Thriveology Wellness CIC

Safeguarding Policy.

September 2026

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September 2026
To be reviewed by September 2027

Company number: 15491285

Updated against the uploaded September 2026 model safeguarding policy.

Designated Safeguarding Lead: Shellie Rashbrook
Deputy Designated Safeguarding Lead: Aimee Northcote

Board approval date: 1st September 2026

Contents

Thriveology Wellness CIC Safeguarding Policy

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

Policy Statement

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

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

Aims

- To provide staff with the framework to promote and safeguard the wellbeing of

children and in so doing ensure they meet their statutory responsibilities.

- To ensure consistent good practice across the school.
- To demonstrate our commitment to protecting children.

Principles and Values

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all staff should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

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

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

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

As an organisation, we review this policy at least annually and in line with DfE, HSCP, HCC and any other relevant guidance.

Date Approved by Board of Directors: 1st September 2026

Areas of Safeguarding

Safeguarding areas can be separated into specific areas: - - emerging or high-risk issues; - those related to the pupils as an individual; - other safeguarding issues affecting pupils; - and those related to the running of the school.

Definitions

Within this document:

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

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

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

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

Key personnel

The designated safeguarding lead for Thriveology Wellness CIC is: Shellie Rashbrook

The deputy designated safeguarding lead is/are: Aimee Northcote

Part 1 – High risk and emerging safeguarding issues

Contextual Safeguarding

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school/college and/or can occur between children outside of our school/college. All staff, but especially the designated and deputy/deputies safeguarding leads should consider whether children are at risk of abuse or exploitation in situations outside their families.

All staff should be aware that abuse, neglect exploitation and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone. In most cases, multiple issues will overlap.

Risk and harm outside of the family can take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse including physical sexual, emotional abuse and stalking), criminal exploitation (including financial exploitation), serious youth violence, county lines and radicalisation.

As an organisation, we will consider the various factors that can impact the life of any pupil about whom we have concerns. We will consider the level of influence that these factors have on their ability to be protected and remain free from harm, particularly around child exploitation or criminal activity.

What life is like for a child outside the school gates, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks include, but are not limited to, political, environmental, animal rights or faith-based extremism that may lead to a child becoming radicalised. All staff have received prevent training/undertaken e-learning/received awareness training in order that they can identify the signs of children being radicalised.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation and the grooming of children can occur through many different methods, such as social media or the internet, and at different settings.

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

Any child who is considered vulnerable to radicalisation will be referred by the DSL using the National Referral Form: Prevent | Hampshire County Council (hants.gov.uk). The

Counter Terrorism Police and Children's Services through MASH will then be informed. If the Counter Terrorism Police consider the information to be indicating a level of risk, a "channel panel" will be convened and Thriveology Wellness CIC will attend and support this process.

Gender based violence / Violence against women and girls

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

The government has a strategy looking at specific issues faced by women and girls. Within the context of this safeguarding policy the following sections are how we respond to violence against girls: female genital mutilation, virginity testing and hymenoplasty, forced marriage, honour- or faith-based violence and teenage relationship abuse all

fall under this strategy.

Female Genital Mutilation (FGM)

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

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

FGM is illegal in the UK.

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

At no time will staff examine pupils to confirm concerns

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

While FGM has a specific definition, there are other abusive cultural practices which can be considered harmful to women and girls. Breast ironing is one of five UN defined 'forgotten crimes against women.' It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay

the appearance of puberty. This practice is considered to be abusive and should be referred to children's social care.

Virginity testing and hymenoplasty

Staff should be aware that virginity testing and hymenoplasty became illegal in 2022 and that it is a criminal offence for anyone to perform or assist in the performance of FGM, virginity testing or hymenoplasty, in the UK or abroad, or to fail to protect a person under 16 for whom they are responsible. For cases where it is believed that a girl may be vulnerable to virginity testing or hymenoplasty, the staff will inform the DSL who will report it as with any other child protection concern.

Virginity testing is any examination (with or without contact) of the female genitalia intended to establish if vaginal intercourse has taken place. This is irrespective of whether consent has been given.

Hymenoplasty is a procedure undertaken to reconstruct a hymen. The aim of the procedure is to ensure that a woman bleeds the next time she has intercourse to give the impression that she has no history of vaginal intercourse.

Forced Marriage

[an alternative and fuller summary about the risk and impact of forced marriage on pupils can be found in the multi-agency guidance of the forced marriage unit page 32 - 36]

A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into marriage. Threats can be physical or emotional and psychological. Duress can include physical, psychological, financial, sexual and emotional pressure. In developing countries 11% of girls are married before the age of 15. One in 3 victims of forced marriage in the U.K. is under 18.

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

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police safeguarding team or children's social care. Policies and practices in this school reflect the fact that while all members

of staff, including teachers, have important responsibilities with regard to pupils who may be at risk of forced marriage,

teachers and school leaders should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

Characteristics that may indicate forced marriage

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

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

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

Honour or Faith-Based Abuse

So-called 'honour' or faith-based abuse (HBA) encompasses incidents or 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. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

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

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture
- convert to a different faith from the family
- are exploring their sexuality or identity
- Women and girls are the most common victims of honour-based abuse

however, it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

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

All forms of honour-based abuse are abusive (regardless of the motivation) and should be handled and escalated as such. If staff believe that a pupil is at risk or has already suffered from honour-based abuse, they will report to the DSL who will follow the usual safeguarding referral process; however, if it is clear that a crime has been committed or the pupil is at

immediate risk, the police will be contacted in the first instance. It is important that, if honour-based abuse is known or suspected, communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

Teenage Relationship Abuse* (If you are a primary school, you could leave this paragraph in and amend as follows)

Relationship abuse can take place at any age and describes unacceptable behaviour between two people who are in a relationship.

Research has shown that teenagers do not always understand what may constitute abusive and controlling behaviours, e.g. checking someone's 'phone, telling them what to wear, who they can/can't see or speak to or coercing them to engage in activities they are not comfortable with. The government campaign "disrespect nobody" provides other examples of abusive behaviour within a relationship.

This lack of understanding can lead to these abusive behaviours feeling 'normal' and therefore left unchallenged, as they are not recognised as being abusive.

