. Children are not left on their own whilst waiting for a parent to arrive, an adult will stay with them, giving comfort and reassurance. The child will be dressed at all times and never left partially clothed.

If a parent/carer or emergency contact cannot attend, the school seeks to gain verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself.

If the parents and emergency contacts cannot be contacted the Principal will be consulted. If put in an impossible situation where the child is at risk, staff will act appropriately and may need to come into some level of physical contact in order to aid the child.

If with encouragement the child is able to clean themselves and change their own clothes then the adult will provide them with the equipment/clothing to do so. They will provide them with a private area to do so. Parents will still always be informed in there has been a soiling incident at school and the action taken.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child’s wishes and feelings.

If a child needs to be cleaned, staff will make sure that:

• Protective gloves are worn
• The procedure is discussed in a friendly and reassuring way with the child throughout the process
• The child is encouraged to care for him/herself as far as possible
• Physical contact is kept to the minimum possible to carry out the necessary cleaning eg Privacy is given appropriate to the child's age and the situation
• All spills of vomit, blood or excrement are wiped up and flushed down the toilet e.g. Any soiling that can be, is flushed down the toilet
• Soiled clothing is put in a plastic bag, unwashed, and sent home with the child
Hygiene
All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.

Protection for Staff
Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk.
These should include:
• Gaining a verbal agreement from another member of staff that the action being taken is necessary
• Allow the child, wherever possible, to express a preference to choose his/her carer encourage them to say if they find a carer to be unacceptable
• Allow the child a choice in the sequence of care
• Be aware of and responsive to the child’s reactions

SEND
Ark Oval Primary Academy has a comprehensive SEND Policy which can be viewed on the website

IT Policy
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Definition of Private Fostering
A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) with someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. It is not private fostering if the arrangement was made by social services. Examples of private fostering situations include: children and teenagers living apart from their families for a variety of reasons e.g. if a parent is ill, has had to temporarily move for work or there has been an argument within the family:
• children with parents working or studying elsewhere in the UK
• children with parents overseas
• children on holiday exchanges

Local Authority Requirements
Current arrangements for the regulation of private fostering originate from concern following the death of Victoria Climbié in 2000. Victoria was privately fostered by her great aunt. Arrangements were codified in the Children Act 2004. Following this, the Children (Private Arrangement for Fostering) Regulations 2005 set out the duties of local authorities in their arrangements for private fostering, and national minimum standards for local authorities were published in 2005.

Children /young people with Medical Needs
There will be occasions when children are temporarily unable to attend school on a full time basis because of their medical needs. These children and young people are likely to be:
• children and young people suffering from long-term illnesses
• children and young people with long-term post-operative or post-injury recovery periods
• children and young people with long-term mental health problems (emotionally vulnerable)

The phrase “long-term” defines any period exceeding 15 continuous school days of absence from school because of medical needs. Where it is clear that an absence will be for more than 15 continuous school days then the school should discuss further with Ark Central and their Local Authority and should not automatically be delayed until the 16th day of absence. It is important that the referring school must notify the School Nurse service at the point it is identified that the child or young person medical need is preventing their attendance at school. At all times during the period of Absence the young person will remain on roll of their home school and the home school will retain ultimate educations responsibility.
**Whistleblowing**
The Ark Schools Whistleblowing Policy ensures that procedures are in place to enable staff to raise concerns regarding serious wrong doing without fear of reprisal and to do so with confidence that there will be a fair and impartial investigative procedure through which they will receive appropriate feedback.

The Ark Schools Whistleblowing Policy is applicable to concerns regarding wrongdoing within Ark Schools in relation to matters such as fraud, malpractice, mismanagement, breach of health and safety law or any other illegal or unethical act either on the part of management, the Governing Body or by fellow employees. All employees and volunteers at Ark Oval Primary Academy will be directed as to where to find the Ark Schools Whistleblowing Policy as part of the induction process and it is available on the school website. Similarly, all Ark Oval Academy employees and volunteers are issued with the most recent edition of Keeping Children Safe in Education which informs readers that where they are concerned that the designated senior person is not taking appropriate steps to keep a child or children safe, they should contact social care directly.

