

CHRIST'S HOSPITAL
CHILD PROTECTION AND SAFEGUARDING POLICY
(This is a whole school policy)

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Signed off by	Responsibility	Signature	Date
Judy Evans	Safeguarding Governor	JE	January 2024
Ruth Brading	Deputy Head	RMJB	January 2024
Debbie Stamp	DSL	DJS	January 2024
Date for review		Aug 2024	

1. Statement of child protection and safeguarding principles

It is inherent to Christ's Hospital's mission to provide a safe environment for the children in its care, particularly those who may be at risk of harm or are in need. Protection of children and all aspects of safeguarding are therefore fundamental to the school's purpose and existence.

1.1 The principles of child protection and safeguarding at Christ's Hospital are:

- child protection and safeguarding are everyone's responsibility;
- the welfare of our children comes before all else; and
- we will take a **child-centred approach**, considering at all times what is in the **best interests** of the child.

1.2 Definition of child protection:

Child protection is the protection of children from violence, exploitation, abuse and neglect. Its aim is the prevention of significant harm; intrinsic to this is the supporting and strengthening of families to reduce social exclusion, and to lower the risk of separation, violence and exploitation.

1.3 Definition of safeguarding:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- providing safe and effective care; and
- taking action to enable all children to have the best outcomes.

1.4 This policy is based on the most up to date statutory guidance:

- *Keeping Children Safe in Education* (2023)
- *Working Together to Safeguard Children* (2023)
- *Prevent Duty Guidance* (2015; revised 2021)

2. Christ's Hospital's child protection and safeguarding team

Safeguarding Governor:	Judy Evans
Senior Deputy Head:	Ruth Brading - 07973 432110
Deputy Head:	Luke Walters - 07791 770449
Designated Safeguarding Lead:	Debbie Stamp - 07794 452815
Asst Designated Safeguarding Lead:	Daniel Calder - 07973 541058
Welfare Officer:	Kathryn Dore – 01403 247 681

2.1 Contextual safeguarding issues at Christ's Hospital

The main safeguarding issues experienced by students at Christ's Hospital are mental health difficulties and ACE (Adverse Childhood Experiences). Although the school is located in rural West Sussex, it is important to recognise that Christ's Hospital's students' home circumstances are diverse. Many may be susceptible to child sexual exploitation (CSE), child criminal exploitation (CCE) and other safeguarding risks, for a wide range of contextual reasons.

A further key current issue for Christ's Hospital, as for all schools, is online safety.

- 2.2 This policy should be considered alongside school policies on whistleblowing, complaints, anti-bullying, the Staff and Student Codes of Conduct and the ICT Codes of Conduct for Staff and Students.

3. Responsibilities of all staff

- 3.1 All staff must read and understand Part 1 of the statutory guidance, Keeping Children Safe in Education (KCSIE) (September 2023): 'Safeguarding Information for all staff'. Staff are required to demonstrate their understanding by completing a questionnaire.
- 3.2 Staff who work directly with children should also read Annex B of KCSIE (September 2023): 'Further Information' which contains additional information about specific forms of abuse and safeguarding issues.
- 3.3 All staff have a responsibility to **report any concerns** about students whilst at school.

Type of concern	Reporting requirement
Concern about poor behaviour (e.g. pattern of lateness to class, disorganised, inattentive)	Enter a Cause for Concern (C4C) on 3Sys/PASS
Pastoral concern (e.g. child seems unhappy/change in child's behaviour/child seems withdrawn)	Inform relevant houseparent and enter a C4C
Concern about possible safeguarding risk (e.g. abuse/neglect/drugs/self-harm/suicidal ideation/mental health issue/online safety/other issues listed at Annex G)	Inform DSL. Both the reporting member of staff and the DSL should keep a record of the concern.
Concern about immediate risk of significant harm to student (suicidal crisis/imminent abuse)	Alert DSL/Asst. DSL/duty SLT member by phone
Information that FGM has been carried out on a student	A teacher who receives this information must report it to the police; any other staff member must report it to the DSL who will inform the police.
Safeguarding concern that a member of staff, contractor or volunteer may pose a risk of harm to a student	Inform the Head Teacher without delay and copy in DSL (unless the concern is about the DSL, in which case copy in Deputy Head). Any allegation about a member of staff will then be reported to the LADO.
Safeguarding concern that Head Teacher may pose a risk of harm to a student	Inform the Treasurer of Council of Christ's Hospital (governing body) or, in their absence, the Safeguarding Governor; they will then be responsible for contacting the LADO (without informing the Head Teacher). The decision to suspend will be made by the Treasurer, with advice from the LADO.
"Low-level" concern about a member of staff's behaviour, not meeting the harm threshold. (For definition of "low-level" concern, see Appendix M of this policy or Part 4 of KCSiE, 2023.)	Inform the DSL or one of the Deputy Heads.

Staff are encouraged to self-refer if they have found themselves in a situation which could be misinterpreted, might appear compromising to others and/or on reflection they believe they have behaved in way that they consider falls below the expected professional standard.	Inform the DSL or one of the Deputy Heads.
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- 3.4 When staff are concerned that a child may be being abused or at immediate risk of harm they must take **immediate action**.

Child in Need

- 3.5 The DSL will respond to concerns raised by staff about a designated Child in Need by referring to early help and/or putting additional pastoral support in place at school, as appropriate.

Child at Risk

- 3.6 The DSL will respond to concerns raised by staff about a designated Child at Risk by referring, within 24 hours/one working day, to local authority children's social care, and to the police if a crime may have been committed.
- 3.5 All staff should follow the guidance provided in Appendix E on how to respond to a child who makes a disclosure of abuse.
- 3.6 Staff have a duty to maintain confidentiality, in all mediums, and only disclose to other relevant staff information they have received. Staff should never discuss a student's personal information in front of other students or staff.
- 3.7 All staff should follow the guidance on safe working practices provided in the school's Code of Conduct for Staff and ICT Code of Conduct for Staff in order to protect themselves as well as to safeguard children.
- 3.8 If staff have concerns about school practices which may put students at risk of abuse or serious harm they should follow the guidance provided in the school's Whistleblowing Policy.

If staff do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled internally they can use the NSPCC whistleblowing helpline: help@nspcc.org.uk or call 0800 028 0285.

- 3.9 Most staff should avoid having any physical contact with a student, other than in exceptional circumstances such as the delivery of first aid or the prevention of injury. Exceptions apply for a small number of staff working in specific roles, such as Medical Centre staff providing nursing care, matrons routinely assisting students with matters of dress and staff carrying out fittings in the Wardrobe Department. More detail on this is found in paragraph 24 of the Staff Code of Conduct.

4. Action to be taken when a report of child abuse is made

- 4.1 Staff will report any disclosure of abuse immediately (see para. 3) The DSL will make a referral under section 47 of the Children Act 1989 to local authority children's social care within 24 hours or one working day of receiving the information. The referral will be directed in the first instance to local authority children's social care in the West Sussex MASH, as stipulated under section 47. As our students live in many different counties and boroughs, we will if necessary (for example in cases of suspected abuse taking place at the home, not at the school), and in line with procedures agreed with

the West Sussex Safeguarding in Education Schools' Advisor, and in consultation with West Sussex Children's Services, make further referrals to local authority children's social care in the child's home area. Where a crime is believed to have been committed, the DSL will also report to the police.

Whilst it is the specific responsibility of the DSL to make referrals to Children's Services, it should be noted that anybody can make a referral.

- 4.2 Parental consent is not required when making a referral to statutory agencies.
- 4.3 The DSL will act on the advice provided by Children's Services, in line with the flowchart provided on page 22 of KCSiE (September 2023).
- 4.4 At all stages, the DSL and the school safeguarding team will keep the child's circumstances under review and re-refer if appropriate, to ensure the child's circumstances improve. The child's best interests must always come first.
- 4.5 If the allegation is against a member of staff the flowchart at Appendix L will also be followed. The school will act on advice provided by the LADO and/or police.
- 4.6 Any allegation of non-recent abuse by a former teacher or other staff member will also be referred to the LADO and to the police.

5. Supporting children

- 5.1 There are many sources of support and numerous strands of pastoral care at Christ's Hospital, which combine to safeguard our students, in line with our understanding of the definition of safeguarding (see paragraph 1.3):
- 5.2 Personal sources of support for all students:
 - houseparents, assistant houseparents, matrons and house tutors provide the foundation of care within each boarding house;
 - the student numbers in houses are small (between 45 and 55) so the staff know the students well and can provide the necessary and applicable support;
 - teachers, personal tutors, sports coaches, the Chaplaincy, the Learning Support department, Medical Centre staff, DSL, Assistant DSL, Welfare Officer, International Student support officer and EDI Lead provide additional individual care and support;
 - 'family tree' groups, with allocated Big Friendly Seniors and mentors ('nursemads') provide support for students, by students, in houses;
 - trained Deputy Grecian (Year 12) peer mentors and Monitors (year 13 prefects) are available to help beyond the boarding house;
 - phone numbers for Independent Listeners are advertised in boarding houses.
- 5.3 Timetabled sessions providing information, guidance and support:
 - weekly timetabled PSHE lessons within the Learning for Life Programme for all Second and Third Form students (years 7 and 8);
 - weekly timetabled PSHE lessons for all LE to GE students (years 9 to 11);
 - PSHE content within the timetabled Senior Learning for Life programme for all Deputy Grecians and Grecians (years 12 and 13);
 - weekly small-group tutorials for all students;
 - twice-weekly Chapel services for all students;
 - quarter-termly whole-school assemblies and twice-termly year group assemblies.

5.4 Forums to give students a voice:

- School Council – meets twice a term. It is run by the students, with a staff member overseeing proceedings. Student leaders and staff liaison meet the Deputy Head (students) between each meeting. At the meetings, the students can raise school-wide concerns about policy and provision;
- Inclusion Working Group brings staff and student EDI leaders together to discuss equity, diversity and inclusion issues twice each term – a new group formed in September 2021;
- a host of student-led groups including the Christ's Hospital African and Caribbean Society (CHACS); East Asian Society, Muslim Students' Association, Mixed Heritage Society, LGBT+ Club, International Students' Support Group, Neurodivergent Society, Anti-Sexism Group and Young Carers Society provide forums for discussion and feed into the Inclusion Working Group;
- house councils at which students can discuss house-based issues;
- other house groups, such as the Leigh Hunt B Women's Group, provide other forums to discuss issues.

5.5 Structure of staff meetings creating co-ordinated safeguarding response:

- weekly SLT meetings, daily meeting between Head Teacher and Deputy Heads, fortnightly houseparent meetings and half-termly meetings between Deputy Head and Chaplain, and Deputy Head and Designated Mental Health Lead, at all of which welfare concerns are discussed;
- weekly Welfare Team Meeting chaired by Deputy Head and attended by DSL, Asst DSL, Chaplains, Head of LS, Senior Nursing Officer, Designated Mental Health Lead, EDI Lead and school therapists takes a team-around-the child approach and agrees on actions for tailored care of students about whom there are the most serious concerns.
- weekly Student Matters meeting chaired by the Head Teacher, attended by Deputy Heads, DSL, Assistant Heads pastoral, academic and broader curricular where pastoral, academic and disciplinary concerns are shared, to ensure joined-up responses.
- fortnightly Pastoral Care Group meeting chaired by Assistant Head, Pastoral, responds to concerns/issues identified and feeds them into tutorials/PSHE programme/assemblies.