SECONDARY SCHOOLS: In response to these research findings, Thriveology Wellness CIC will provide education to help prevent teenagers from becoming victims and perpetrators of abusive relationships, by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships. This will form part of Thriveology Wellness CIC's curriculum content in respect of Relationship Education and in developing this curriculum Thriveology Wellness CIC will follow the RSHE guidance (July 2025): Relationships Education, Relationships and Sex Education and Health Education guidance

PRIMARY SCHOOLS: In response to these research findings, Thriveology Wellness CIC will provide education to help prevent teenagers from becoming victims and perpetrators of abusive relationships. In the context of our primary school, we will encourage and educate children to develop positive and respectful relationships with others and to understand consent in its broadest form. This will form part of Thriveology Wellness CIC's curriculum in respect of PSHE and Relationship Education and in developing this curriculum school will follow the RSHE guidance (July 2025) Relationships Education, Relationships and Sex Education and Health Education guidance

If the school has concerns about a child in respect of relationship abuse, it will report those concerns in line with procedures to the appropriate authorities as a safeguarding concern, a crime or both.

Sexual Violence and Sexual Harassment Between Children

Sexual violence and sexual harassment (SVSH) can occur between two children of any age and sex from primary to secondary stage and into colleges. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Harmful sexual behaviour exists on a continuum and may escalate into sexual harassment or sexual violence; it can occur online or face-to-face and is never acceptable.

Within our provision all staff receive training about sexual violence and sexual harassment and what to do if they have a concern or receive a report. Whilst any report of sexual violence or sexual harassment should be taken seriously, staff are aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. This pattern of prevalence will not, however, be an obstacle to ALL concerns being treated seriously.

Staff are also aware that children with disabilities are three times more likely to be abused than their peers.

Thriveology has a zero-tolerance approach to SVSH. We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up. It cannot be described as 'banter,' 'having a laugh' or 'boys being boys.

We will also take seriously any sharing of sexual images (photos, pictures or drawings) and videos; sexual jokes, comments or taunting either in person or on social media; or online sexual harassment.

The child protection policy has a clear procedure for dealing with SVSH.

We will follow Part five in KCSiE 2026 Child-on-child sexual violence and sexual harassment by:

- Making it clear that there is a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated. It should never be passed off as "banter," "just having a laugh," "a part of growing up" or "boys being boys."
- Understanding that a failure to do so can lead to a culture of unacceptable behaviour, misogyny, an unsafe environment and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it.
- Recognising, acknowledging, and understanding the scale of harmful sexual behaviour (HSB), sexual harassment and sexual abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported.
- Recognising the escalatory nature of misogyny and the benefits of early identification
- to support Thriveology Wellness CIC's approach to minimising the risk of HSB, sexual harassment and sexual violence, and
- Also challenging physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up
- skirts. Dismissing or tolerating such behaviours risks normalising them. All staff will maintain the attitude that "It could happen here."

Sexism and stereotyping

The new RSHE Guidance (July 2025) Relationships Education, Relationships and Sex Education and Health Education guidance outlines the importance of developing positive concepts of masculinity and femininity.

Both within and beyond the classroom, staff should be conscious of everyday sexism, misogyny/misandry, homophobia, biphobia and stereotypes, and should take action to build a culture where prejudice is identified and tackled. Staff have an important role in modelling positive behaviour and avoiding language that might perpetuate harmful stereotypes. Pupils should understand the importance of challenging harmful beliefs and attitudes and should understand the links between sexism and misogyny and violence against women and girls. Where misogynistic ideas are expressed at school, staff should challenge the ideas, rather than the person expressing them.

Pupils may be exposed to online content which normalises harmful or violent sexual behaviours, which might include sexist and misogynistic influencers who normalise sexual harassment and abuse. Young people may be more vulnerable to this content when they have low self-esteem, are being bullied, or have other challenges in their lives. Teachers should encourage pupils to consider how this content may be harmful to both men and women, while avoiding stigmatising or perpetuating harmful stereotypes about boys, and avoiding directly signposting to specific content and content producers.

Upskirting

In 2019 the Voyeurism Offences Act came into force and made the practice of upskirting illegal.

Upskirting is defined as someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks, with or without underwear. The intent of upskirting is to gain sexual gratification or to cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.

If staff become aware that upskirting has occurred, this will be treated as a sexual offence and reported accordingly to the DSL and onwards to the police.

Behaviours that would be considered as sexual harassment which may be pre-cursors to upskirting, such as the use of reflective surfaces or mirrors to view underwear or genitals, will not be tolerated and Thriveology Wellness CIC will respond to these with appropriate disciplinary action and education.

Pupils who place themselves in positions that could allow them to view underwear, genitals or buttocks, will be moved on. Repeat offenders will be disciplined. These locations could include stairwells, under upper floor walkways, outside changing areas and toilets or sitting on the floor or laying down in corridors.

If technology that is designed for covert placement and could be used to take upskirting or indecent images is discovered in the provision, it will be confiscated. If the technology is in location and potentially may have captured images, this will be reported to the police and left in situ so that appropriate forensic measures may be taken to gather evidence.

Any confiscated technology will be passed to the senior leader to make a decision about what happens to the items. This will be carried out under the principles set out in the government guidance on searching, screening and confiscation.

If the image is taken on a mobile phone, the phone will be confiscated under the same principles. This may need to be passed to the police for them to investigate, if there is evidence that a crime has been committed.

The Trigger Trio

The term ‘Trigger Trio’ has replaced the previous phrase ‘Toxic Trio’ which was used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to adults and children has occurred.

The Trigger Trio are viewed as indicators of increased risk of harm to children and young people. In an analysis of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the triggers were present. These factors will have a contextual impact on the safeguarding of children and young people.

Domestic Abuse

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected.”

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home. The government will issue statutory guidance to provide further information for those working with domestic abuse victims and perpetrators, including the impact on children.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

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

- being withdrawn
- suddenly behaving differently
- anxiety
- being clingy
- depression
- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
- missing school
- changes in eating habits
- obsessive behaviour
- experiencing nightmares
- taking drugs

- use of alcohol
- self-harm
- thoughts about suicide

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

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

Parental mental health

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

For children, the impact of poor parental mental health can include:

- The parent's/carer's needs or illnesses taking precedence over the child's needs.
- The child's physical and emotional needs being neglected.
- The child acting as a young carer for a parent or a sibling.
- The child having restricted social and recreational activities.
- The child finding it difficult to concentrate, potentially having an impact on educational achievement
- The child missing school regularly as (s)he is being kept home as a companion for a parent/carer.
- The child adopting paranoid or suspicious behaviour as they believe their parent's delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child.

