



# Safeguarding children & child protection policy

**CEO: Kay Charles**

**Headteacher: Russell Davey**

**Chair of Governors: CLLR Sandra Kabir**

**Designated Safeguarding Lead (Deputy Headteacher): Hermann Farrington**

**Child Protection Lead: Joanne Morton**

**Trust Link Governor for Safeguarding: Sandra Kabir**

**Local Authority Designated Lead: Brent Family Front Door 0208 937 2090 (Aqualma Murray -07810 506643) [brent.lado@gcsx.gov.uk](mailto:brent.lado@gcsx.gov.uk) (Yvonne Prince)**

**Local safeguarding Board: [www.brentlscb.org.uk](http://www.brentlscb.org.uk)**

The purpose of the TVS Safeguarding Policy is to provide clear guidance to staff and other community members and visiting professionals for the safeguarding of children and young people at The Village School.

At TVS we believe in progress, inclusion and entitlement and in order for this to be achieved all our pupils must feel safe and listened to. We believe in providing a secure environment for learning where our community of children and young people can thrive and develop to be their best selves. We know that where children have been the victims of abuse their life chances are seriously affected adversely and in the most serious cases can lead to serious harm and even death. We want to prevent this from happening. The children and young people at TVS are more at risk because of their complex needs and disabilities therefore we must be thoroughly vigilant. We have a range of support mechanisms at the school and through Brent which can be deployed which includes for example; therapeutic input. TVS will make referrals to social care if we have concerns about a child's welfare and safety. Normally parents and carers will be informed that we are making a referral, however if we feel that the child is at serious risk of harm by letting the parent or carer know we are making a referral, then we will not inform the parent or carer. In these cases, we will take advice from social care on next steps.

Allegations against staff or volunteers at TVS need to be reported to the Head of School and/or the designated lead for safeguarding in the absence of the Head of School. Accurate, updated information is available on the Brent Local Safeguarding Children Board website. The vast majority of staff who work with children and young people (paid or unpaid) act professionally and aim to provide a safe and supportive environment which secures the well-being of children and young people in their care. However, it is recognised that adults can abuse their position of trust and harm children but that also misunderstandings can occur. It is therefore essential that all possible steps are taken to ensure staff

working with children have clear safe boundaries and that processes are in place to safeguard children and young people. When an allegation is made against a member of staff paid or unpaid it must be reported to the senior designated manager for allegations against staff and volunteers, in the case of The Village School this is the Head of School. The Head of School will inform and consult with the Local Authority Designated Lead/ Officer. The discussion will establish if the volunteer or member of staff has;

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved in a way which indicates they are unsuitable to work with children

If the safeguarding allegation is against the Head teacher staff are advised to contact Brent Family Front Door and the named LADO and to inform the Chair of Governors.

AT TVS we refer to the following key statutory documentation and this underpins our work and practice; 'Working together to safeguard children' (2018), 'Keeping children safe in education' (2019), 'What to do if you think a child is being abused' (2015), 'Information sharing' (2015 (updated 2018)). TVS is a Brent Local Authority Community Special School.

Every member of staff must always remember that any action s/he takes should be in the best interest of and for the welfare of the child. Failure to follow these procedures carefully could result in further damage to a child we wish to protect. All staff **must** read the **Department for Education: Keeping Children Safe in Education Sept 2019**. This is to be found on the school website under the Information Bar, click Policies. It is the responsibility of all the community to make sure they know the latest information with regard to safeguarding and child protection. It is strongly advised that staff read all the documentation listed above to gain a full understanding of safeguarding and child protection matters. The school provides continuing professional learning and development, induction, training and guidance for all staff.

Staff have a legal duty to report certain aspects of child abuse such as FGM, see documents outlined above for more detailed information. We have a duty as professionals to share information to keep children safe. 'Working together to safeguard children' (2018) makes this clear, as does the weight of evidence and recommendations in serious case reviews over the last ten years, which detail the many failings of professionals where information was not shared at all or not promptly enough.

The curriculum provides opportunities for learning and teaching our community of pupils to keep themselves safe, through personal social and emotional development, sex and relationship education, enrichment activities and British Values education.

At The Village School where pupils may have very limited communication skills, inset training ensures staff are made aware of the necessity of being extra vigilant when safeguarding pupils.

Disabled children/young people may be especially vulnerable to abuse for a number of reasons. Some disabled children/young people may:

- Have fewer outside contacts than other children/young people.
- Receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.
- Have an impaired capacity to resist or avoid abuse.