5.6 Tailored help for students in need of particular additional support:

- the school therapy team of three therapists provides one-to-one therapy and small-group counselling in some circumstances;
- members of the Welfare Team refer students, and staff provide transport, to outside services including Horsham Young Carers, YES project (youth emotional support) at Horsham Family Hub/Find It Out Centre and external counsellors;
- Medical Centre staff refer students to specialist health services;
- inter-agency working: the DSL and other staff liaise with Early Help Services, including via the 'termly conversation' with our named Early Help contact for the Horsham area, with students' named social workers and with local authority children's social care in West Sussex and in students' home areas, as needed.

5.7 We recognise that effective sharing of information is essential to safeguarding. We adhere to the guidance provided in the *Working Together to Safeguard Children* (Dec 2023) and follow the 'seven golden rules to information sharing' (*Information Sharing: Advice for Practitioners* (July 2018) page 4):

- remember that GDPR, Data Protection Act 2018 and human rights law are not barriers to justified information sharing;
- be open and honest with students and their families about information sharing and seek their agreement in sharing information whenever it is safe to do so;
- seek advice from other practitioners if in doubt about sharing information;
- where possible, share information with consent, whilst understanding that information may lawfully be shared without consent where safety may be at risk;
- base information-sharing decisions on the safety and wellbeing of the individual concerned and others who may be affected by their actions;
- follow the principles of necessary, proportionate, relevant, adequate, timely and secure information-sharing;
- keep a record of the decision to share.

6. Training and information

6.1 Induction for new staff:

- all new teaching staff are provided with key policies including: Child Protection and Safeguarding (includes identity and role of the DSLs; Children Missing from Education; online safety); Part 1 and Annex B of KCSiE (September 2023); Staff Code of Conduct; Staff ICT Code of Conduct (includes Acceptable Use); Student Code of Conduct; Student Anti-Bullying Policy; Rewards and Sanctions (behaviour policy); Equity, Diversity and Inclusion Policies.
- All new staff are provided with Child Protection and Safeguarding training by the DSL or Assistant DSL.

6.2 Ongoing training for staff:

- Annual Child Protection and Safeguarding training is delivered to all staff by the DSL at INSET every September, incorporating: updates to statutory guidance; school priorities and procedures and refreshers on types of abuse including child-on-child sexual violence, on indicators of abuse, online safety, Prevent and radicalisation (see Appendix G), on how to respond to disclosures and on how to report each category of concern;
- there is ongoing online WRAP training for all new staff;
- all staff have to read [KCSiE \(September 2023\)](#) Part One and Annex B and confirm that they have read and understood it. They must also complete a CH bespoke questionnaire to demonstrate their understanding of KCSiE.
- guidance points are also delivered and key points refreshed at the weekly Tuesday briefing sessions and in occasional email bulletins;
- both Deputy Heads; the Assistant Head, Pastoral; the DSL; the Assistant DSL and the Welfare Officer are all trained in Child Protection/Advanced Safeguarding Level 3 and have their training refreshed every two years;
- the Deputy Heads, DSL and Assistant DSL attend a range of safeguarding-related conferences and forums, to keep up to date with evolving safeguarding issues.

6.3 Training for students:

- the School Monitors (year 13 prefects) and peer mentors (year 12 volunteers) are provided with training in Child Protection and Safeguarding by the DSL/Assistant DSL, in listening skills by members of the Welfare Team, in

learning support by the Head of LS and in understanding bereavement by the Chaplain.

- training in personal safety and wellbeing-related issues, including online safety is delivered through the Learning for Life and PSHE programmes, with additional information on school reporting systems delivered through the tutorial programme.
- international students are given training in issues relating to personal safety by the DSL.

Author: RMJB/DJS

Date of last review: January 2024

Date of next review: January 2025

Appendix A: Definitions of abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others, including over the internet. They may be abused by an adult or adults or another child or children. They may be abused in person or online.

Physical abuse

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

Emotional abuse

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

Sexual abuse

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

Neglect

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

Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse. It involves exploitative situations, contexts and relationships where young people may receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities in person or online. CSE can occur over time or be

a one-off occurrence. It can also happen without the child's immediate knowledge. It can affect any child, including those who are 16 or above.

Sexual exploitation can range from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. There is an imbalance of power in the relationship. The perpetrator has power over the victim which increases if the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sexual activity, sexual bullying including cyberbullying and grooming, involving children in the production of sexual images, forcing them to look at sexual images or watch sexual activities or encouraging them to behave in sexually inappropriate ways. Some young people who are being sexually exploited do not understand that they are being abused and do not exhibit any external signs of this abuse.

Child criminal exploitation (CCE): county lines

'County lines' is a form of child criminal abuse in which drug networks or gangs groom and exploit children and young people to carry drugs or money from urban areas (where many CH students live) to suburban and rural areas (similar to Christ's Hospital, Horsham), market and seaside towns. CCE can also involve forcing or manipulating children into working in cannabis factories, shoplifting or pickpocketing, committing vehicle crime or threatening/committing serious violence to others.

Children can become trapped in CCE by being threatened with violence or coerced into debt. They may be coerced into carrying knives or decide to do so as a means of protection. As children involved in criminal exploitation often commit crimes themselves, they are at additional risk of being seen as perpetrators rather than as victims.

The experience of girls who are criminally exploited may be very different to that of boys. It is important to note that the indicators may be different for girls but that they are at risk of criminal exploitation too. Both boys and girls who are being criminally exploited are at high risk of sexual exploitation also.

Child-on-child abuse

See separate Appendix B, below.

Other specific safeguarding risks and issues

See separate Appendix G, below.

Appendix B: Child-on-child abuse, including child-on-child sexual violence and sexual harassment, including online

Since 2018, Part 5 of *Keeping Children Safe in Education* has placed new emphasis on child-on-child abuse. Christ's Hospital follows the guidance in Part 5.

Zero tolerance of sexual harassment

Ofsted's *Review of Sexual Abuse in Schools and Colleges* (June 2021) made it clear that the prevalence of sexual harassment in schools is far higher than most staff believe and that students may be unwilling to report it, for a range of reasons. School leaders and staff should therefore have an "it could happen here" attitude, understanding that it could be happening even if it is not being reported.

Christ's Hospital takes a "zero tolerance" approach to sexual harassment, understanding that if "low-level" sexual harassment were to go unchallenged, an unhealthy culture could develop in which sexual harassment and abuse were tolerated or even normalized. It is understood that knowledge of sexual harassment may not come from a direct disclosure. Staff will report all sources of information or indications of possible sexual harassment. Christ's Hospital's "zero tolerance" approach means that any reported incident of sexual harassment, however "low level", will be acted upon.

Recognising child-on-child abuse as abuse

We recognise that children can abuse other children. Child-on-child abuse can take several forms: bullying (including cyberbullying); physical violence; emotional abuse (including via social media); financial abuse, sexual harassment (including via social media) which can include sexual comments or 'jokes'; 'upskirting' (which is a criminal offence); youth-produced sexual imagery (including consensual or non-consensual sending of "nudes" or "semi-nudes", previously called "sexting"); coercion; sexual threats; sexual violence; initiation/hazing-type violence and rituals. Staff should be especially vigilant for situations involving an imbalance of power between students caused by age difference, SEND or any other factors. When child-on-child abuse occurs at Christ's Hospital it will always be recognised as abuse. It will never be tolerated, or passed off as 'banter', 'just having a laugh', 'part of growing up' or 'boys being boys'. Students reporting child-on-child abuse will always be believed and taken seriously. All allegations will be recorded, investigated and dealt with. It is important to recognise that child-on-child abuse can also take place within intimate personal relationships between peers (also known as teenage relationship abuse), where a child is forced or coerced into having sexual activity without consent.

KCSiE (September 2023) makes clear that, whilst it is more likely that girls will be victims and boys will be perpetrators, this is not always the case and ALL child-on-child abuse is unacceptable and will be taken seriously.

Child-on-child sexual harassment and sexual abuse may happen outside school. Christ's Hospital recognizes, in line with government guidance, that the school has a role to play in responding to incidents that occur outside school.

Recognising harmful sexual behaviours

As the NSPCC explains, children's sexual behaviours exist on a wide continuum, from normal and developmentally expected to highly abnormal and abusive. For the purpose of this policy, harmful sexual behaviours are defined as: sexual behaviours expressed by children that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child or adult.

We use the Brook Sexual Behaviours Traffic Light Tool to demonstrate the range of sexual behaviours presented by children, when seeking to understand a student's sexual behaviour and deciding on response:

https://www.brook.org.uk/brook_tools/traffic/Brook_Traffic_Light_Tool.pdf

Procedures to minimise the risk of child-on-child abuse

Equity, inclusion, kindness, respect and the importance of consent are principles that are deeply embedded in the culture at Christ's Hospital, and are constantly re-enforced by:

- wide publication of policies on equity, diversity and inclusion and codes of conduct for students and for staff, with a clear message that victims will be taken seriously when making a report, and will be supported and kept safe;
- the Learning for Life and PSHE programmes, tutorials, assemblies and Chapel services reinforce key messages of equity, inclusion, respect and consent on a weekly basis;
- students are regularly made aware of the wide range of in-person, online and telephone reporting channels that are available to them by means of posters in boarding houses, tutorial sessions and email reminders. Students are informed that the online reporting facility, available to them on the VLE, can be used anonymously;
- robust responses to unacceptable behaviour beginning with a 'restorative practice' approach where appropriate, whereby perpetrators are helped to reflect on the hurt or harm that they have caused and to apologise;
- engagement with parents as part of the follow-up to any incident; and
- punitive sanctions, including suspension and expulsion, are used where appropriate.