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

Parental Substance misuse

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

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

For children, the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency)
- Lack of engagement or interest from parents in their development, education or wellbeing

- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour
- Bullying (including due to poor physical appearance)
- Isolation – finding it hard to socialise, make friends or invite them home
- Tiredness or lack of concentration
- Child talking of or bringing into school drugs or related paraphernalia
- Injuries /accidents (due to inadequate adult supervision)
- Taking on a caring role
- Continued poor academic performance including difficulties completing homework on time
- Poor attendance or late arrival.

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

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

Young Carers

As many as 1 in 12 children and young people provide care for another person. This could be a parent, a relative or a sibling and for different reasons such as disability, chronic illness, mental health needs, or adults who are misusing drugs or alcohol.

Pupils who provide care for another are Young Carers. These young people can miss out on opportunities, and the requirement to provide care can impact on school attendance or punctuality, limit time for homework, leisure activities and social time with friends and impact upon behaviour and wellbeing. Early identification is essential to ensure young carers receive support at the time and by the appropriate services.

As an organisation we may refer a young carer to children's social care for a carers assessment to be carried out. We will consider support that can be offered and make use of the resources and guidance from Save the Children and Hampshire Young Carer's Alliance Hampshire Young Carers Alliance, Eastleigh in their young carers work.

Missing, Exploited and Trafficked Children (MET)

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

Children Absent from Education

'All staff should be aware that children being absent from school or college, particularly repeatedly and/or for prolonged periods, and children missing education can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect such as sexual abuse or exploitation and can also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, so called 'honour'-based abuse or risk of forced marriage. Early intervention is essential to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. It is important that staff are aware of their school's or college's unauthorised absence procedures and children missing education procedures.'

DSL's and staff should consider:

Missing sessions: Are there patterns in the sessions that are being missed? Is this more than

avoidance of a subject, activity or a staff member? Does the child remain on the site or are they absent from the site?

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

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

- Is the child being sexually exploited during this day?
- Is the child avoiding abusive behaviour from peers or staff on this day?
- Do the parents appear to be aware and are they condoning the behaviour?
- Are the pupil's peers making comments or suggestions as to where the pupil is?
- Can the parent be contacted and made aware?
- Continuous missing days: Has the school been able to make contact with the parent(s)? Is medical evidence being provided? Are siblings attending school (either our or local schools)?
- Did we have any concerns about radicalisation, FGM, forced marriage, honour-based violence, sexual exploitation?
- Have we had any concerns about physical or sexual abuse?
- Does the parent have any known medical needs? Is the child safe?

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

Children Missing from Home or Care

It is known that children who go missing are at risk of suffering significant harm, and there are specific risks around children running away and the risk of sexual exploitation. The Hampshire Police Force, as the lead agency for investigating and finding missing children, will respond to children going missing based on on-going risk assessments in line with current guidance.

The police definition of 'missing' is: “Anyone whose whereabouts cannot be established will be considered as missing until located, and their well-being or otherwise confirmed."

Various categories of risk should be considered, and Hampshire Local Safeguarding Children’s Partnership provides further guidance.

Local authorities have safeguarding duties in relation to children missing from home and should work with the police to risk assess and analyse data for patterns that indicate particular concerns and risks. The police will prioritise all incidents of missing children as medium or high risk. Where a child is recorded as being absent, the details will be recorded by the police, who will also agree review times and any on-going actions with person reporting.

A missing child incident would be prioritised as ‘high risk’ where:

- the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or
- the child may have been the victim of a serious crime; or
- the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

The high-risk category requires the immediate deployment of police resources. Authorities need to be alert to the risk of sexual exploitation or involvement in drugs, gangs or criminal activity, trafficking and to be aware of local “hot spots,” as well as concerns about any individuals with whom children might runaway. Child protection procedures must be initiated in collaboration with children's social care services whenever there are concerns that a child who is missing may be suffering, or likely to suffer, significant harm.
Within any case of children who are missing both push and pull factors will need to be considered.

Push factors include:

- Conflict with parents/carers
- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- The Trigger Trio (domestic abuse, parental mental ill health and parental substance misuse)

Pull factors include:

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

We will inform all parents of children who are absent (unless the parent has informed us). If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to contact the police to inform them or do so ourselves with urgency.

Child Sexual Exploitation (CSE)

CSE is a form of abuse that occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into taking part in sexual activity(a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or threat of violence.

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or penetration with an object) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds who can legally consent to have sex. This can be committed by an individual or an organised network and most sexual abuse is committed by those previously known to the victim.

Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. (from KCSiE). As with CCE, victims are not always recognised and can be criminalised for actions they take whilst under coercion. Children are manipulated, groomed and exploited without fully understanding the abuse they are experiencing. We understand that it is not possible for a child to give informed consent to engage in exploitative activity, and they cannot give consent to be exploited, abused or trafficked.

CSE can: -

- Be committed or facilitated by an organised network or gang and the victim may identify as being part of this group.
- Be a one-off occurrence or a series of incidents over time
- Be opportunistic or complex organised abuse
- Affect both males and females – this is not gender specific.
- Be between males and females or between the same genders.
- Be perpetrated by someone much older than the victim, but children may also be exploited by other children, who themselves may be experiencing exploitation.
- Where this is the case, it is important that the child perpetrator is also recognised as a victim.
- Include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation. This may constitute modern slavery.

Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/ other issues, children who associate with other children involved in exploitation. There are a range of other factors that could make a child more vulnerable to exploitation including sexual identity, communication ability, physical strength, status and access to economic or other resources. However, it is important to recognise that any child can be targeted.

Indicators a child may be at risk of CSE include:

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

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

We educate all staff in the signs and indicators of sexual exploitation. Children who have been exploited will need additional support to help maintain them in education. We use the child exploitation risk assessment form (CERAF) and associated guidance from the Hampshire Safeguarding Children Partnership to identify pupils who are at risk; the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form which can be downloaded from https://www.safe4me.co.uk/portfolio/sharing-information/

Child Criminal Exploitation (including county lines)

Child Criminal Exploitation (CCE) is defined as: - 'where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can occur through the use of technology'.

The exploitation of children and young people for crime is not a new phenomenon as evidenced by Fagan's gang in Charles Dickens book, Oliver Twist. Children under the age of criminal responsibility, or young people who have increased vulnerability due to push: pull factors who are manipulated, coerced or forced into criminal activity provide opportunity for criminals to distance themselves from crime.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Some specific forms of CCE can include children being forced or manipulated into working in cannabis factories, shoplifting or pickpocketing, committing vehicle crime, threatening or committing serious violence to others, or transporting drugs or money through county lines.

'County lines' refers to a 'phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection.

Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, children's homes and care homes. They are also increasingly being targeted and recruited online using social media.