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

### **Safeguarding information for all staff**

The designated safeguarding lead (DSL) and any deputies are most likely to have the complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns

As part of the systems within our school which support safeguarding, all staff are aware of:

- The behaviour policy and safeguarding response to children missing education
- The role and identity of the DSL and staff responsible for safeguarding

If staff have any concerns about a child's welfare, they should act on them immediately Staff should speak to the DSL and follow the school's child protection policy.

The options after staff have spoken to the DSL about a concern include:

- Managing any support for the child internally via the Village school's own pastoral support processes
- An early help assessment
- A referral for statutory services

### **Early Help Assessment**

The EHA provides a common approach, common language and a holistic assessment of the family's needs, which is meaningful to the family because they have been supported to tell their story and have worked in partnership with professionals to help them achieve their goals. The EHA can be used:

as a referral to access targeted services from Early Help, which includes the Family Solutions Team to assess, plan and review a package of support to meet each family's needs and goals to nominate families as part of Brent's Working with Families programme.

The EHA is a tool to assess and coordinate multi-agency support for children and young people with additional needs, and enables us to:

listen to children, young people and their families to identify their strengths and needs at an early stage  
assess their needs in a holistic way and help the family to set goals  
work in partnership with the family and partner agencies to deliver coordinated services  
review and monitor the family's progress towards achieving their goals.

The process is entirely voluntary and informed consent is required from the parent/carer. The EHA aims to bring together all of the information about children, young people and their families on the same form, so that families do not have to repeat the same story to different professionals. Parental consent allows relevant information to be shared between agencies, but families can choose which information they want shared and with which agency.

Assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare ('contextual safeguarding')

Further information for early help and the form for assessment can be downloaded from:

<https://www.brent.gov.uk/services-for-residents/children-and-family-support/early-help-and-support-available/getting-an-early-help-assessment/>

Information sharing is vital to good safeguarding, and fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children

All staff should raise any female genital mutilation (FGM)-related concerns with the DSL or deputy

### **Categories of abuse**

Definitions of Child Abuse (Children Act 1989 – 1991)

**Neglect:** The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold or starvation or extreme failure to carry out important aspects of care, resulting in significant impairment of the child's health or development, including non-organic failure to thrive.

**Physical:** Actual or likely physical injury to a child, or failure to prevent physical Abuse injury (or suffering) to a child including deliberate poisoning, suffocation and Munchausen's syndrome by proxy.

**Sexual:** Actual or likely sexual exploitation of a child or adolescent. Abuse may be dependant, and/or developmentally immature.

**Emotional:** Actual or likely severe adverse effect on the behaviour and emotional Abuse development ill treatment or rejection. All abuse involves some emotional ill treatment.

### **Procedures**

Please refer to Child Protection Procedures, which are displayed in all classrooms/areas in the school. **Designated staff are Hermann Farrington, Joanne Morton and Russell Davey.**

Staff should not be afraid to trust their judgement when they suspect something is wrong. Staff do not need proof before consulting the designated member of staff.

If in the course of your work you have reason to suspect that a child has been abused or being abused.

**1. Record accurate, factual and contemporaneous notes on observations, events and action taken. Sign, time, day and date the notes e.g. A.N. Other, 9.40 a.m. Wednesday 1st September 2015. Concerns forms are available in the staff shared area.**

N.B No statements should be assumptions on part of the staff.

- No child should be asked any questions.
- Any remarks made spontaneously by the child should be recorded, as far as is possible in the child's own words.

- 2. Your concerns should be reported as soon as possible to one of the designated members of staff.**
- 3. Any concerns however nebulous should be discussed with the designated member of staff.**
- 4. Any information you have on a child is strictly confidential and should only be shared on a need to know basis.**
- 5. No member of staff should mention or discuss their child protection concerns with the child's parents/carers. All concerns will be reported to the Designated Lead or Headteacher.**
- 6. When a child protection referral has been made by the designated member of staff or Head teacher, the parents/carers or alleged abuser (even if a member of staff) should not be informed of this by any member of staff, except by the designated teacher or the Head teacher.**
- 7. Never promise a child to keep a secret. If a child says "I want to tell you a secret", "Can I tell you something you won't tell anybody" explain you cannot do so. Reassure the child that help can be given to him/her.**
- 8. A child protection file for the child will be started immediately any child protection concerns are reported. This file will be kept securely in the designated area.**
- 9. If the alleged abuser is a member of the school staff, then the above procedures still apply. The school will follow the procedures outlined in the guidance issued by Brent and the Brent Local Safeguarding Children Board. For more information, the school follows the Brent procedures for managing allegations against professionals.**
- 10. In the event of a report being required on a particular child, it is the responsibility of the class teacher to write it. Reports prepared for the child protection conferences should focus on the child's educational progress and achievements, attendance, behaviour, participation, relations with other children and, where appropriate, the child's appearance (a copy of the pro forma is available in the staff shared area). If relevant, reports should include what is known about the child's relations with his or her family and the family structure. Reports should be objective and based on evidence. They should distinguish between fact, observation, allegation and opinion.**

