

Thriveology Wellness CIC

Safeguarding Policy.

September 2024



SAFEGUARDING POLICY

Safeguarding Policy for Working with Children and Families

SEPTEMBER 2024

INTRODUCTION

This safeguarding policy is designed to ensure the safety and wellbeing of children and families involved in our organisation's activities. It outlines the procedures and guidelines that all staff and volunteers must follow to protect children from harm and promote their welfare. We will give equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.

LEGAL FRAMEWORK

Our safeguarding policy is aligned with local and national legislation, including but not limited to Child Protection Laws; [Keeping children safe in education 2024](#); [The Children Act 1989 guidance and regulations](#); and [Working together to safeguard children 2023: statutory guidance](#)

DEFINITIONS

- Child: Refers to any person under the age of 18 years.
- Safeguarding: The process of protecting children from abuse, harm, or neglect.
- Staff: Includes all employees or volunteers working for our organisation.

POLICY STATEMENT

Our organisation is committed to creating a safe and secure environment for all children and families involved in our activities. We will take all necessary steps to prevent and respond to any form of abuse, neglect, or harm that may occur. We believe that safeguarding is



everyone's responsibility, and we will ensure that all staff and volunteers are aware of their roles and responsibilities.

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.

RECRUITMENT AND SCREENING

All individuals who will have direct contact with children and families will undergo a thorough screening process, including background checks; Disclose and Barring Service (DBS) Enhanced and reference checks. We will ensure that all staff and volunteers are appropriately qualified, trained, and supervised to work with children.

CODE OF CONDUCT

We will establish and communicate a code of conduct that outlines expected behaviour for all staff and volunteers when working with children and families. This code of conduct will include guidelines on appropriate physical contact, communication, and behaviour towards children.

HIGH RISK AND EMERGING SAFEGUARDING ISSUES

Contextual Safeguarding

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

Risk and harm outside of the family can take a variety of different forms and children can be

vulnerable to sexual exploitation, criminal exploitation, and serious youth violence in addition to other risks. 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 setting, 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 and volunteers 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 and volunteers have received prevent 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.

Any child who is considered vulnerable to radicalisation will be referred by the DSL using the National Referral Form: [Prevent | Hampshire County Council](https://hants.gov.uk/prevent) (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 the school will attend and support this process.

GENDER BASED VIOLENCE / 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, forced marriage, honour-based violence and teenage relationship abuse all fall under this strategy.

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 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.

[Violence against women and girls - GOV.UK](#)

Female Genital Mutilation (FGM) function of girls' and women's bodies.

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 managing director 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.

Forced Marriage

Further information about the risk and impact of forced marriage on pupils can be found in [HM Government Multi-agency practice guidelines: Handling cases of Forced Marriage](#) P32-36.

In the case of children: 'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. 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 and volunteers 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 setting reflect the fact that while all members of staff and volunteers, have important responsibilities with regard to pupils who may be at risk of forced marriage, staff and senior leadership 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-Based Abuse

So-called 'honour'-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

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.

In response to these research findings, the setting provides age-appropriate education to help prevent children and 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.

If the setting 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.

Within our setting all staff and volunteers 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.

This setting 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 on-line sexual harassment.

We will follow Part five in KCSiE 2024 Child-on child sexual violence and sexual harassment.

‘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”. Failure to do so can lead to a culture of unacceptable behaviour, 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.

In addition, recognising, acknowledging, and understanding the scale of harassment and 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. 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.’

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 or volunteers 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 or volunteers 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.

CHILD SEXUAL EXPLOITATION (CSE)

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) 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. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. (from KCSiE)

- Exploitation can be isolated (one-on-one) or organised group/criminal activity

- There can be a big age gap between victim and perpetrator, but it can also be child on child
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- 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. 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. CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.



We educate all staff and volunteers 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.

REPORTING AND RESPONDING TO CONCERNS

All staff and volunteers have a duty to report any concerns or suspicions of abuse or harm to the designated safeguarding officer. We will provide clear procedures for reporting concerns, ensuring that all reports are taken seriously and handled promptly and confidentially. We will cooperate with relevant authorities and agencies in the event of an investigation into child abuse or neglect.