Children can easily become trapped by this type of exploitation, as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into drug debts which need to be worked off.

Indicators that a child may be criminally exploited include:

- Increase in Missing episodes – particular key as children can be missing for days and drug run in other counties.
- Having unexplained amounts of money, new high-cost items and multiple mobile phones
- Increased social media and phone/text use, almost always secretly.
- Older males in particular seen to be hanging around and driving.
- Having injuries that are unexplained and being unwilling to have them looked at.
- Increase in aggression, violence and fighting.
- Carrying weapons – knives, baseball bats, hammers, acid
- Travel receipts that are unexplained
- Significant missing from education and disengaging from previous positive peer groups.
- Association with other young people involved in exploitation.
- Children who misuse drugs and alcohol
- Parent concerns and significant changes in behaviour that affect emotional wellbeing.

We understand that children who are criminally exploited should have their vulnerabilities recognised by adults and professions and we will treat any child who may be criminally exploited as a victim. We understand that it is not possible for a child to give informed consent to engage in criminal or other exploitative activity, and they cannot give consent to be exploited, abused or trafficked.

In cases of suspected CCE, we will use the CERAF form and guidance in our referral to children's social care (New version of the Child Exploitation Risk Assessment Framework (CERAF) - Hampshire SCP). If a referral to the police is also required, as crimes have been committed on the school premises, these will also be made. Children who have been exploited will need additional support to help maintain them in education.

If there is information or intelligence about child criminal exploitation, we will report this to the police via the community partnership information form. https://www.safe4me.co.uk/portfolio/sharing-information/

Serious Violence

Serious violence is a continuing safeguarding concern. It may involve physical assault, carrying, threatening with or using weapons, often in the context of peer conflict or bullying and it can also be associated with criminal exploitation. Concerns about a child carrying or using a weapon (or expressing an intent to do so) should be reported and actions taken, which may include any action needed to de-escalate peer conflict.

Schools play a key role in protecting children from violence, safeguarding victims, as well as those who may be at risk or, or involved in violence (who are victims themselves).

All staff will be made aware of indicators, which may signal that pupils, or members of their families, are at risk from or involved with serious violent crime.

These indications can include but are not limited to;

- increased absence from school;
- a change in friendships or relationships with older individuals or groups;
- a significant decline in performance;
- signs of self-harm; significant change in wellbeing; signs of assault;
- unexplained injuries;
- unexplained gifts and/or new possessions; possession of weapons;

A fuller list of risk factors can be round in the Home Office's Home Office – Serious Violence Strategy, April 2018

Staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school or having time in alternative provision, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Advice for staff can be found in in the Home Office's Preventing youth violence and gang involvement , Criminal exploitation of children and vulnerable adults: county lines - GOV.UK and the Youth Endowments Fund's Education, Children and Violence | Youth Endowment Fund

We have a duty to not only prevent the individual from engaging in criminal activity, but also to safeguard others who may be harmed by their actions. Early evidence-based support for those considered at risk, as well as in 'teachable moments' when issues emerge is vital. This includes access to trusted to adults, social and emotional skill support, and where available, targeted interventions such as mentoring or therapeutic support.

All staff will be made aware that violence can peak in the hours just before and just after school, when pupils are travelling to and from school and can concentrate in particular places. These times can be particularly risky for young people involved in serious violence and it is important that schools/colleges try to understand where these places are, with a view to working with partners to promote safety for children. Listening to children can also help build understanding of the local context and where and when they feel unsafe.

We will report concerns of serious violence to police and social care. If there is information or intelligence about potential serious violence, we will report this to the police via the community partnership information form. https://www.safe4me.co.uk/portfolio/sharing- information/

Trafficked Children and modern slavery

Modern slavery encompasses exploitation, including sexual exploitation, criminal financial exploitation, human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including forced labour, slavery, servitude, forced criminality and the removal of organs.

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

combination of:

- Movement (including within the UK)
- Control, through harm / threat of harm or fraud
- For the purpose of exploitation

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

There are a number of indicators which suggest that a child may have been.

trafficked into the UK and may still be controlled by the traffickers or receiving.

adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy.
- Has a history of going missing and unexplained moves?
- Is required to earn a minimum amount of money every day.
- Works in various locations
- Has limited freedom of movement.
- Appears to be missing for periods.
- Is known to beg for money.
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good.
- Is one among a number of unrelated children found at one address.
- Has not been registered with or attended a GP practice.
- Is excessively afraid of being deported.
- For those children who are internally trafficked within the UK indicators include:
- Physical symptoms (bruising indicating either physical or sexual assault)
- Prevalence of a sexually transmitted infection or unwanted pregnancy
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation/the child has been seen in places known to be used for sexual exploitation.
- Evidence of drug, alcohol or substance misuse
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding
- Persistently missing, staying out overnight or returning late with no plausible explanation.
- Returning after having been missing, looking well cared for despite having not been at home.
- Having keys to premises other than those known about
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity.
- Truancy / disengagement with education
- Entering or leaving vehicles driven by unknown adults
- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming online relationships, particularly with adults.

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

When considering modern slavery, there is a perception that this is taking place overseas. The government estimates that tens of thousands of slaves are in the UK today.

Young people being forced to work in restaurants, nail bars, car washes and harvesting fruit, vegetables or other foods may have all been slaves 'hiding in plain sight' within the U.K and rescued from slavery. Other forms of slavery such as sex slaves or household slaves are more hidden but have also been rescued within the UK.

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

Child abduction

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. Further information is available at: www.actionagainstabduction.org.

When we consider who is abducted and who abducts

- Nearly three-quarters of children abducted abroad by a parent are aged between 0 and 6 years-old
- Roughly equal numbers are boys and girls
- Two-thirds of children are from minority ethnic groups.
- 70% of abductors are mothers. The vast majority have primary care or joint primary care for the child abducted.
- Many abductions occur during school holidays when a child is not returned following a visit to the parent's home country

(so-called 'wrongful retentions')

If we become aware of an abduction, we will follow the HIPS procedure and contact the police and children's social care (if they are not already aware).

If we are made aware of a potential risk of abduction, we will seek advice and support from police and children's social care to confirm that they are aware and seek clarity on what actions we are able to take.

Returning home from care

When children are taken into care, consideration may be given in the future to those children being returned to the care of their parents, or one of their parents. Other children

are placed in care on a voluntary basis by the parents and they are able to remove their voluntary consent.

While this is a positive experience for many children who have returned to their families, for some there are different challenges and stresses in this process.