Response to instances of child-on-child abuse - procedures

- Staff who receive disclosures of child-on-child abuse will follow the procedures set out for receiving any disclosure of abuse, including making a written record of the disclosure (see Appendix E);
- staff who receive disclosures of child-on-child abuse, or have reason to suspect that it is happening, will report their concerns to the DSL or Assistant DSL (see paragraph 3.3);
- the DSL will make appropriate referrals to local authority children's social care and, where necessary, to the police (see paragraphs 3.6, 4.1 and 4.3);
- The school will not wait for the outcome of a referral before acting to protect the alleged victim and other students at the school, but will work closely with the police and other agencies to ensure that the school's actions do not jeopardise any police investigation;
- the Child Protection and Safeguarding Team will consider the needs of the alleged victim in the first instance, having consideration for their age and developmental stage and of any possible power imbalance between the alleged victim and the alleged perpetrator;
- the Child Protection and Safeguarding Team will take action to keep the alleged victim safe and protect them where necessary from contact with the alleged perpetrator and from further harm by the alleged perpetrator or others;
- this may involve removing the alleged perpetrator from teaching sets, 'actives', outings, trips and/or other situations in order to keep them away from the alleged victim, or requiring the alleged perpetrator to move to a different boarding house if they currently reside in the same boarding house as the alleged victim.
- the Child Protection and Safeguarding Team and SLT will consider appropriate actions to prevent the alleged perpetrator from causing further harm;
- however, we understand that a child who perpetrates abuse may also be the victim of abuse and/or may be suffering, or at risk of suffering, significant harm and may themselves be in need of protection and of referral to outside agencies for support;
- the Child Protection and Safeguarding Team and SLT will be guided by local authority children's social care and, where relevant, by the police, in responding to specific

instances of child-on-child abuse, discussing next steps including how the alleged perpetrator should be informed of the allegations;

- the Child Protection and Safeguarding Team and SLT will provide support for the alleged victim, the alleged perpetrator and any other student who may have been affected by allocating each student a named member of staff as a contact point and by means of the Chaplaincy and/or school therapy service;
- the Child Protection and Safeguarding Team will also take steps to protect the alleged perpetrator from the risk of bullying, especially by providing guidance to any third parties who might seek to involve themselves in the situation; the Student Code of Conduct reminds students that vigilantism is a form of bullying and will not be tolerated.
- the Child Protection and Safeguarding Team and SLT will also be guided by local authority children's social care and, where relevant, by the police, before making their own investigations of the allegations;
- any investigations that are subsequently made will be recorded in writing;
- the Child Protection and Safeguarding Team will work closely with parents/carers of students involved in any allegation of child-on-child abuse, and keep them informed of developments in any internal investigation or co-operation with outside agencies.
- the DSL will keep the case under review and re-refer as necessary should any new concerns emerge.

Youth produced sexual imagery

The practice of children sharing images and videos via text message, email, social media or mobile messaging apps has become commonplace. However, this online technology has also given children themselves the opportunity to produce and distribute sexual imagery in the form of photos and videos. Such imagery involving anyone under the age of 18 is illegal. 'Youth produced sexual imagery' refers to both images and videos where a person under the age of 18:

- creates and shares sexual imagery of themselves with a peer under the age of 18, or sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult;
- is in possession of sexual imagery created by another person under the age of 18.

The school treats any incident of this nature as a safeguarding concern and acts in line with the UK Council for Internet Safety (UKCIS – formerly UKCCIS) guidance 'Sharing nudes and semi-nudes: advice for education settings working with children and young people' – December 2020. If a member of staff becomes aware of an incident involving youth produced sexual imagery they must follow the child protection procedures and refer to the DSL as soon as possible. The member of staff should confiscate the device involved and set it to flight mode or, if this is not possible, turn it off. Staff should not view, copy or print the youth produced sexual imagery.

The DSL will liaise with appropriate school staff and hold subsequent interviews with the children involved, if appropriate. Parents will be informed at an early stage and involved in the process, unless there is reason to believe that involving parents would put the child at risk of harm. At any point in the process if there is concern a young person has been harmed or is at risk of significant harm a referral will be made to local authority children's social care or the police as appropriate. Immediate referral at the initial review stage will be made to local authority children's social care/police if:

- the incident involves an adult;
- there is a significant age difference between the sender and the receiver;

- there is good reason to believe that a young person has been coerced, blackmailed or groomed or if there are concerns about their capacity to consent (for example, owing to special educational needs);
- what is known about the imagery suggests the content depicts sexual acts which are unusual for the child's development stage or are violent;
- the imagery involves anyone aged 12 or under.

If none of the above applies then the DSL will use their professional judgement to assess the risk to the students involved and may decide, with input from the Deputy Head, to respond to the incident without escalation to local authority children's social care or the police.

The DSL will record all incidents of youth produced sexual imagery, including both the actions taken, actions not taken, reasons for doing so and the resolution, in line with safeguarding recording procedures.

Removal of sexual images/videos: If the incident involves sexual images or videos that have been made and circulated online, the victim can be supported to get the images removed through the [Internet Watch Foundation \(IWF\)](#).

Training on child-on-child abuse

Staff and student training (see paragraph 6) will include specific guidance on the different forms of child-on-child abuse, how to respond to it, how to report it, and how the school will handle such cases.

Appendix C: Mental health

Christ's Hospital recognises the link between mental health and safeguarding, and staff are trained to be aware that mental health problems can be an indication of abuse, neglect or exploitation, and equally that adverse experiences, like abuse and neglect, can have a lasting impact on a child's mental health, as well as on their behaviour and educational attainment.

Designated Mental Health Lead (DMHL)

Christ's Hospital has a full-time Designated Mental Health Lead who is also the school's Senior Psychotherapist and manages the therapy team. The DMHL is a member of the Welfare Team and works closely with the DSL, Senior Nursing Officer, school GPs and all other members of the Welfare Team and Medical Centre staff. The DMHL provides Mental Health First Aid training for key groups of pastoral staff several times each year, offers supervision sessions, advice and guidance to houseparents, other key pastoral staff and student leaders, advises the Learning for Life Co-ordinators on educational material for the Learning for Life programmes and co-ordinates other training opportunities and educational opportunities for staff and students.

Identifying mental health problems

While only professionals should diagnose mental health problems, staff are trained to identify behaviour which may indicate that a child is experiencing a mental health problem or is at risk of developing one.

Reporting and monitoring concerns about students' mental health

We recognise the safeguarding risk presented by mental health issues such as eating disorders, anxiety disorders and persistent low mood. Staff will report potential concerns about a student's mental health to the DSL, as well as to the student's houseparent.

The DSL and houseparents will liaise in the first instance with the Designated Mental Health Lead and Senior Nursing Officer when concerns are reported about a child's mental health and with the wider Welfare Team where appropriate, to decide on appropriate actions which may include referral to the school GP, the school's therapy service, CAMHS, FEDS and/or local authority children's social care and/or other specialist agencies, as appropriate. Students experiencing mental health difficulties are monitored by the Welfare Team at its weekly meeting to enable joined-up decisions about support, onward referrals and other actions.

Referrals to the school therapy team

If a student consents to be referred to the school's therapy team, the DSL, the student's houseparent or any other member of pastoral staff will complete a referral for Therapy form, which can be found on the intranet, involving the student in the completion of the form. Students can also self-refer to the therapy team, by emailing the DMHL. A leaflet, 'Psychotherapy and Counselling at Christ's Hospital', which explains the school's service and how to access it, is displayed in boarding houses and the Medical Centre. If a student is a member of the Second Form or Third Form, parental consent is required for a referral to Therapy to be made.

Escalation of serious concerns about a student's mental health, or safeguarding concerns

Whilst therapy sessions are confidential, students engaging in therapy are informed at the outset that, should a therapy team member become concerned that a student is at risk of significant harm, the therapist or counsellor has a safeguarding responsibility to inform a small number of other staff, including the DSL. For example, the therapy team member may believe that the student is at risk of suicide or of serious self-harm. Please see separate Self-harm and Suicide Risk Policy for details of actions to be taken when a student is believed to be at potential risk of suicide.

Similarly, the therapy team member may become concerned that a student is at risk of harm owing to an eating disorder, or is in need of onward referral to CAMHS, for example when a student is experiencing persistent low mood. In such instances, the therapy team member will, having informed the student, liaise with the school GP and with the Senior Nursing Officer, so that the GP can refer the student to FEDS, CAMHS or other external agencies, as appropriate. See also separate Eating Difficulties Policy.

Communication with external mental health agencies

The DMHL, school GPs and Senior Nursing Officer remain joined up with one another, and with agencies to which students have been referred, to co-ordinate care for the student, involving and informing the DSL as appropriate where mental health difficulties constitute safeguarding concerns.

Accountability

The DMHL, therapy team members, school GP and Senior Nursing Officer maintain written records of decisions and actions taken in accordance with their professional bodies and record and share safeguarding-related information on CPOMS.

Joined-up working, monitoring and reflective practice

Key members of the Welfare Team and the school GPs meet twice termly as an Eating Disorders Core Group to remain joined-up in their care of students affected by disordered eating and to monitor the prevalence of this issue amongst the student community.

Core members of the Welfare Team also meet periodically for reflective practice on the school's response to instances of suicidal ideation.

Care for students with diagnosed or potential mental health difficulties is also shared, and actions co-ordinated, at the weekly Welfare Team meetings, as appropriate and necessary.

Appendix D: Signs of abuse

Signs that a child may be suffering abuse or neglect may be physical or behavioural. Staff are expected to be alert to signs of possible abuse. A child who is being abused or neglected may:

- have bruises, bleeding, burns, fractures or other injuries;
- show signs of pain or discomfort;
- keep arms and legs covered, even in warm weather;
- be concerned about changing for PE or swimming;
- look unkempt and uncared for;
- change their eating habits;
- have difficulty in making or sustaining friendships
- appear fearful;
- be reckless with regard to their own or other's safety;
- self-harm;
- frequently miss school or arrive late;
- show signs of not wanting to go home;
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn;
- show symptoms of specific mental health difficulties such as anxiety or low mood;
- challenge authority;
- become uninterested in their school work or show a significant decline in performance
- be constantly tired or preoccupied;
- be wary of physical contact;
- be involved in, or particularly knowledgeable about, drugs or alcohol;
- display sexual knowledge or behaviour beyond that normally expected for their age;
- be in possession of unexplained gifts/valuable possessions or have relationships with significantly older people.

Whilst individual indicators will not, in isolation, provide conclusive evidence of abuse, they may form a vital part of the safeguarding jigsaw. **It is very important that staff report their concerns – they do not need ‘proof’ that the child is at risk.**

It is the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether a child has been abused.

Appendix E: Guidance to staff on receiving disclosures of abuse.

Anyone can make a referral. Never think that abuse is impossible in the school or that an accusation against someone you know and trust is bound to be wrong.