TRAINING AND EDUCATION

We will provide regular training and education to all staff and volunteers on safeguarding practices, recognising signs of abuse, and responding to disclosures. Training will be updated regularly to ensure that all individuals are equipped with the knowledge and skills necessary to safeguard children effectively.

CONFIDENTIALITY AND INFORMATION SHARING

All personal information relating to children and families will be treated with the utmost confidentiality, following data protection laws and guidelines (GDPR). Information will only be shared on a need-to-know basis, and consent will be obtained where necessary.

MONITORING AND REVIEW

This safeguarding policy will be annually reviewed and updated to reflect changes in legislation, practice, and organisational needs. We will monitor the implementation of this policy and evaluate its effectiveness in safeguarding children and families.



COMMUNICATION AND AWARENESS

We will ensure that this safeguarding policy is communicated to all staff, volunteers, parents/guardians and children involved in our activities. We will maintain open channels of communication to encourage the reporting of concerns and provide information on safeguarding practices.

ALLEGATIONS AGAINST STAFF OR VOLUNTEERS

Any allegations of abuse or harm against staff or volunteers will be taken seriously and addressed following established procedures. We will cooperate fully with investigations and take appropriate action to protect the welfare of children and families.

REVIEWING SUSPECTED OR ALLEGED CASES

In cases where a child is suspected or alleged to have been abused or harmed, we will follow the appropriate procedures, including reporting to the relevant authorities and providing support to the child and their family.

IMPLEMENTATION AND REVIEW DATE

This safeguarding policy will be implemented across all areas of our organisation. Compliance will be monitored by the designated safeguarding officer. It will be reviewed annually or as required by changes in legislation or organisational needs.

Review Date: SEPT 2025



CONTACT DETAILS

Designated Safeguarding Lead: Mrs Bobie Jones

Email: bobie@thriveology.co.uk

Designated Safeguarding Lead: Mrs Charlotte Martyn

Email: charlotte@thriveology.co.uk

Deputy Safeguarding Lead: Mrs Aimee Northcote

Email: aimee@thriveology.co.uk

This safeguarding policy must be read in conjunction with other relevant organisational policies and procedures.

Updated January 2025

Following the investigation

completed by the Designated Safeguarding Lead, it may be deemed necessary to notify the local authority of the raised concerns. The referral will be made by the DSL within 24 hours of the concern being raised.

The LA's referral process will be followed see appendixes below.