As an organisation, if we are aware of one of our children who is looked after is returning to their home, we will consider what support we can offer and ensure as a minimum that the child has a person, that they trust, who they can talk to or share their concerns with.

Technologies

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

- content: being exposed to illegal, inappropriate or harmful content, for example: pornography, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation, extremism, extreme sexual or physical violence, misinformation, disinformation (including fake news) and conspiracy theories.
- contact: being subjected to harmful online interaction with other users or generative AI applications that simulate this; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.
- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography) including those generated using AI, and online bullying; and
- commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams. If we feel pupils, students or staff are at risk, we will report it to the Anti-Phishing Working Group (https://apwg.org/).

Online Safety and Social Media

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

- unwanted contact
- grooming
- online bullying including sexting
- digital footprint
- accessing and generating inappropriate content
- misinformation, disinformation (including fake news), conspiracy theories
- generative artificial intelligence
- gambling
- child sexual exploitation
- child criminal exploitation
- radicalisation, including the emerging threat of Com groups
- cyber-crime, including ‘cyber enabled’ and ‘cyber dependent’

Thriveology Wellness CIC will therefore seek to provide information and awareness to both pupils and their parents through:

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

Thriveology Wellness CIC will ensure that there are appropriate filtering and monitoring in place on all school devices and organisation networks. Staff training will include understanding of roles and responsibilities in relation to filtering and monitoring. The DfE has produced guidance to support schools with filtering and monitoring which we refer to: Meeting digital and technology standards in schools and colleges - Filtering and monitoring standards for schools and colleges - Guidance - GOV.UK (www.gov.uk) and the department's Plan technology for your provision - GOV.UK to carry out a self-assessment against the filtering and monitoring standards.

We recognise that AI in education affords both opportunities and challenges in schools. In developing our approach to AI, we will refer to DfE guidance Generative artificial intelligence (AI) in education - GOV.UK and Using AI in education settings: support materials - GOV.UK.

We understand that education settings are directly responsible for ensuring they have the appropriate level of cyber security protection procedures in place in order to safeguard their systems, staff and learners and review the effectiveness of these procedures periodically to keep up with evolving cyber-crime technologies. Guidance on e-security is available from the National Education Network.

Cyberbullying

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

The school also recognises that it must take note of bullying perpetrated outside the provision which has an impact within the provision; therefore, once aware we will respond to any cyber- bullying carried out by pupils when they are away from the site.

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

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

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

Cyber-bullying may be at a level where it is criminal in character. It is unlawful to disseminate defamatory information in any media including internet sites. Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character. The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

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

Making or sharing of nudes or semi-nudes (previously Sexting)

'Sexting' often refers to the sharing of naked or 'nude' or 'semi-nude' pictures or video through mobile phones and/or the internet. It also includes underwear shots, sexual poses and explicit text messaging and has previously been referred to as sexting or youth produced sexual imagery.

While sharing of nudes or semi-nudes often takes place in a consensual relationship between two young people, the use of sexted images (known as sextortion) in revenge following a relationship breakdown is becoming more commonplace. This can also be used as a form of sexual exploitation and take place between strangers.

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

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

Online sexual abuse

As an organisation we will:

- Report to the police, CEOP or any other relevant body any online sexual abuse or harmful content we are made aware of. This could include sending abusive, harassing and misogynistic messages; sharing nude and semi-nude images and videos; and coercing others to make and share sexual imagery. We will seek guidance from the NPCC 'when to call the police' document and the internet watch foundations 'report harmful content' website
- Educate to raise awareness of what online sexual abuse is, how it can happen, how to limit the impact and what to do if you become aware of it.
- Support victims of online abuse within the provision community.

Gaming

Online gaming is an activity in which the majority of children and many adults get involved.

Thriveology Wellness CIC will raise awareness:

• By talking to parents and carers about the games their children play and help them identify whether they are appropriate

• By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode

• By talking to parents about setting boundaries and time limits when games are played

• By highlighting relevant resources.

• By highlighting the link between gaming and gambling.

Online reputation

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

Grooming

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

Thriveology Wellness CIC will build awareness amongst children and parents about ensuring that the child:

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

That Thriveology Wellness CIC will support parents to:

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

Thriveology Wellness CIC will raise awareness by:

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

Additionally, to being targeted for sexual motivations, some young people are also groomed online for exploitation or radicalisation. While the drivers and objectives are different, the actual process is broadly similar to radicalisation, with the exploitation of a person's vulnerability usually being the critical factor. Those who are targeted are often offered something ideological, such as an eternal spiritual reward, or sometimes something physical, such as an economic incentive, that will make them 'feel better' about themselves or their situation.

Anyone can be at risk. Age, social standing and education do not necessarily matter as much as we previously thought, and we have seen all kinds of people become radicalised, from young men and women with learning difficulties to adults in well-respected professions. What is clear is that the more vulnerable the person, the easier it is to influence their way of thinking.

Signs of grooming can include:

- isolating themselves from family and friends.
- becoming secretive and not wanting to talk or discuss their views.
- closing computers down when others are around.
- refusing to say who they are talking to; using technology such as anonymous browsing to hide their activity; and
- sudden changes in mood, such as becoming angry or disrespectful.

Of course, none of these behaviours necessarily mean someone is being radicalised and, when displayed, could be a symptom of bullying or other emotional issues.

Cyber crime

Cyber crime 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 speed online), or 'cyber dependent' (crimes that can be committed only by using a computer).

Cyber-dependent crime represents one of the most significant and rapidly evolving threats within the UK. Children and young people may experiment with illegal online activity, often without understanding the legal or ethical implications. The impact of cybercrime extends well beyond immediate financial losses, with potential to cause disruption to national infrastructure.

Children with particular skills and interest in computing and technology may inadvertently or deliberately stray into cybercrime which may include cyber-dependent crime, money muling (moving, hiding or laundering stolen money and cryptocurrency), sextortion and blackmail, and social engineering (using children to phish for data, distribute scams or harass others on social media. Children are often highly skilled with technology but lack maturity and awareness of the law. They are therefore seen as highly valuable and easily manipulated 'assets' by criminal organizations, hacking networks, and online predators who will target, groom, and coerce young people into performing illegal digital activities.

Cyber-dependent crimes include:

- unauthorised access to computers (illegal hacking) for example accessing a school's computer network
- 'Denial of service' – known as Dos or DDoS attacks or 'booting'. These are attempts to make the computer, network or website unavailable by overwhelming it with internet traffic from multiple sources
- 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.