Guidelines to follow if you suspect, or are told of, abuse

1. Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse. If it is impossible to give the person sufficient time there and then, arrange another time to listen as soon as possible. Always take the person seriously and assume that they are telling the truth. Refer to the bullet-point guidance provided on your yellow Child Protection card.
2. Do not give a guarantee that you will keep what is said confidential or secret. *If you are told about abuse you have a responsibility to report it to the right people. If asked, explain that if you are going to be told something that leads you to believe that someone is being harmed, or is at risk of being harmed, you will need to tell the people who can help, but that you will only tell people who absolutely have to know.*
3. Do not ask leading questions that might give your own ideas of what might have happened. *Not “did they do X to you?” – just ask: “what happened?”*
4. Let the person say what they want to but don't ask them for further details. It is not your duty to investigate.
5. If possible, give the person making the disclosure your full attention, then make notes immediately afterwards. If you feel that you might not be able to remember all the important detail, ask the person if you can write some notes as they talk. *These may help later if you have to remember exactly what was said. Keep your original notes, however rough and even if you wrote them on the back of something else. What you wrote at the time may be important later and would be required if a case came to court – not a tidier and improved version you wrote up afterwards. Try and use the words of the person making the disclosure in your records.*
6. Immediately tell the DSL, unless they are accused or suspected of abusing, in which case tell the Head Teacher. If the Head Teacher is involved then report it to the Treasurer of the Council or the Council Member with responsibility for safeguarding (also called the Safeguarding Governor, see paragraph 3.3).
7. Keep the matter confidential from other staff.
8. Discuss with the DSL whether any steps need to be taken to protect the person who has told you about the abuse (this may need to be discussed with the person who told you).
9. Never attempt to carry out an investigation of suspected or alleged abuse by interviewing people. *Social Services staff and the police are the people trained to do this – you could cause more damage and compromise possible criminal proceedings.*
10. As soon as possible the DSL (or the Head Teacher) will refer the matter to the local children's services department or the police if a criminal offence is suspected (helped by your notes). **Parental consent is not required for referral to statutory agencies.**

Follow their requests about what to do next. They will set up any necessary investigations and can advise you – that is their statutory job.

Appendix F: Online safety

We recognise that technology has become a significant component of many safeguarding issues. Technology provides a platform to facilitate and accelerate child sexual exploitation (CSE), child criminal exploitation (CCE), radicalisation, sexual predation, child-on-child abuse and other forms of harm.

Online safety can be categorised into four areas of risk:

- **Content:** being exposed to illegal, inappropriate or harmful material such as pornography, fake news, racist, radical or extremist views, or sites that depict extreme violence or promote self-harm, eating disorders or suicide;
- **Contact:** being subjected to harmful online interaction with other users, including adults posing as children or teenagers or individuals promoting harmful behaviours such as self-harm or drug misuse;
- **Conduct:** personal online behaviour that increases the likelihood of, or causes, harm, such as sending and receiving explicit images, online bullying or blackmail.
- **Commerce:** risks such as online gambling, inappropriate advertising, phishing and/or financial scams.

Education

We educate our students in online safety issues through our PSHE and Learning for Life programmes. We also seek to educate and work in partnership with parents by providing information on our parent portal, in letters sent directly to all parents and through events such as our Parents' Pastoral Mornings, at which members of the safeguarding team deliver guidance and advice on how parents can help to protect their children when providing them with internet enabled devices. Outside experts give talks to students and parents.

Filtering and monitoring We protect our students when they are using the school's IT system by using filtering software (currently 'Smoothwall') to block unsafe sites wherever possible. The DSL, Senior Deputy Head and Head of IT Services work together, meeting at least annually to review the system and to set the categories for filtering effectively.

Specific roles and responsibilities in relation to filtering and monitoring

The Head of IT Services is responsible for ensuring that the filtering software is operating correctly. The software produces a daily report which is shared with the Senior Deputy Head, the DSL and the IT team. In addition, the IT team alerts the DSL and Senior Deputy Head specifically to any searches in the report that suggest that a student may be at significant risk.

The Senior Deputy Head is responsible for ensuring that appropriate staff (the DSL/Assistant DSL or houseparent/assistant houseparent, depending on the nature of the concern) take steps to follow up on any internet search flagged by the filtering system that is deemed to be a cause for concern. Where there is a concern that a child may be at immediate risk of significant harm, the DSL/Assistant DSL will see the student in person.

All staff have a responsibility to report any safeguarding concern that they may have about a student's use of the internet to the DSL/Assistant DSL.

Any potentially suspicious searches made by staff on the school's IT system are also identified and brought to the attention of the Senior Deputy Head or the Chief Operating Officer and the DSL for action where necessary.

Physical checking of students' personal devices

Where there is concern that a student may have used a personal device for a purpose that may put them, or another student, at risk of harm, a Deputy Head, DSL/Assistant DSL, houseparent or assistant houseparent may require the student to hand over the device so that a physical check may be carried out. Whenever possible this check will be carried out in the student's presence, and in the presence of a second member of staff. However, where there is reason to believe that the device may contain inappropriate images of children, including youth-produced sexual imagery, staff will not conduct a physical check.

Restrictions to students' use of IT

Students' access to the internet via the school system is switched off at appropriate times for each year group, in the interests of good sleep habits. Students in the 02, 03, LE, UF, GE and DG (years 7-12) are also required to hand in their mobile phones before bed. Grecian students are encouraged to turn off their devices or to hand them in. Mobile phone use rules are set out in school policy and are reviewed and updated regularly.

It is important to acknowledge that there is little that the school can do to limit students' access to the internet via their own 3G, 4G or 5G devices, which allow them to connect without using the school's system; parents are advised of this and encouraged to share responsibility for their children's online safety. All students have to download a safe use certificate to be able to use the school system.

Staff training

Online safety is covered in our annual safeguarding training sessions at INSET which includes information about the school's filtering and monitoring, reminders of staff's specific responsibilities and guidance on how to respond to instances of youth-produced sexual imagery ('sexting') and encouragement to maintain dialogue with our students on their evolving use of social media.

Staff responsibilities

The DSL has responsibility for online safety and will handle specific safeguarding cases arising from online activities, including referrals to local authority children's social care where necessary.

The Senior Deputy Head, who is also trained to Level 3 Child Protection and Safeguarding, is responsible for the school's rules on online safety and will deal with the disciplinary aspect of incidents of internet/social media misuse.

Governance

The member of the Council of Christ's Hospital who is designated as Safeguarding Governor has oversight of digital safety.

Appendix G: Other safeguarding risks and issues

Annex B of Keeping Children Safe in Education (2023) provides detailed information about specific safeguarding issues. It is important to bear in mind that any abuse may manifest in child-on-child abuse. Specific safeguarding issues include:

Child abduction and community safety incidents

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Other community safety incidents in the vicinity of a school can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation. It is important that Christ's Hospital's education, particularly through the Learning for Life and PSHE programmes, focuses on building children's confidence and abilities rather than simply warning them about all strangers.

Child criminal exploitation (CCE): county lines

CCE is a form of child abuse. See Appendix A: Definitions of Abuse.

CH staff are alerted to the nature and specific warning signs of CCE/county lines during annual Child Protection and Safeguarding training. CH students are given advice on the danger of CCE through the Learning for Life and PSHE programmes.

Child sexual exploitation (CSE)

CSE is a form of child sexual abuse. See Appendix A: Definitions of Abuse.

CH staff are alerted to the nature and specific warning signs of CSE during annual Child Protection and Safeguarding training. CH students are given advice on the danger of CSE through the Learning for Life and PSHE programmes.

Children and the court system

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children who are 5-11 years old and 12-17 years old. The guides explain each step of the process, support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained. Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children.

Children missing from education (CME)

KCSiE (2023) clarifies the difference between students with high levels of absence and children who are 'missing from education' (not on the roll at any school). A further safeguarding issue is a situation in which a student has gone missing during the school day, for example by being unexpectedly absent from a lesson.

As a boarding school, the attendance of our students tends to be consistent. However, we recognise that students returning to school late from a holiday or leave weekend, particularly repeatedly, can be a vital warning sign of a range of safeguarding risks. Houseparents will inform the Deputy Head if a student fails to return to school at the expected time following a holiday or leave weekend.

Two emergency contact numbers are required for each student where reasonably possible, to help reduce the risk of children who fail to return to school going missing from education.

We follow the guidance issued by the West Sussex County Council (North County) CME team in reporting children who are missing from education and students who have been removed from the roll. Where relevant, any specific safeguarding concerns are indicated on the Removal from Roll forms.

When a child is reported as missing from a lesson or other commitment during the school day, the procedures set out in the school's Missing Student Policy are followed.

Children with family members in prison

Approximately 200,000 children in England and Wales have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. The National Information Centre on Children of Offenders, NICCO, provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

Cybercrime

Cybercrime is criminal activity committed using computers and/or the internet. It is broadly categorised as either 'cyber-enabled' (crimes that can happen off-line but are enabled at scale and at speed on-line) or 'cyber dependent' (crimes that can be committed only by using a computer). Cyber-dependent crimes include:

- unauthorised access to computers (illegal 'hacking'), for example accessing a school's computer network to look for test paper answers or change grades awarded;
- denial of service (DoS or DDoS) attacks or 'booting'. These are attempts to make a computer, network or website unavailable by overwhelming it with internet traffic from multiple sources; and,
- making, supplying or obtaining malware (malicious software) such as viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence, including those above. Children with particular skill and interest in computing and technology may inadvertently or deliberately stray into cyber-dependent crime.

Domestic abuse (DA)

Domestic abuse includes any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members. It can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse. Students who witness domestic abuse are themselves suffering emotional abuse. House staff in particular (who have knowledge of students' home lives) will respond to possible indicators of domestic abuse and report all concerns to the DSL who will make referrals as necessary.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The Designated Safeguarding Lead will be aware of contact details and referral routes into the local housing authority as necessary, so they can raise/help progress concerns at the earliest opportunity. The DSL may also refer Christ's Hospital families to the BSB for support. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property.

Looked-after children

Many looked-after and previously looked-after children will have suffered disrupted learning. In addition, the emotional impact of their experiences may have become a significant barrier to their progress. Section 20 of the Children and Young Persons Act (2008) requires every school to designate a member of staff (the 'designated teacher') as having responsibility to promote the educational achievement of looked-after and previously looked-after children.

In the boarding environment of Christ's Hospital, it is the houseparent who will have day-to-day oversight of a looked-after child's pastoral care, and who is likely to get to know the child best and who will communicate with the child's carer about routine matters.

The DSL has the role of 'designated teacher' and is responsible for:

- ensuring that the interests of looked-after children are taken into consideration at management level, and in the development of policy;
- facilitating and attending meetings with carers, social workers, and other agencies;
- completing Student Education Plans (PEPs) and other documentation;
- liaising with Virtual Schools, social workers, Welfare Call and other agencies, and providing data and information to them as required;
- working closely with houseparents and their teams, the Welfare Team, the Learning Support department and other school staff to ensure that the needs of looked-after and previously looked-after children are met;
- maintaining written records in relation to each looked-after or previously looked-after child.

LGBT+

We recognise that students who identify as LGBT+ can be at increased risk of anxiety, depression, self-harm or child-on-child abuse. We promote equity and inclusion, have been accredited as a 'Rainbow Flag' school and work with specialist agencies such as EACH. We operate with an Equity, Diversity and Inclusion Policy in place.

Mental health

See Appendix C.

Modern Slavery and the National Referral Mechanism

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs. Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the NRM is available in the Modern Slavery Statutory Guidance.

Preventing radicalisation – the Prevent Duty

The school has due regard to the need to prevent people from being drawn into extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit. Young people are susceptible to grooming by extremists, including far right/left groups as well as Islamists, particularly online.

Staff receive Prevent training as part of an e-learning package and WRAP training is delivered to new staff.