**Referral to the Local Authority Education Inclusion Service:**
Referral to the Education Inclusion Service (EIS) must be made by the young person’s home school and must be made via the Education and Inclusion Service referral form. Referrals should normally be supported by either:

- Hospital Consultant
- Senior Clinical Medical Officer
- Consultant Child Psychiatrist
- General Practitioner (GP)
- Education Psychologist

**Responding to self-harm, suicide, mental health**

**11.1** Ark Oval Primary Academy recognises that in order for pupils to be successful, the academy and all academy staff have a role to play in supporting them to be resilient and mentally healthy. In addition, it is understood that mental health problems can themselves be a sign or symptom of connected safeguarding concerns for a young person and/or leave them vulnerable to other specific safeguarding issues.

**11.2** Ark Oval Primary Academy also recognises that the early identification of mental health problems is critical in seeking to prevent the dangerous outcomes they can lead to such as suicide, self-harm or suicidal ideation.

**11.3** Academy staff will also challenge the expression of views from pupils, colleagues or parents that mental health problems and self-harming behaviours are unimportant or dishonourable and where necessary, escalate such matters to the senior leadership team.

**11.4** Ark Oval Primary Academy staff recognise that pupils experiencing a range of behaviour or emotional problems that are outside of the normal range of their age or gender could be displaying signs or symptoms of mental health problems. Such problems could include emotional disorders (phobias or anxiety states), conduct disorders (defiance or ASB), hyperkinetic disorders (attention and disturbance), developmental delays, attachment difficulties or eating disorders.

**11.5** School leaders involved in pastoral care and safeguarding meet on a weekly basis at Ark Oval Primary Academy. Where concerns are raised that a pupil may be experiencing mental health problems, the concerns will be shared with the designated safeguarding lead and then with the pupil and with the family before deciding together the best approach. This might involve making a referral to the school based counselling services or making a referral to local healthcare professionals such as CAHMS or the local GP.

**11.6** Where mental health problems present a persistent barrier to learning, it may be appropriate to identify the pupil has having SEN (Special Educational Needs) and such a decision should be taken by the academy SENCO in collaboration with the designated safeguarding lead.
All staff at Ark Oval Primary Academy understand that certain individuals or groups are more at risk of mental health problems than others and that the risk factors are cumulative. Ark Oval Primary Academy staff also understand that there are many protective factors and therefore work together with colleagues, pupils, families and other professionals to promote such protective factors (see table of protective and risk factors on the next page).

At Ark Oval Primary protective factors are also promoted by having clear policies on behaviours and bullying and by quickly addressing negative peer influences using the academy behaviour policy.

Staff at Ark Oval Primary Academy recognise that significant life events can lead to mental health problems for some children regardless of the number of risk and protective factors in their lives. These may include loss or separation; life changing or traumatic events and staff are alert to the need to offer immediate intervention where necessary in response to such events and know to seek advice about such matters from the designated safeguarding lead.

Despite the best efforts of all staff at Ark Oval Primary Academy, the more dangerous outcomes of mental health problems (self-harm and suicidal ideation) cannot always be prevented. In such instances, Ark Oval Primary Academy will make every effort to address them sensitively and effectively in partnership with families, healthcare professionals and other extended services.

Where self-harm, threats of self-harm or suicidal ideation are known to have taken place, staff at Ark Oval Primary Academy must inform the designated safeguarding lead immediately. It may be necessary in such circumstances for the pupil to be taken to the local A&E department to receive treatment. All such decisions would be taken by the designated safeguarding lead in collaboration with the pupil and the family where appropriate to do so.

Risk and Protection factors for child and adolescent mental health.
Taken from Mental health and behaviour in schools- Departmental Guidance for Schools (November 2019)