**Reports may be made available to the child's parents/carers at the child protection conference. Please email it to the designated member of staff at least five days before the conference.**

## **DEFINITIONS OF CHILD ABUSE AND NEGLECT**

### **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.

Children in homes where domestic violence takes place are also at risk.

Signs could include:

- Bruises, scratches

- Cigarette burns/ other burns
- Changes in behaviour, not wanting to go home
- Flinching at unexpected movements
- Not wanting to get changed for PE or swimming activities/ notes from home to prevent participation
- Acting out violence through play or notable aggressive behaviour with peers ☐ Threats to hit/ hurt or kill peers or staff

See below also updated guidelines regarding FGM.

### **Female Genital Mutilation (FGM) is physical abuse**

The law: A disclosure by a person that they have been subjected to FGM to a professional must be reported to the police and social care. If a professional through their normal practice witnesses an incident of FGM this must also be reported. It is mandatory for professionals to make these referrals since October 31<sup>st</sup> 2015.

**Definition: FGM** involves procedures that include the partial or total removal of the external genital organs for cultural or other non - therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is against the law except when carried out by a registered medical professional on medical or mental health grounds. It is also illegal for someone to arrange for a child to go abroad with the intention of having her circumcised. It is an extremely harmful practice which violates human rights.

Female circumcision, excision or infibulation was made illegal in this country by the Prohibition of Female Circumcision Act in 1985. The Female Genital Mutilation Act 2003 strengthens and amends the 1985 legislation. It makes it an offence for UK nationals or permanent residents to carry out FGM abroad, or to aid and abet, counsel or procure the carrying out of FGM abroad.

FGM involves the use of instruments to circumcise, mutilate, or alter female genitalia, without reference to medical or surgical procedures, and with or without the supervision of a registered medical practitioner.

This practice is not required by any major religion.

The practice is illegal and medical evidence indicates that FGM causes harm to those who are subjected to it. Girls may be circumcised or genitally mutilated illegally by doctors or traditional health workers in the UK or sent abroad for the operation.

A child may be considered to be at risk if it is known that other girls in the family have been subjected to the procedure. FGM is typically performed on girls between the ages of 4 and 13 years although in some cases it is performed on new born babies or young women prior to marriage or pregnancy.

### **What signs may a child exhibit if they are a victim of FGM?**

- Difficulty walking, sitting or standing
- Spending longer than normal in the bathroom or toilet due to difficulties urinating

- Fracture or dislocation of legs/ arms as a result of restraint
- Spend long periods of time away from a classroom during the day with bladder or menstrual problems
- Severe pain in groin area
- Haemorrhage
- Being withdrawn (emotional and psychological shock)
- Urinary tract infections
- Changes in behaviour, attitudes, relationships
- Underachieving
- Feelings shown through art work/ written work

Any concerns that a child is at risk of having or having had FGM must be reported immediately to the designated lead for child protection or the Head teacher. The designated lead must report this to the authorities, the police or Brent Family Front Door. You may prefer to make the report yourself and inform the designated lead that you are doing so.

### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- Seeing or hearing the ill-treatment of another;
- Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children;
- Exploiting and corrupting children.

Signs could include:

- Change in behaviour lack of self - esteem and loss of confidence
- Frequent Tearfulness
- Not wanting to go home
- Constantly putting themselves or others down

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. Bullying, homophobic bullying, not recognising the rights of people regarding gender reassignment, harassment and cyber bullying would all constitute emotional abuse. Staff should also be aware of the emotional abuse inflicted on children who witness domestic violence, are subjected to enforced engagements, marriage and other harmful practices. This includes where there are signs of radicalisation.

### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including child sexual exploitation, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. It may begin with acts of 'grooming'. Staff need to be aware that perpetrators often 'groom' the adults around the children as well as the child. For example, in a recent serious case review it was reported that a trusted member of staff employed at a nursery provision, groomed her colleagues so that she could gain access to young children on her own for the sole purpose of sexually abusing them.

Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003.

Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Signs of sexual abuse could include:

- Change in behaviour/ loss of confidence/ self esteem
- Bed wetting (which has not been experienced previously)
- Discomfort when urinating or other discomfort related to genitals
- Sexualised behaviour
- Rocking/ withdrawal from activities and engagement
- Isolation from peers
- Visible signs/ marks where children who require personal care may be the victims of sexual abuse
- Bruising to arms and upper legs
- Not wanting to go swimming or take part in PE/ letters from home to prevent access to these subjects or residential journeys.

Staff need to be aware of the prevalence and signs of child sexual exploitation (CSE) and report immediately if they have concerns. In Brent there is evidence that this often related to gang activity, but CSE takes many forms and awareness of the national picture, trends and signs is vital to disrupt CSE activity. Recent case reviews of Rotherham, 2014, make it clear that CSE is prevalent and can harm hundreds of children and young people.

The sexual exploitation of children is described in Government guidance as 'involving exploitative situations, contexts and relationships where young people receive something e.g. food accommodation,



drugs, alcohol, cigarettes, affection, gifts, money as a result of their performing or another performing on them sexual activities.’

It can occur through the use of technology without the child’s immediate recognition e.g. being persuaded to post sexual images on the internet, mobile phones without immediate payment or gain.

In all cases those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength or economic resources and in the case of some gangs, intimidation by the use of weapons or threats and acts of violence against family members. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.

What marks out child sexual exploitation is an imbalance of power within the relationship. The perpetrator holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Children involved in any form of sexual exploitation should be treated as the victims of the abuse. The aim is to protect them from further harm.

Signs could include:

- Change in behaviour and attitude
- Sexualised behaviour
- Deteriorating attendance, lateness
- Going out of school at lunchtime
- Expensive technology, gifts, clothing
- Appearing withdrawn and uncommunicative, dropping out of former friendship groups, forming friendships which seem out of character
- Tiredness and drop in standards of work
- Parents/ carers express concerns and worries
- Changes in clothing during the course of the day **Neglect**

Neglect is the persistent failure to meet a child’s basic and physical and /or psychological needs, likely to result in the serious impairment of the child’s health or development. It is important to note that in a significant number of serious case reviews, notably Daniel Pelka (but others before him) signs of abuse, and escalating neglect were not connected to other forms of abuse that the child was being subjected to. In child deaths there are often links to reports of neglect or where signs of neglect have not been properly followed up and investigated.

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

Once a child is born, neglect may involve a parent 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-giver);
- Ensure access to appropriate medical care or treatment.

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

Signs of neglect could include:

- Poor standard of clothing, too small/ far too big for the child
- Lack of cleanliness
- Child is hungry may need to steal food
- Low self- esteem, withdrawn
- Repeated illnesses, chest infections
- Fatigue, drawn, undernourished
- No outdoor coat or warm clothing, shoes badly damaged and ill fitting
- Learning and progress may be adversely affected
- Parent/ carers do not attend appointments
- Child has bruises from falling over, lots of scratches, grazes, perhaps burns from lack of supervision (could be linked to other types of abuse).

## **OTHER TYPES OF ABUSE**

### **Preventing Radicalisation: The Prevent Duty**

The Counter-Terrorism and Security Act (February 2015) places a duty on TVS as a school, in the exercise of its functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent Duty") and other expressions of radicalisation. TVS also recognises its duty to ensure that members of staff identify where young people are vulnerable to being drawn into terrorism, and the senior leadership team understands that it has a role to play in working with the police and local authorities to provide support to these individuals. With regard to 'Keeping Children Safe in Education 2016', TVS recognises its duty to actively promote British values, and this duty is appropriately reflected within the school's curriculum and enrichment activities.

TVS recognises that internet sites are part of 'grooming' strategies set up to radicalise children and young people. This does not solely apply to so called 'Muslim Extremists', this also applies to right wing fascist organisations and individuals who have used the internet to publish their views and incite hatred.

At TVS we respect all our community and celebrate our diverse heritage, cultures and religions. We are stronger for it.