If there are concerns about a child in this area, they can be referred into the Cyber Choices program. Cyber Choices - National Crime Agency

Part 2 – Safeguarding issues relating to individual pupil needs

Homelessness We recognise that being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The impact of losing a place of safety and security can affect a child's behaviour and attachments.

In line with the Homelessness Reduction Act 2017, this school will promote links into the Local Housing Authority for the parent or care giver in order to raise/progress concerns at the earliest opportunity.

We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

Children and the Court System

We recognise that children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. We know that this can be a stressful experience and therefore Thriveology Wellness CIC will aim to support children through this process and use materials published by Gov.UK: Young witness booklet for 5- to 11-year-olds - GOV.UK, Young witness booklet for 12- to 17-year-olds - GOV.UK

Along with pastoral support, Thriveology Wellness CIC will use age-appropriate materials published by HM Courts and Tribunals Services (2017) that explain to children what it means to be a witness, how to give evidence and the help they can access. Improving support for children going to court as well as witnesses

We recognise that making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. This school will support children going through this process.

Alongside pastoral support this school will use online materials published by The Ministry of Justice (2018) which offers children information & advice on the dispute resolution service

These materials will also be offered to parents and carers if appropriate.

Children with family members in prison

Children who have a family member in prison are at greater risk of poor outcomes including poverty, stigma, isolation, and poor mental health. They are more likely to be absent or excluded, less likely to be in education, training or employment later in life and at higher risk of experiencing drug and alcohol misuse.

This school aims to:

- understand and respect the child's wishes. We will respect the child's wishes about sharing information. If other children become aware, Thriveology Wellness CIC will be vigilant to potential bullying or harassment.
- keep as much contact as possible with the parent/caregiver.
- We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions, we will develop appropriate systems for keeping the imprisoned caregiver updates about their child's education, be sensitive in lessons. This school will consider the needs of any child with an imprisoned parent/caregiver during lesson planning.
- Provide extra support. We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and serious. We will provide support and mentoring to help a child work through their feelings on the issue.

Alongside pastoral care Thriveology Wellness CIC will use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances.

Pupils with medical conditions (in school)

There is a separate policy and procedure outlining Thriveology Wellness CIC's position on this (link). We will make ensure that sufficient staff are trained to support any pupil with a medical condition and all relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child. An individual healthcare plan may be put in place to support the child and their medical needs.

An incident relating to the management of a child's medical condition, including allergies, would not automatically indicate a cause for concern. However, staff will be trained to consider if an incident highlights that a child may be at increased risk of being neglected, abused or exploited by those in or outside of the family because of their medical condition. This may be where relevant information about a child's medical condition is not shared with the setting or where they are repeatedly sent without essential medication, thereby putting them at risk. Thriveology is aware of the statutory guidance and refers to this: Supporting pupils with medical conditions at school - GOV.UK, Allergy safety in schools - GOV.UK

Pupils with medical conditions (out of school)

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

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

Where it is clear that an absence will be for more than 15 continuous school days, the Education and Inclusion branch of Children Services will be contacted to advise on the pupil's education.

Special educational needs and disabilities

Children who have special educational needs and/or disabilities can have additional

vulnerabilities when recognising abuse and neglect. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- The potential for a disproportionate impact on children with SEND, for example by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers
- Having fewer outside contacts than other children
- Receiving intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
- Having an impaired capacity to resist or avoid abuse
- Having communication difficulties that may make it difficult to tell others what is happening
- Being inhibited about complaining for fear of losing services
- Being more vulnerable online – having difficulty understanding the difference between fact and fiction, repeating the content/behaviours in school/college

- Being more vulnerable than other children to abuse by their peers, including peer group isolation or bullying (including prejudice-based bullying) and intimidation.
- We will respond to this by:
- Making it common practice to enable children with SEND to make their wishes and feelings known in respect of their care and treatment
- Ensuring that children with SEND receive appropriate personal, health and social education (including sex education)
- Ensuring children with SEND know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication.
- Recognising and utilising key sources of support including staff in schools, friends and family members where appropriate
- Developing the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services
- Ensuring that guidance on good practice is in place and being followed in relation to: intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among young people; monitoring and challenging placement arrangements for young people living away from home.

Intimate and personal care

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body.

The Intimate Care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet.
- Changing continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

'Personal Care' involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care.

Those Personal Care tasks specifically identified as relevant here include:

- Skin care/applying external medication.
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Where Intimate Care is required, we will follow the following principles:

1. Involve the child in the intimate care Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.
3. Be aware of your own limitations Only carry out activities you understand and with which you feel competent. If in
4. doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
5. Promote positive self-esteem and body image Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
6. If you have any concerns, you must report them. If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's child protection record.

1. Helping through communication There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
2. Support to achieve the highest level of autonomy As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Further information from the DfE can be found: SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk) Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk) Hampshire SENDIASS: Hampshire (councilfordisabledchildren.org.uk) Mencap - Represents people with learning disabilities, with specific advice and information for people who work with children and young people.

Perplexing presentations (PP) / Fabricated or induced illness (FII)

The Royal College of Paediatrics and Child Health have added the term “Perplexing presentations” to the guidance around FII.

Perplexing Presentations (PP) has been introduced to describe those situations where there are indicators of possible FII which have not caused or brought on any actual significant harm.

It is important to highlight any potential discrepancies between reports, presentations of the child and independent observations of the child. What is key to note are implausible descriptions and/or unexplained findings and/or parental behaviour.

There are three main ways that a parent/carer could fabricate or induce illness in a child.

These are not mutually exclusive and include:

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

If we are concerned that a child may be suffering from fabricated or induced illness, we will follow the HIPS protocol and inform children’s social care.

Mental Health

All staff should also be aware that mental health problems can, in some cases, develop into safeguarding concerns. This could include self-harm, signs of an eating disorder, suicidal ideation or suicide. They could be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

The balance between the risk and protective factors is most likely to be disrupted when difficult events happen in pupils’ lives.

These include:

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

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

We recognise schools have an important role to play in supporting children with mental health problems. We will support through:

- promoting good mental wellbeing and preventing the onset of mental illness
- observing pupils and identifying early those who may be experiencing mental health problems or being at risk of developing one
- ensuring early targeted support is provided and
- liaison with/referral to specialist services where needed.

Where the needs require additional professional support, referrals will be made to the appropriate team or service with the appropriate agreement.

If staff have a mental health concern about a child that is also a safeguarding concern, they will take immediate action, raising the issue with the designated safeguarding lead or a deputy and/or mental health lead.