Signs that students may be at risk of radicalisation include:

- disclosures by students of exposure to extremist actions, views or materials, such as in their homes or community groups, especially where students have not actively sought these out;

- students accessing extremist material online, including through social networking sites;
- graffiti symbols, writing or art work promoting extremist messages or images;
- peer or parental reports of changes in behaviour, friendship or actions and requests for assistance;
- use of extremist or 'hate' terms to exclude others or incite violence;
- intolerance of difference, whether secular or religious or, for example in relation to gender, disability, sexuality, race, ethnicity or culture; attempts to impose extremist views or practices on others;
- students voicing opinions drawn from extremist ideologies and narratives and the expression of extremist views, defined 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; and/or calls for the death of members of our armed forces, whether in this country or overseas'.

Fundamental British Values are part of the PSHE programme.

When staff invite speakers to the school, they must take responsibility for the supervision of the speaker and must intervene if the speaker makes comments that are inappropriate for the (age of) the student audience.

Student behaviour and bullying

Bullying is another type of behaviour that should in certain circumstances be considered as a form of abuse. Bullying is deliberate, hurtful behaviour. It can be physical, oral or written and can occur directly or through cyber-technology by means of social media, mobile phone, text message, photograph and email. Please see:

Student Anti-Bullying Policy
Student Code of Conduct

Serious violence

There are a number of indicators, which may signal children are at risk from, or are involved with, serious violent crime. These may include:

- increased absence from school
- a change in friendships or relationships with older individuals or groups
- a significant decline in performance
- signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries
- unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

The likelihood of involvement in serious violence may be increased by factors such as:

- being male
- having been frequently absent or permanently excluded from school
- having experienced child maltreatment and having been involved in offending, such as theft or robbery.

A fuller list of risk factors can be found in the Home Office's Serious Violence Strategy.

Sexual violence and sexual harassment between children in schools and colleges

Sexual violence can occur between children in schools. Sexual violence is understood as defined in the Sexual Offences Act of 2003, and consists of rape, assault by penetration, and

sexual assault. Sexual offences take place when consent is not given to sexual activity. Consent cannot be given by a child under 13 years of age; the age of consent is 16; and sexual intercourse without consent is rape.

See also Appendix B: Child-on-child abuse, for information on forms of **sexual harassment**.

Special Educational Needs SEN(D)

We recognise that children who have SEN(D) may be at greater risk of bullying, exploitation and other forms of harm, including child-on-child abuse. See Learning Support Policy for our provision for students with SEN(D).

So-called ‘honour’-based abuse (HBA)

This encompasses crimes which have been committed to protect or defend the honour of the family and/or community. It includes FGM and Forced Marriage:

Female genital mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to female genital organs. It has long-lasting harmful consequences. Since 2003 it has been illegal not only to practise Female Genital Mutilation (FGM) in the UK but also to take British residents overseas for the procedure. This is a criminal offence and must be reported to local authority children’s social care and the police. Teachers have a specific legal responsibility to report cases of FGM to the police (see paragraph 3.3). Possible indicators: talking about going on a special holiday or a holiday to “become a woman”, family members who have undergone FGM, a special visit from a family member from a region involved in FGM, difficulty walking, standing or sitting, spending longer in the toilet, unusual behaviour after absence from school, reluctance to undergo normal medical examinations, asking for help without being explicit about the problem, becoming more withdrawn.

Forced marriage

Forced marriage is where one or both parties do not consent to the marriage and pressure or abuse is used to marry against their will. This pressure can include physical, emotional, psychological and financial abuse. Possible indicators: Request of be absent for an extended period of time and failure to return from visits to country of family origin, persistent absence, decline in behaviour, engagement and performance, surveillance by siblings or other family members, being withdrawn from school by parents and not being provide with suitable home education, sudden announcement of engagement to a stranger, prevention from engagement with higher education application. All public bodies are required to make it clear that it is contrary to UK law and, in accordance with their public duty to prevent breaches of the law, forced marriage is a reportable offence. Police and local authority children’s social care services should be contacted immediately. It is not a religious issue and should be reported without apprehension.

In addition, since February 2023 it has also been a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. As with the existing forced marriage law, this applies to non-binding, unofficial ‘marriages’ as well as legal marriages.

Other forms of honour-based abuse include harmful practices such as breast ironing.

Suicide and self-harm

We recognise the safeguarding risks presented by these issues. The school’s response is set out in the Self-harm and Suicide Risk Policy.

Monitoring

Students known or suspected to be vulnerable to specific issues such as FGM, CSE, mental health issues and child-on-child abuse are included on the DSL's "safeguarding monitoring" list (as opposed to the ACL list) which is reviewed weekly by the DSL and Asst DSL. Students on this list are also individually discussed, as concerns arise, by the Welfare Team, and interventions made as detailed elsewhere in this document. Thus, there is an ongoing risk assessment of these issues.

Appendix H: Role of the Council of Christ's Hospital

The Council of Christ's Hospital ("the Council") takes seriously its responsibility under section 157 of the Education Act 2002 to safeguard and promote the welfare of students and to work together with other agencies to ensure that adequate arrangements are made within our school to identify, assess, and support those children who are suffering harm. Such issues are discussed and reviewed at all Council meetings.

The Council is aware of the requirement to report to the Disclosure and Barring Service (DBS) within one month any concerns relating to staff, volunteers, trainees and sub contracted staff who may be deemed unfit to work with children, and undertakes to fulfil this requirement. In addition a referral will be made to the Teaching Regulation Agency containing the details of any teacher, who has been dismissed or left the school, where there are concerns that a prohibition order may be appropriate. Volunteers are subject to recruitment checks at least as stringent as those outlined by the statutory guidance stated in KCSiE (September 2023).

The Council undertakes to publish the school's Child Protection and Safeguarding Policy on the school website. In addition, a hard copy will be made available to any parent or carer who requests it from the School Office.

There is an assigned Safeguarding Governor, currently Dr J Evans, who liaises with the DSL, meeting termly to visit boarding houses and other areas and review child protection and safeguarding matters.

There is a termly Safeguarding Monitoring Group meeting chaired by the Senior Deputy Head, attended by the Safeguarding Governor.

The DSL trains Council Members annually (Michaelmas term) and gives an annual 'green paper' report outlining the issues that the school is dealing with and how we have managed them.



JOB TITLE: Designated Safeguarding Lead

JOB DESCRIPTION			
Department	SLT	Date	August 2022
Responsible to	Deputy Head (Senior)	Responsible for	<ul style="list-style-type: none"> Assistant DSL Welfare Officer
Responsibilities/Accountabilities The DSL is a senior position, with SLT responsibilities.			
Regular Duties <ol style="list-style-type: none"> Attend the weekly Senior Leadership Team (SLT) meeting, contributing to whole-school management issues. Liaise with the Head Teacher and Deputy Heads about serious safeguarding issues, informing them of ongoing enquiries conducted by local authority children's social care under section 47 of the Children's Act and police investigations. Have responsibility for responding to confidential information requests and other queries from local authority children's social care. Maintain secure, confidential records of child protection and significant safeguarding concerns, keeping a log of students who have a child protection file and ensuring that an indication of further record-keeping is made on the student's main records. Oversee the transfer and receipt of child protection and safeguarding files when students join or leave the school, including sending written requests to schools sending students to CH and conducting verbal handovers in cases of ongoing or complex concern. Manage referrals, referring cases of suspected abuse to local authority children's social care, cases of suspected radicalisation to the Channel programme, cases where a member of staff is dismissed or has left due to harm/risk to a child to the Disclosure and Barring Service and cases where a crime may have been committed to the police. Fulfil the role of 'designated teacher for looked-after and previously looked-after children' maintaining PEP documentation and managing liaison with Virtual Schools, Welfare Call and other agencies. Attend the weekly Welfare Team meeting to discuss difficult pastoral concerns with the Senior Deputy Head, Senior Nursing Officer, Therapists, Assistant DSL, Welfare Officer, Chaplains and Head of Learning Support. Carry out monitoring and spot checks/dip tests of school's and Bluecoat Sports' safeguarding procedures, in consultation with the Deputy Heads. Have responsibility for online safety, liaising with the Senior Deputy Head over concerns arising from the misuse of the internet and school network and managing safeguarding issues arising from instances of internet/social media misuse, including referrals to local authority children's social care in cases of risk of significant harm. Meet weekly and work closely with the Assistant DSL and Welfare Officer. Liaise with the LADO about instances of allegations against staff. 			

13. Oversee liaison with other agencies, especially local authority children's social care, Early Help services, Child and Adolescent Mental Health Services (CAMHS), the Children's and Families' Courts Advisory Support Service (CAFCASS), the police and pastoral staff at other schools.
14. Maintain records of communications with LADO and local authority children's social care.
15. Respond to child protection and serious safeguarding issues, during evenings, weekends and school holidays.
16. Respond to instances of students at potential risk of suicide as part of the Suicidal Ideation Response Team.
17. Attend weekly confidential supervision.

Less Frequent Duties

18. Deliver annual updates in child protection and safeguarding to the whole staff.
19. Once a term, prepare a report on child protection and safeguarding concerns and initiatives for delivery at the Safeguarding Monitoring Group.
20. Contribute the annual Green Paper, reporting on safeguarding trends and case studies to the Council.
21. Deliver training in basic child protection and safeguarding to the Peer Mentors and to the new School Monitors and talks on personal safety to specific groups such as International Students.
22. Contribute to updates to the school's Child Protection and Safeguarding Policy and liaise with relevant staff regarding other school policies that affect child protection and safeguarding.
23. Contribute to the writing and review of the school's Pastoral Development Plan.
24. Participate in planning whole-school initiatives such as the Parents' Pastoral events.
25. Liaise with other staff and departments such as the Examinations' Officer, Marketing Department, Finance Department and Development Office about safeguarding and individual student matters.
26. Act as the school's liaison with the Benevolent Society of Blues (BSB) and attend Board meetings.
27. Maintain Level 3 Child Protection Training by attending biennial refreshers, and attend occasional conferences or courses on relevant safeguarding topics.

Teaching load and other responsibilities

1. The DSL will teach 24 periods per fortnight, including tutorials.
2. The DSL will contribute to the broader curriculum, by leading sporting and non-sporting activities but will not be required to go to away fixtures.
3. The DSL is exempt from house duties, lesson cover and exam invigilation.