Signs of radicalisation could include:

- Disaffection with authority and or peers/ family
- Vocalisation or writing of extremist views
- Threats to do harm
- Obsessive engagement with website and social media which promote radicalisation and extremist views

- Change of attitude or friendship groups
- Change of behaviour

### **Children Missing from Education (CME)**

Local authorities have a duty to identify children of compulsory school age who are missing education in their area. TVS staff recognise their duty to co-operate with local authorities in this regard. A child missing from education is a potential indication of abuse or neglect. The school has in place appropriate safeguarding policies and procedures for children who go missing from education, particularly on repeat occasions. TVS staff are alert to signs to look out for of potential safeguarding concerns, such as travelling to conflict zones, FGM and forced marriage. TVS staff maintain an admissions and attendance register for this purpose. TVS recognises its duty to inform the local authorities of any pupil who is going to be deleted from the admissions register, for the reasons stated in KCSIE July 2015, or for any other reason.

### **Honour Based Violence**

So-called ‘honour-based’ violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including

Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

### **Indicators**

There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of [the Multi agency statutory guidance on FGM](#) (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the [Multi-agency guidelines: Handling case of forced marriage](#).

### **Relationship Abuse**

Abuse in relationships can happen to anyone. It’s not normal, it’s never OK and definitely not part of a healthy relationship. It isn’t always physical, it can be emotional and sexual abuse too. If your relationship leaves you feeling scared, intimidated or controlled, it’s possible you’re in an abusive relationship.

If you’re experiencing abuse, or have done in the past, please remember that you’re not to blame and there are people who can [help you](#).

Is there ever an excuse for relationship abuse?

No. There’s never an excuse for relationship abuse. Anger, jealousy, alcohol or wanting to protect the other person – none of these are excuses.

### **Other factors specific to The Village School and Brent: Gangs in Brent**

In Brent gangs are a significant threat to children and young people who are vulnerable. This could be associated with organised crime and may involve very young children. Gang leaders will groom children via rewards such as bikes, trainers, money in return for making deliveries, taking messages, hiding weapons and so forth. Intimidation is also used via threatening family members. Initiation can also lead to rape and assault on children and young people. The gangs in Brent indicate that leaders are parents themselves and have set up intricate systems of making large sums of money from the selling and dealing of drugs and prostitution, often across borders and sometimes in other parts of the country. The links to other areas of abuse are clear; children missing in education, child sexual exploitation, emotional and physical abuse. Signs could include:

- Change in behaviour
- New clothes/ gear/ technology/ bikes
- Wearing colours or indications of a local gang
- Post code of home
- Deteriorating attitudes to school and behaviour
- Attendance, punctuality deterioration

### **Attendance**

Attendance of pupils is monitored carefully. In our special school we have many pupils who have complex medical needs and conditions which require hospitalisation and long periods of recuperation. Where parents request extended leave it presents a dilemma, because we need to weigh up the benefits of children with complex disabilities having the opportunity to be part of a family trip to their parents' country of origin, or to meet grandparents. If the school refuses to engage in this conversation the risks escalate. The parents may go on the trip and leave their disabled child in an unsuitable environment, the child may have to go into a respite facility. If the parents believe that they can visit the head and make a request openly, it provides the opportunity for a discussion about FGM, forced marriage and so forth.

### **Access to information on other types or contexts of abuse**

There are other forms of abuse and members of staff are encouraged to be familiar with contexts of abuse as described on the TES, NSPCC and GOV.UK websites. These may include:

Bullying and cyberbullying, sexting

Domestic violence, teenage relationship abuse

Drug use and abuse

Fabricated or induced illness

Forced marriage

Harmful practices

Gangs and youth violence

Gender-based violence / violence against women and girls (VAWG)

If you have any concerns outside of school hours or in exceptional circumstances referrals can be made directly to the Brent Family Front Door by telephone on **02089374300**

Safeguarding Policy TVS Autumn 2018 – Review Autumn 2019 (unless new in year updates)

For further information you can visit the Brent Local Safeguarding Children Board Website:  
[www.brentlscb.org.uk](http://www.brentlscb.org.uk)

Additional related policies are available on the TVS web site:

<http://www.tvs.brent.sch.uk/website/policies/144472>

positive behaviour policy / Restrictive physical intervention and positive handling of pupils / online security /  
policy for toileting and intimate care /

Next review: September 2019 ( unless new guidance )
---

### Revision history

Date	Details	Author
Sept 2017	Reviewed	HF
Sept 2018	Reviewed and updated	HF
January 2019	Updated	HF
September 2019	Updated	HF