Children who are lesbian, gay or bisexual

A child or young person being lesbian, gay or bisexual is not in itself a risk factor for harm, however, they can sometimes be vulnerable to discriminatory bullying. In some cases, a child who is perceived by other children to be lesbian, gay or bisexual (whether they are or not) can be just as vulnerable as children who are. We will consider how to address vulnerabilities such as the risk of bullying and take steps to prevent it, including putting appropriate sanctions in place.

Children who are questioning their gender

Children may question the way they feel about being a boy or a girl, including the physical attributes of their sex and the related ways in which they fit into society. Sometimes young children go though a period of questioning their gender, but for the majority this will not continue into adulthood, while a small proportion may continue to question their gender and this feeling may intensify into puberty.

All staff will have training to ensure they understand that it is not for Thriveology to initiate any action in this area and that members of staff should not adopt any changes relating to social transition unless a decision has been made by the school in consultation with parents or carers.

When responding to a request relating to social transition from a child or their parents,

Thriveology will;

- take time to understand the thoughts and feelings of children who are questioning their gender
- be professionally curious about the full range of the child's experiences
- remain aware of the potential vulnerabilities of children who are questioning their gender, including the possibility of complex mental health and psychological needs, for example relating to relationships with family, peers or their broader social environment, including discriminatory bullying
- consider the best interests of the child
- consider everything that could be affecting a child, including whether they have any wider health issues or neurodiversity

In making decisions about supporting social transition, Thriveology Wellness CIC will comply with the obligations under safeguarding legislation and human rights law, ensuring that any assessment of discrimination is informed by an evaluation of the welfare and best interests of the child and other children. In responding to any request relating to social transition or detransition, Thriveology Wellness CIC will follow the guidance in KCSIE 2026 and liaise with parents and carers and external agencies as appropriate.

Settings may wish to consider reference to own policy if this has been developed in relation to management of children questioning their gender

Part 3 – Other safeguarding issues that may potentially have an impact on pupils.

Anti-Bullying

The school has a separate bullying policy that can be found at Thriveology.

Prejudice-based abuse

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

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

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

This can be evidenced by:

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

We will respond by:

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

• taking preventative action to reduce the likelihood of such incidents occurring.

• recognising the wider implications of such incidents for the school and local community

• providing regular reports of these incidents to the Board of Directors

• ensuring that staff are familiar with formal procedures for recording and dealing with prejudice-based incidents.

• dealing with perpetrators of prejudice-based abuse effectively

• supporting victims of prejudice-based incidents and hate crimes.

• ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again.

Drugs and substance misuse

Thriveology has a separate drug policy that can be found at Thriveology. The policy considers both deliberate and accidental possession and use of drugs and other substances.

Faith Abuse

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

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

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

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

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

Gangs and Youth Violence

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

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

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

We will:

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

Private fostering

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

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

The Law requires that the carers and parents must notify the Children's Services Department of any private fostering arrangement.

If Thriveology becomes aware that a pupil is being privately fostered, we will inform the Children's Services Department and inform both the parents and carers that we have done so.

Parenting

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

Some children have medical conditions and/or needs e.g. Tourette's Syndrome, some conditions associated with autism or ADHD that have a direct impact on behaviour and can

cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Children may also cause harm to other family members, often referred to as child-to-parent or carer abuse. Support for this can be found at: CAPVA | Respect

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

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

We will support parents in understanding the parenting role and providing them with strategies that may assist:

- providing details of community-based parenting courses
- linking to web-based parenting resources
- referring to the school parenting worker/home school link worker (where available)
- discussing the issue with the parents and supporting them in making their own plans of how to respond differently (using evidence-based parenting programmes)
- signposting to support services
- Considering appropriate early help services

Part 4 –Safeguarding processes

Alternative provision

If the school commissions a place for a pupil with an alternative provision provider, it continues to be responsible for the safeguarding of that pupil and will undertake all checks and ensure that the placement meets the pupil's needs. Checkschild would include, for example, suitability of provision and provision type, safeguarding, health and safety, arrangements for attendance and reporting progress, and information sharing.

Thriveology Wellness CIC will follow the statutory guidance for commissioning Alternative Provision: Education for children with health needs who cannot attend school - GOV.UK Alternative provision - GOV.UK Keeping children safe in education 2026 (comes into force from 1 September 2026) Hampshire County Council Alternative Provision Guidance June 2025

The DfE has also published voluntary national standards for non-school alternative provision, alongside guidance to support schools and local authority commissioners in quality assuring providers. Local authorities may use the standards to develop a register of approved settings for use by schools. However, schools remain ultimately responsible for the provision they commission. This means we will continue to carry out safeguarding checks and conduct our own due diligence to ensure that the provision is appropriate for meeting each child's individual needs.

Holding and Sharing Information

The DSL and DDSLs keep detailed, accurate, secure written records of all concerns, discussions and decisions made including the rationale for those decisions. These include instances where referrals were or were not made to another agency such as LA children's social care or the Prevent program etc. This rationale should be recorded on CPOMs.

Staff will be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children. Where children leave the setting, the DSL will ensure their safeguarding file is transferred to the new school or college as soon as possible and within 5 days of an in-year transfer or the start of a new term. In addition, the DSL will consider if it would be appropriate to share any information with the new setting in advance of the child leaving to enable the setting to put appropriate support in place and particularly when the information would support an assessment of risk to the individual pupil or others.

Safer Recruitment

Thriveology operates a separate safer recruitment process as part of its Recruitment Policy. On all recruitment panels there is at least one member who has undertaken safer recruitment training.

The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

Staff Induction

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff behaviour policy/code of conduct, and part one of Keeping Children Safe in Education. This induction may be covered within the annual training if this falls at the same time; otherwise, it will be carried out separately during the initial starting period.

Health and Safety

There is a requirement that all schools and alternative provisions must have a Health and Safety Policy that details the organisation, roles and responsibilities and arrangements in place at the premises onfor the managing and promoting of Health and Safety in accordance with the Health and Safety at Work act 1974 and regulations made under the act.

Schools and alternative provisions must assess all their hazards and record any significant findings along with what control measures are required. The plans should wherever possible take a common sense and proportionate approach with the aim to allow activities to continue rather than preventing them from taking place. Thriveology's H&S policy can be accessed Thriveology.

Site Security

We aim to provide a secure site but recognise that the site is only as secure as the people

who use it. Therefore, all people on the site have to adhere to the rules which govern it.