Christ's Hospital is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

PERSON SPECIFICATION	
Experience <i>(Types of experience needed)</i>	<ul style="list-style-type: none"> • Must have experience of pastoral care in the boarding environment. • Should have middle management experience (e.g. houseparent/HOD) • Experience of working with external agencies and services is helpful.
Qualifications <i>(Minimum qualifications needed, relevant experience may be a substitute)</i>	<p>Must be trained to Level 3 in Child Protection before taking up the role.</p>
Skills and Abilities <i>(Written/oral communication, dealing with public, team working skills, etc.)</i>	<p>Communication in a wide range of contexts with students, parents, colleagues and outside agencies; team-work; tact and discretion; empathy; confidentiality; ability to adhere to professional boundaries; judgement and decision-making; record-keeping; time-management.</p>
Additional Work Elements <ul style="list-style-type: none"> • In the event of a major incident or disaster, you may be required to provide assistance, in whatever capacity necessary and participate in any training to ensure the school is fully prepared 	
HR REFERENCE DETAILS	

Appendix J: Role of the Assistant Designated Safeguarding Lead



CHRIST'S HOSPITAL

A SCHOOL LIKE NO OTHER

JOB TITLE: Assistant DSL

Department	Head Teacher	Date	August 2023
Responsible to	DSL and Deputy Head	Responsible for	Assisting DSL in their duties.
RESPONSIBILITIES <ul style="list-style-type: none"> - Provide the on-call safeguarding response for A/HPs and other colleagues on two evenings each week and over two weekends each term, by arrangement with the DSL. - Respond in emergency situations at other times, where possible, to provide additional support to other members of the Child Protection & Safeguarding Team and SIRT (Suicidal Ideation Response Team). - Meet weekly and communicate regularly with the DSL to discuss ongoing cases and new concerns. - Assist the DSL with response to new concerns raised and handling of ongoing cases, taking on specific cases by agreement with the DSL, liaising with houseparents and other colleagues and communicating with students and with parents as necessary. - Maintain records of significant communications and actions taken in relation to safeguarding cases on CPOMS - Attend the weekly Welfare Team meeting (currently Thursdays, 1 pm), to discuss more difficult cases with the team - Deliver monthly training sessions in basic child protection to groups of staff who have joined after the start of the academic year - Undertake Level 3 (DSL) Child Protection/safeguarding training and refresh this every two years - Undertake other safeguarding training as recommended by the DSL & Deputy Heads 			
<p>Christ's Hospital is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and students in positions of responsibility to share this commitment.</p>			
TERMS AND CONDITIONS			
<p>There is a responsibility allowance attached to the post.</p> <p>The Assistant DSL will not be entitled to a reduction in teaching hours but will not be assigned to a house duty team.</p>			

Appendix K: Role of the West Sussex Designated Officers (LADO)

The Head Teacher (or Treasurer of the Council if the Head Teacher is the subject of an allegation) will inform the West Sussex Designated Officers (LADO) of any allegation against a member of staff, or any concern that a member of staff may represent a safeguarding risk towards a child (see Appendix L). The Head Teacher (or Treasurer) will be guided by the advice of the LADO in deciding how to proceed and will obtain further information if requested, in accordance with KCSiE (September 2023), part 4.

The role of the LADO (Local Authority Designated Officers)

The role of the LADO is set out in Working Together to Safeguard Children and is governed by the Authorities duties under section 11 of the Children Act 2004 and relevant Inter-Agency Policy and Procedures. This guidance outlines procedures for managing allegations against people who work with children who are paid, unpaid, volunteers, casual, agency or anyone self-employed.

The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

There may be up to three strands in the consideration of an allegation:

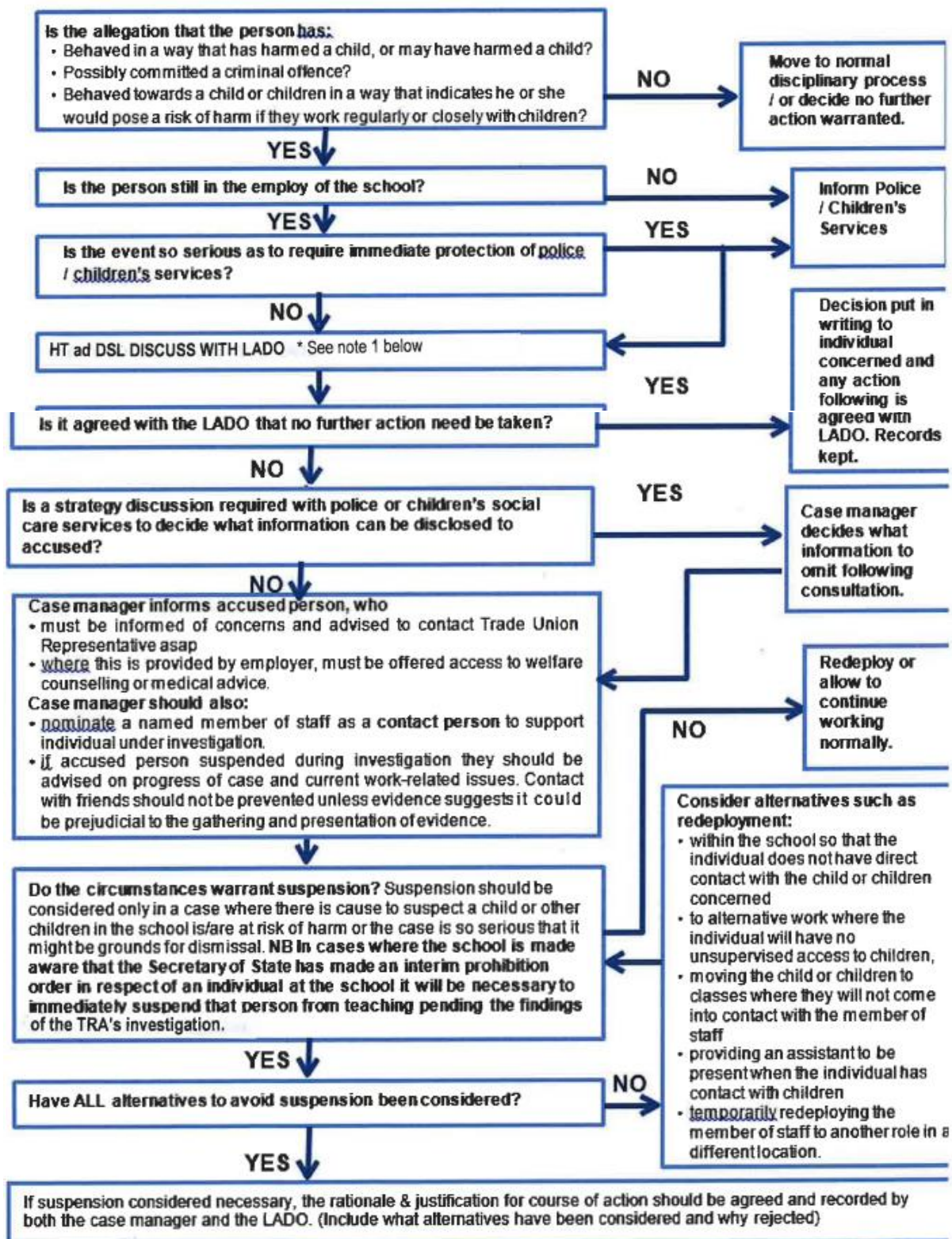
- a police investigation of a possible criminal offence;
- enquiries and assessment by local authority children's social care about whether a child is in need of protection or in need of services;
- consideration by an employer of disciplinary action in respect of the individual.

The LADO is responsible for:

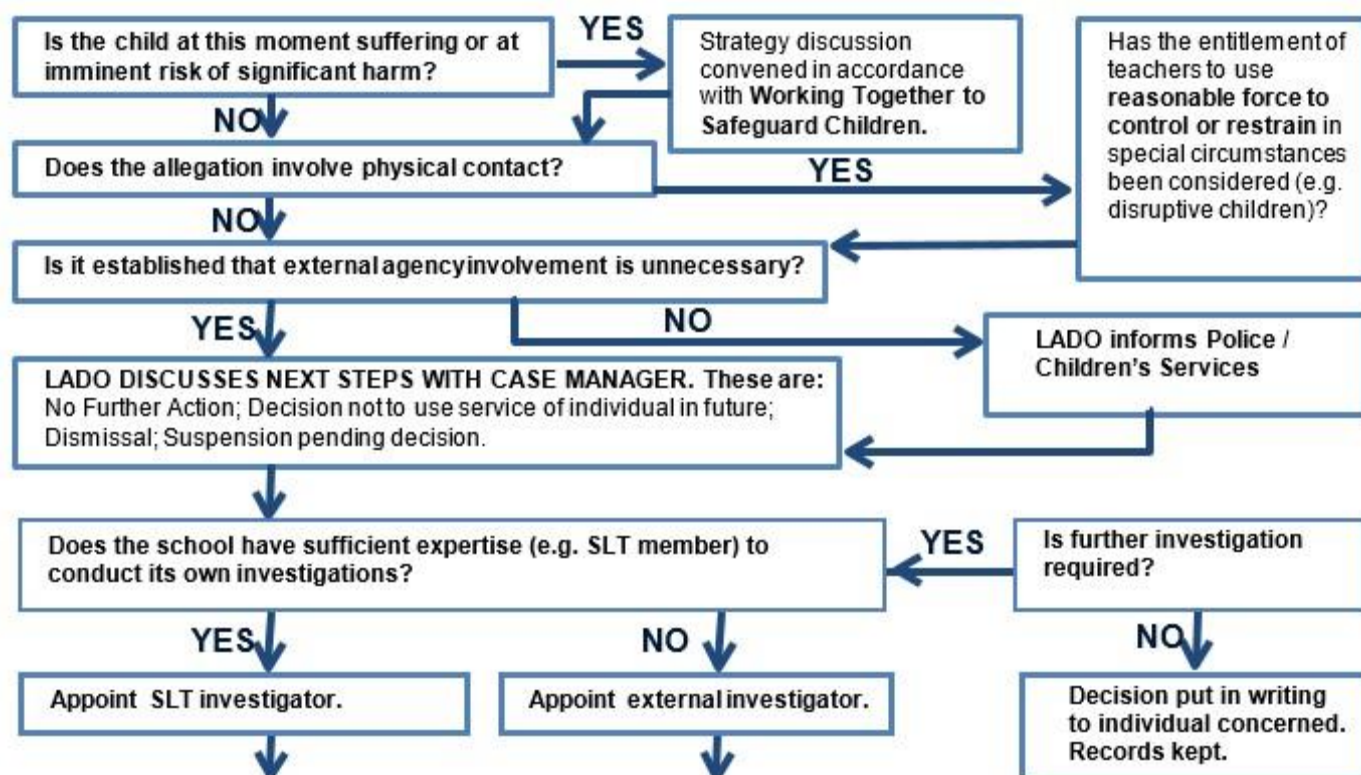
- providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers;
- managing and overseeing individual cases from all partner agencies;
- ensuring the child's voice is heard and that they are safeguarded;
- ensuring there is a consistent, fair and thorough process for all adults working with children and young people against whom an allegation is made;
- monitoring the progress of cases to ensure they are dealt with as quickly as possible;
- recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or local authority children's social care.

The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO is available to discuss any concerns and to assist schools in deciding whether they need to make a referral and/or take any immediate management action to protect a child.

Appendix L: Flowchart of actions following allegations against staff



*Note 1: If the staff member against whom the allegation is made is the DSL, the Head Teacher will discuss this with the LADO without informing the DSL. If the allegation is against the Head Teacher, this will be reported to the Treasurer or Safeguarding Governor of Christ's Hospital, who will report it to the LADO without informing the Head Teacher.