These are:

- All gates are locked except at the start and end of the school day
- Doors are kept closed to prevent intrusion
- Visitors and volunteers enter at the reception and must sign in
- Visitors and volunteers are identified by (means of identification)
- Children are only allowed home during the school day with adults/carers with parental responsibility or permission being given.

- All children leaving or returning during the school day have to sign out and in
- Empty classrooms have windows closed.

Off site visits

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

First Aid

Thriveology Wellness CIC's first aid arrangements/policy can be found at Thriveology.

Physical Intervention (use of reasonable force)

We have a separate policy outlining how we will use physical intervention. This can be found at Thriveology.

Taking and the use and storage of images

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

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

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

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

We will be mindful of imagery published on public facing platforms such as the school website and are aware of potential risks associated with this. In making decisions about information shared on the website and via social media, we will refer to Hampshire guidance and Safer Internet guidance on image sharing. Image guidance for education settings - UK Safer Internet Centre.

Transporting pupils

On occasions parents and volunteers support with the task of transporting children to visits and off-site activities arranged by the school; this is in addition to any informal arrangements made directly between parents for after school clubs etc. In managing these arrangements, Thriveology Wellness CIC will put in place measures to ensure the safety and welfare of young people carried in parents' and volunteers' cars. This is based on guidance from the local authority and follows similar procedures for school staff using their cars on school business.

Where parents'/volunteers' cars are used on school activities Thriveology Wellness CIC will notify parents/volunteers of their responsibilities for the safety of pupils, to maintain suitable insurance cover and to ensure their vehicle is roadworthy. Please see the section on transporting pupils in our health and safety policy.

Disqualification under the childcare act

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

We will check for disqualification under the Childcare Act as part of our safer recruitment processes for any offences committed by staff members or volunteers.

Community Safety Incidents

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, or gang related activity.

As children get older and are granted more independence (for example, as they start walking to school on their own) it is important they are given practical advice on how to keep themselves safe. Many schools provide outdoor-safety lessons run by teachers or by local police staff. It is important that lessons focus on building children's confidence and abilities rather than simply warning them about all strangers. Further information is available at: www.clevernevergoes.org.

Use of school or college premises for non-school / college activities

Where governing bodies hire or rent out college or school facilities / premises to organisations or individuals for example sports associations, they should ensure that appropriate arrangements are in place to keep children safe.

When services or activities are provided by the Board of Directors or proprietor, under the direct supervision or management of their school or college staff, their arrangements for child protection will apply.

Where a safeguarding incident occurs involving other providers who are using the school premises, the school is expected to follow their safeguarding policies and procedures including informing the LADO. The Board of Directors or proprietor should also seek assurance that the provider concerned has appropriate safeguarding and child protection policies and procedures in place (including inspecting these as needed); and ensure that there are arrangements in place for the provider to liaise with the school or college on these matters where appropriate. This applies regardless of whether or not the children who attend any of these services or activities are children on the register or attend the college.

External speakers

At times, external organisations will be invited in to deliver input with pupils as it is acknowledged that they can provide a varied and useful range of information, resources, and speakers which enrich education. Careful consideration will be given to the suitability of external organisations and checks carried out to ensure the content of information delivered is consistent with Thriveology Wellness CIC's ethos, values and curriculum.

Other policies which sit alongside this Safeguarding Policy include:

- Child Protection Policy
- Staff Behaviour Policy/Code of Conduct
- Online Safety Policy
- SEND Policy
- Restrictive Physical Intervention Policy
- Recruitment Policy / Safer Recruitment procedures

Appendix – 2026 updates incorporated

The following changes have been incorporated from the uploaded September 2026 model policy. The summary is based on the model policy's own table of changes and identifies the principal updates applied to this Thriveology Wellness CIC policy.

Section	2026 update incorporated
Whole document	Updated references from KCSiE 2025 to KCSiE 2026 and refreshed review/approval information
Contextual safeguarding	Expanded overlapping safeguarding harms and risks outside the family.
Violence against women and girls	Added faith-based abuse terminology; updated forced marriage and honour/faith-based abusive wording.
Teenage relationship abuse	Updated wording to reflect the 2025 RSHE guidance and setting context.
Sexual violence and sexual harassment	Added harmful sexual behaviour, misogyny, escalation and stronger zero-tolerance wording.
Sexism and stereotyping	Added misandry and biphobia and strengthened the response to misogynistic content.
Young carers	Added further support wording and Hampshire Young Carers Alliance reference.
Exploitation and serious violence	Updated CSE, child criminal exploitation, serious violence and trafficking sections.
Technologies / online safety	Expanded content and risk categories, including generative AI, misinformation/disinformation, and conspiracy theories.
Nudes and semi-nudes	Renamed the former 'Sexting' section and updated terminology and response.
Gaming	Added the link between gaming and gambling.
Cyber crime	Added a new section covering cyber-enabled/cyber-dependent crime and associated risks.
Mental health / LGB / gender questioning	Updated mental-health wording, refreshed LGB section and added a new section on children questioning their identities.
Parenting / AP	Added child-to-parent violence and harm information and strengthened alternative-provision quality assurance.
Information sharing / imagery	Added pre-transfer safeguarding information sharing and public-facing imagery considerations
External speakers	Added suitability and safeguarding checks for external organisations and speakers.

Thriveology
Mental Health, SEN & Wellbeing

Flow Chart for the Reporting of Safeguarding Concerns

Designated Safeguarding Lead: Miss Shellie Rashbrook

Deputy Designated Safeguarding Lead: Mrs Aimee Northcote

Staff or Volunteer have concerns about a child and take immediate action.

Follow safeguarding and child protection policy and report to DSL immediately via CPOMS (all permanent staff) or a disclosure form (voluntary staff)

↓

Designated Safeguarding Lead reviews concern and makes a decision about the next steps

↓

Referral not required

Relevant action taken and decision made to monitor the concern / offer pastoral support / early help.

↓

Referral made if concern escalates

Parental contact made if appropriate

↓

Referral made to Children's Services

Designated Safeguarding Lead discusses concerns with the Safeguarding team and a referral to children's services is made within 24hrs. Police contacted if appropriate.

↓

DSL ensures that all information is kept secure and confidential.

All necessary information is recorded on CPOMS

Staff and Volunteers should do everything they can to support children's services. At all stages, staff should keep the child's circumstances under review (involving DSL or Deputies as required) and re-refer if appropriate, to ensure the child's circumstances improve. The child's best interest should always come first.

Hampshire County Council's Children Services:

Safeguarding children and young people | Children and Families | Hampshire County Council

Hampshire LADO:

Allegations against people in a position of trust | Children and Families | Hampshire County Council