CONDUCT INVESTIGATION

When the police are involved, wherever possible the employers should ask the police to obtain consent from the individuals involved to share their statements and evidence for use in the employer disciplinary process. This should be done as their investigation proceeds and will enable the police to share relevant information without delay at the conclusion of their investigation or any court case. Children's Social Care should adopt a similar procedure to determine whether the child or children named in the allegation are in need of services or protection, so that any information obtained in the course of those enquiries which is relevant to a disciplinary case can be passed to the employer without delay.

The police should inform the employer and LADO immediately when a criminal investigation and any subsequent trial is complete, or if it is decided to close an investigation without charge, or not to continue to prosecute the case after the person has been charged. The LADO will then discuss with the case manager whether any further action, including disciplinary action, is appropriate and if so how to proceed. The options will depend on the circumstances of the case and consideration will need to take into account the result of the police investigation or the trial, *as well as the different standard of proof required in disciplinary and criminal proceedings.*

Have investigating agencies discussed what can be disclosed to parents /carers?

NO

YES

Are the criteria met to warrant criminal investigation?

YES

NO

Schools and colleges have a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child, or if there is reason to believe the member of staff has committed one of a number of listed offences, and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left, **EVEN IF THEY HAVE RESIGNED OR SIGNED A COMPROMISE AGREEMENT.**

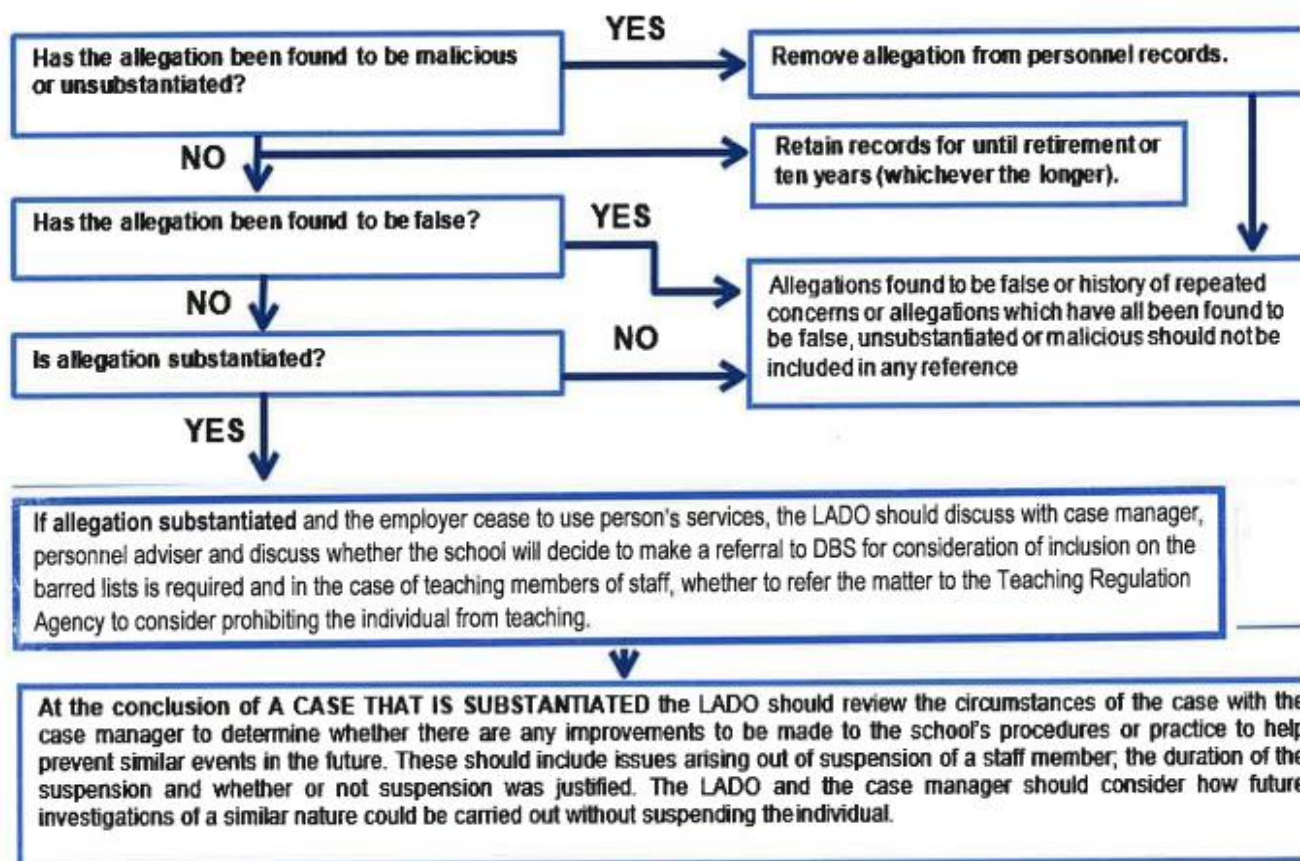
CONFIDENTIALITY

Parents/carers should be told of allegation when investigating agencies have agreed what can be disclosed to them. They should have progress reports and told the outcome if no criminal prosecution, including the outcome of any disciplinary process in confidence. Parents should be advised of the prohibition on reporting or publishing allegations against teachers Education Act 2002 sec 141 Education Act 2011. Publication includes social networking sites, publication of speech, writing or any other form of communication and is a breach of reporting restrictions.

NB Police will not usually provide any information to the press or the media which might identify individual under investigation unless the person is charged with a criminal offence.

DO will advise Case Manager, police and children's social care services

- Who needs to know and what information can be shared
- How to manage speculation, leaks and gossip
- What if any information can be given to the wider community to reduce speculation.
- How to manage Press interest if and when it should arise.



TIMESCALES

Timescales aim to resolve cases as quickly as is consistent with a fair and thorough investigation and will **depend on nature, seriousness and complexity of allegation.**

TARGETS: 1 week if clearly the allegation is unsubstantiated or malicious.

Where initial consideration decides no criminal offence, employer must deal with it taking advice from LADO. If **no disciplinary action** aim for **decision in 3 working days**. If a **disciplinary hearing required** aim for **15 working days**

If it becomes a police matter during the investigation the police will set a target date for review; if the Crown Prosecution Service become involved the review date should take place no later than 4 weeks after the initial evaluation

OVERSIGHT AND MONITORING: LADO responsible for liaison with case manager and police, if involved, liaison with all agencies to resolve any issues, liaising with LSCP; monitoring progress of the case is to ensure it is thorough and consistent with fair process. Reviews should be at fortnightly or monthly intervals consistent with the complexity of the case.

police will identify **specific officers** to be responsible for all matters affecting the case.

Appendix M: Management of concerns about staff that do not meet the harm threshold

Appendix L outlines the steps to be taken in response to an allegation against a member of staff. A concern about a member of staff that does not meet the 'harm threshold' is described as a "low-level" concern.

The harm threshold is met if a member of staff is alleged to have:

- behaved in a way that has harmed a child, or may have harmed a child and/or
- possibly committed a criminal offence against or related to a child and/or
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Christ's Hospital will err on the side of caution and, if there is any uncertainty about whether a concern meets the 'harm threshold' or not, then a referral will be made to the LADO, according to the procedures set out in Appendix L.

"Low-level" concerns can be described as those which cause a member of staff to feel a sense of unease, or have a "nagging doubt", however slight, that another member of staff may have acted in a way that is inconsistent with the Staff Code of Conduct (including inappropriate conduct outside of work), but which does not meet the 'harm threshold'.

Examples of staff behaviour towards students that could constitute a "low-level" concern include but are not limited to: being over-friendly with children, having favourites, taking photographs of children on their mobile phone, contrary to school policy, engaging on a one-to-one basis with a child in a secluded area, using inappropriate or sexualised language, being tactile or humiliating students.

Reporting of "low-level concerns"

Christ's Hospital staff are made aware that the Staff Code of Conduct includes specific safeguarding-related guidance. Key points are included in annual safeguarding training. By adhering to the Staff Code of Conduct staff help to safeguard children and also protect themselves. The school aims to maintain an open, trusting and transparent culture in which staff will share their safeguarding concerns, including "low level" concerns about any other adult, by **reporting any such concerns to the DSL or one of the Deputy Heads**. Staff are also encouraged to self-refer to the DSL or one of the Deputy Heads if they have found themselves in a situation which could be misinterpreted, might appear compromising to others and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standard. Reporting "low-level" concerns, and ensuring that they are dealt with effectively, protects staff from becoming the subject of potential false allegations, as well as being an essential aspect of the safeguarding of students.

Response to "low-level" concerns

Concerns may arise in a number of ways: suspicion, complaint, disclosure made by a child, parent or other adult within or outside the organisation. If a concern is reported about a member of staff which is definitely a "low level" concern as defined above, the following procedure is followed:

The DSL/Deputy Head will inform the Head Teacher of the concern. In accordance with KCSiE, the Head Teacher should be the ultimate decision-maker in respect of all "low-level" concerns.

The DSL/Deputy Head will conduct an investigation, collecting as much evidence as possible by speaking to the person who raised the concern, unless it has been raised anonymously, and to any witnesses, before speaking with the member of staff about whom the concern has been raised.

Whatever the outcome of the investigation, the DSL and Deputy Heads will keep a written record, including the details of the concern, the context in which it arose, actions taken, and the outcome. The record will be kept securely and retained until the member of staff leaves the employment of the school, so that it can be referred to regularly, and any pattern identified, including one that might suggest that the harm threshold has been met, in which case the DSL will make a referral to the LADO.

Consideration will also be given, in the case of any “low level” concern, to whether any wider cultural issue or procedure in the school enabled the behaviour to occur, and changes to policy and procedure should be implemented if required.

In accordance with Parts 3 and 4 of Keeping Children Safe in Education (2023), “low level” concerns that have arisen should not be referred to in any reference that is provided when the member of staff concerned applies for other jobs, unless they relate to issues which would normally be included in a reference, for example misconduct or poor performance. Only where a concern, or group of concerns, has met the threshold for referral to the LADO and has been found to be substantiated should it be referred to in a reference.

Appendix N: Protocol for keeping in touch with students on welfare grounds during the school holidays

Background

The school has no legal responsibility for students during holiday periods. However, the Welfare Team is aware that some students struggle with difficulties that they face at home and miss the sources of support that are afforded to them (including access to therapists) whilst they are at school. For this reason, the DSL, Assistant DSL may, in a small number of cases, arrange to keep in touch with students during the holidays, in accordance with these guidelines:

Protocol

- when a student is believed to be at risk of significant harm (actual or likely), the DSL will already have made the appropriate referral to local authority children's social care, as required by the statutory guidance.
- keeping in touch with a student is never a substitute for making a referral; it is purely a means of offering some emotional support.
- the DSL/Assistant DSL will advise the Welfare Team of any plan to keep in touch with students over holiday periods, and this will be recorded in the minutes of the Welfare Team meeting.
- the DSL/Assistant DSL will agree with the student to keep in touch via email (using their school email address) or by text or call, in which case the DSL/Assistant DSL will use their school phones only.
- the DSL/Assistant DSL will ensure that the student understands that the DSL/Asst DSL will not necessarily receive any communications immediately; in an emergency the student should contact the emergency services;
- the DSL/Asst DSL will advise the student of the approximate frequency with which they will keep in touch; this should be in the region of one or two messages a week; specific days should not be promised;
- the DSL/Asst DSL will also advise students of appropriate sources of online support that they can access during the holidays, for example: <https://kooth.com/> the NSPCC: <https://www.childline.org.uk/> and Samaritans: <http://www.Samaritans.org/how-we-can-help/contact-Samaritans>

Appendix O: Safeguarding protocol for one-to-one music lessons

CODE OF CONDUCT FOR INSTRUMENTAL MUSIC AND SINGING LESSONS

PART A: The teaching room

If a member of staff is alone in a room with a student, the guiding principle should be that the lesson (or any type of one-on-one session) can be seen by passers-by. The following should be considered and adhered to:

- if it is unrealistic to keep the door of the teaching room open, it is essential that the windows in the doors are unobstructed by object or person, and that the room is well lit;
- teachers and students should be in view of the windows for as much of the lesson as is practicable.

PART B: Physical contact

It is recognised that physical contact can be of benefit in the teaching of singing and instrumental music, but it must be viewed in the in the wider context of our primary duty to safeguard students.

1. Alternatives to physical contact

Staff should consider whether these alternatives to physical contact might serve the learning of the student sufficiently and thus employ them first. For example, a teacher might demonstrate on their own body with the student watching, or on a colleague (with their express permission).

2. Physical contact

For the safety and welfare of both students and teachers, any physical contact should be the last resort, and kept to a minimum. The only areas that could be touched in order to assess and communicate on a physical level are the arms (up to the wrist) and shoulders (for the holding of instruments, bow, posture etc.). This should not extend to the neck, chest, face, middle/lower back, fingers/hands or any other area of the body. If the teacher, using professional judgement considers physical contact is in the best interest of the learning of the student, the teacher must follow these steps:

- discuss with the student exactly what the learning issue is and how you intend to resolve it.
- seek the student's permission in every case of physical contact; it must never be assumed based on previous instance(s);
- in a collaborative department such as at Christ's Hospital, it would be perfectly acceptable for a member of staff to invite any colleague into a portion of the lesson that could involve physical contact. The above procedure of communication must still be adhered to;
- it is advisable that the teacher makes a note of any physical contact that takes place. This can be done on PASS as one is registering students. This ensures a simple, reliable, time/date-specific electronic record that can be referred to at any point in the future;

- should there be any sense of discomfort – from teacher, student, or onlooker – following physical contact, the relevant party/ies should write down their concerns immediately and report them as soon as possible.

PART C: What to do if you have concerns

Christ's Hospital's Child Protection and Safeguarding Policy gives clear guidance about what you should do if you have concerns about a student or member of staff. Staff must react to any concerns in strict accordance with the school's Child Protection Policy. If in doubt, consult any of the following who can advise on procedure:

<i>Contact</i>	<i>Email</i>	<i>Ext.</i>	<i>Mobile</i>
Debbie Stamp (Designated Safeguarding Lead)	DJS	7682	07794 452815
Daniel Calder (Asst DSL)	DAC		07973 541058
Ruth Brading (Deputy Head)	RMJB	7668	07973 432110
Luke Walters (Deputy Head)	LWGW	7465	07791 770449

Appendix P: Safeguarding during periods of remote or blended learning

During periods of remote or blended learning, for example in the event of a lockdown during a pandemic, the school will implement an appropriate Remote Learning Policy to provide students with education.

All staff will continue to adhere to key safeguarding-related policies including the Child Protection and Safeguarding Policy and the Staff Code of Conduct, in relation to their professional behaviour and obligation to report all types of safeguarding concern to the DSL.

Staff conducting lessons and one-to-one conversations with students remotely on Microsoft Teams will follow the below Guidance on Online Conferencing, which is included as an Appendix in the Remote Learning Policy:

Guidance for Online Conferencing

Aims

The purpose of this guidance is to support effective remote pastoral care, and remote teaching and learning at Christ's Hospital, during an extended period of school closure. It aims to set out the expectations of staff and students, with attention to the important considerations of safeguarding and the maintaining of professional standards. In developing this guidance, the school has referred to the following:

- The Child Protection and Safeguarding Policy
- The Student ICT Code of Conduct
- The Online Safety Policy
- The Staff Code of Conduct
- The Staff ICT Code of Conduct

This guidance **does not** cover the use of online conferencing by the school therapists/counsellors, which is subject to separate conditions, as detailed by their professional body.

The platform that we will use for online conferencing is Teams, either for pastoral care, or for lessons, using the 'Meetings' function.

- If any parents/guardians do not wish their child to engage in any one-to-one online conferencing, they may withhold permission, by notifying their child's houseparent, in the first instance.
- When planning and participating in an online conference, the following steps must be taken:
- The owner of the conference, usually a teacher, tutor or houseparent, will invite student participants via Outlook or Teams.
- Separate parental permissions will be obtained for students who are receiving individual music lessons.
- All online conferences should be conducted in a professional manner, observing the usual expectations of behaviour. Casual dress is appropriate for staff (who may be working from school classrooms or from home, depending on circumstances). Students must be dressed in daywear. Clothing should not be revealing, and it should not feature political or offensive slogans.

- Conferences should usually take place during the core school day (8.30am to 5pm, Monday to Friday). Alternative timings may be arranged, to facilitate conferences with students in different time zones. Music lessons will be provided at additional times.
- Students should access the conference in a public area of their house wherever possible. If this is not possible, other rooms such as a bedroom can be used but participants should be seated on a chair and/or at a desk.
- Students are encouraged to turn their cameras on in order to facilitate the best levels of teaching and communication. It is good practice for both teacher and student participants to blur their background if their technology has this function. Where this is not possible, participants should take care that personal items are not on display or should create a blank background behind them using a sheet or similar.
- Where teachers are sharing their desktop or interactive whiteboard during an online conference, they must ensure that no other windows are open which may display sensitive information. Outlook should be closed, and any pop-up notifications be switched off.
- Normal classroom expectations apply: language must be courteous and respectful; lesson content must be age-appropriate
- Conferences within Teams will be recorded by the owner of the conference (teacher, tutor, or houseparent).
- Students are NOT allowed to record conferences.
- Recordings may be used to support any students who were absent. These should be deleted once the course content becomes obsolete.
- Students are NOT allowed to take or share images or footage of teachers or classmates.
- If any safeguarding concerns arise from online conferencing, or from any aspect of remote learning, the school's Child Protection and Safeguarding Policy must be followed. Staff must inform the Designated Safeguarding Lead (DSL) of the concern. Students or parents should contact any member of the Child Protection and Safeguarding Team as follows:
 - Debbie Stamp, DSL: djs@chrsts-hospital.org.uk
 - Daniel Calder, Asst DSL: dac@chrsts-hospital.org.uk
 - Ruth Brading, Deputy Head: rmjb@chrsts-hospital.org.uk
 - Luke Walters, Deputy Head: lwqw@chrsts-hospital.org.uk

Appendix Q: Links to supporting policies

[Staff Code of Conduct](#)

[Safer Recruitment Policy](#)

[Staff ICT Code of Conduct](#)

[Online Safety Policy](#)

[Whistleblowing Policy](#)

[Student Code of Conduct](#)

[Student ICT Code of Conduct](#)

[Access, Visitor and Security Policy](#)

[Student Anti-bullying Policy](#)

[Equity, Diversity and Inclusion Policy](#)

[Student Mobile Phone Policy](#)

[Student Self-harm and Suicide Risk Policy](#)

[Eating Difficulties Policy](#)

[Teaching and Learning Support Policy](#)

Appendix R: Key contacts

- Designated Safeguarding Lead (DSL) Debbie Stamp 07794 452 815
- Deputy DSL: Daniel Calder 07973 541058
- Head Teacher: Simon Reid 01403 247432
- Deputy Heads: Ruth Brading and Luke Walters 01403 247789
- Governor responsible for Safeguarding: Judy Evans c/o Secretary to the Council (01403 246631)
- Treasurer of the Council of Christ's Hospital: Christopher Steane
cjs@christshospital.org.uk
- West Sussex Designated Officer (LADO) 0330 222 6450 LADO@westsussex.gov.uk
- West Sussex Early Help (Integrated Front Door) 01403 229 900;
WSChildrenservices@westsussex.gov.uk
- West Sussex Safeguarding Children Partnership 0330 222 7799;
wsscp@westsussex.gov.uk
- Sussex Police Prevent Team: 101 ext. 531 355 Channel@sussex.pnn.police.uk
- West Sussex MASH (Integrated Front Door) 01403 229 900 (Office Hours) 0330 222 7775 (Out of Hours) WSChildrenservices@westsussex.gov.uk
- Forced Marriage Unit 020 7008 0151
- Female Genital Mutilation unit (Home Office/NSPCC) 0800 028 3550
- Independent Schools Inspectorate (ISI) 020 7600 0100
- Ofsted 0300 123 4666
- Children's Commissioner for England: Rachel de Souza 020 7783 8330
- Childline 0800 1111
- NSPCC 0800 800 5000
- Samaritans 116 123

Appendix S: References

This policy has been developed in accordance with the principles established by the Children Act 1989, 2004 and the Education Act 2002 and in line with the following publications:

- Keeping Children Safe in Education (KCSIE) - DfE September 2023
- Working Together to Safeguard Children – a guide to multi-agency working to help, protect and promote the welfare of children – DfE Dec 2023;
- Disqualification under the Childcare Act 2006 – February 2015;
- What to do if You are Worried a Child is Being Abused – March 2015;
- Information Sharing – July 2018;
- Sexual Offences Act 2003;
- DfE guidance: Safeguarding Children and Safer Recruiting in Education 2011.
- West Sussex Safeguarding Children Partnership Procedures;
- Counter Terrorism and Security Act 2015 (Section 26) - February 2015;
- Prevent Duty Guidance – DfE 2015, updated 2021;
- Boarding Schools: National Minimum Standards (September 2022);
- Independent Schools Standards Regulations – guidance – April 2019
- Section 11 of The Children Act 2004
- DfE guidance: Searching, screening and confiscation: advice for schools
- Teaching Online Safety in School - DfE 2019
- UKCIS: Sharing nudes and semi-nudes: advice for education settings working with children and young people – December 2020
- Sexual Violence and Sexual Harassment between Children in Schools and Colleges: DfE advice – September 2021 (subsequently incorporated into KCSiE)
- Ofsted Review of Sexual Abuse in Schools and Colleges – June 2021
- Behaviour in Schools – advice for headteachers and school staff – September 2022
- Meeting Digital and Technology Standards in Schools and Colleges – March 2023