Appendix 1 – Thriveology’s Flowchart for Reporting Safeguarding Concerns

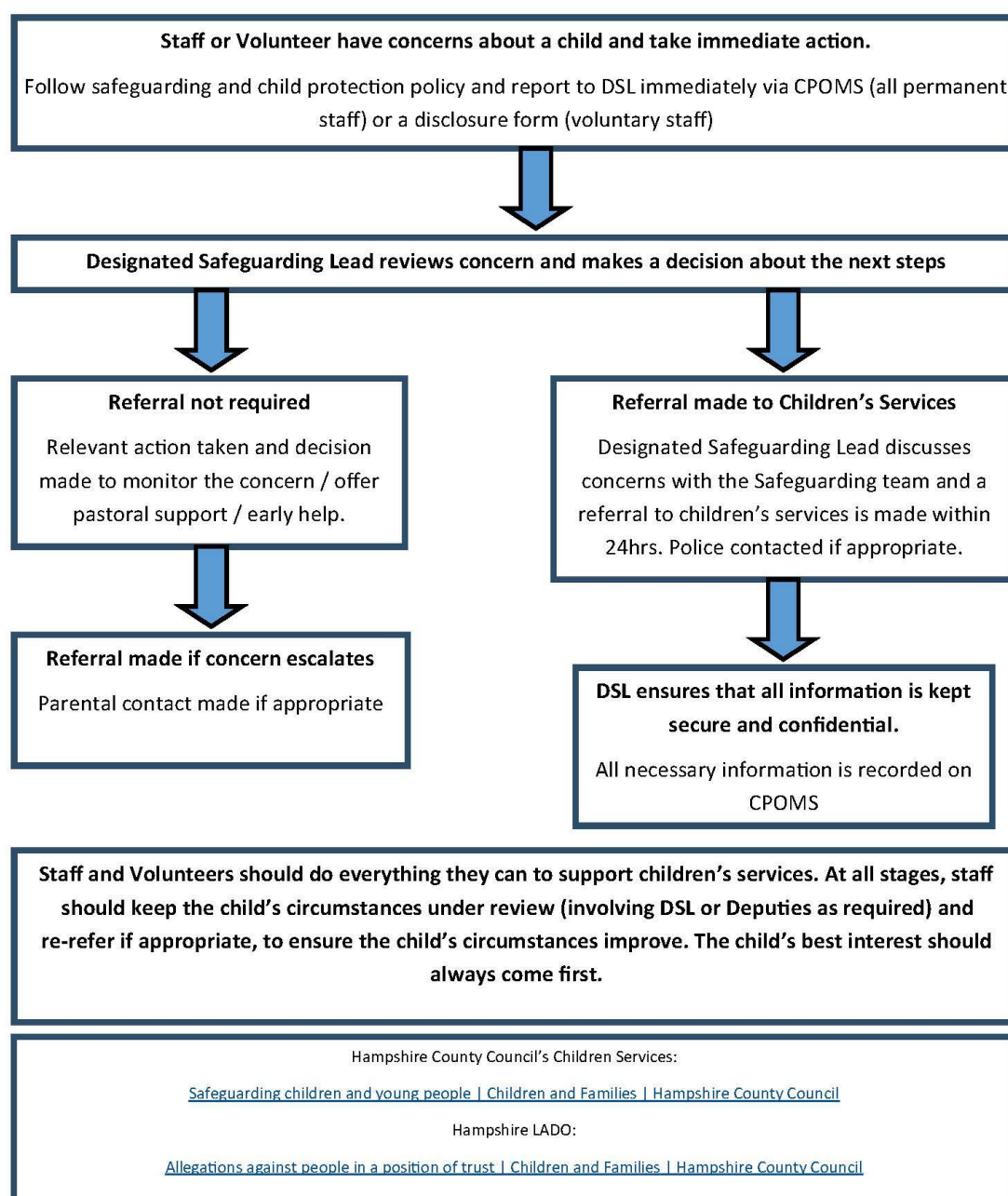
Flow Chart for the Reporting of Safeguarding Concerns

Designated Safeguarding Lead:

Mrs Bobie Jones/Mrs Charlotte Martyn

Deputy Designated Safeguarding Lead:

Mrs Amiee Northcote



Appendix 2 – Arrangements for contacting the Local Authority: Basingstoke and Dean Borough Council

Complete the internal safeguarding referral form within 24hrs and send it to safeguarding@basinstoke.gov.uk

Safeguarding referral process for Basingstoke and Deane Borough Council staff and Councillors

BDDBC staff member or Councillor has a concern about the welfare of a child/vulnerable adult **OR** full/partial disclosure of abuse is made by a child/vulnerable adult to staff member or Councillor.

Complete the internal safeguarding referral form within 24hrs and send it to safeguarding@basinstoke.gov.uk

If you are unsure whether your concern is a safeguarding issue, speak to a Designated Safeguarding Officer (contacts below).

If you are distressed by the situation in any way, speak to a Designated Safeguarding Officer or your line manager.

Designated Safeguarding Officer identifies appropriate action and either refers to Adult/Children's Services and/or Police if necessary. They may also request further information from the person reporting the concern.

Designated Safeguarding Officer records referral on safeguarding spread sheet and files copy of the report form and email securely.

*Additional Notes

1. For a copy of the Safeguarding Report Form go to Corporate Forms on Sinbad.
2. If your concern is outside of office hours, please send your report form or an email detailing your concerns to either:
 - o Children's Services csprofessional@hants.gov.uk or
 - o Adult Services adult.services@hants.gov.uk

Please ensure you copy safeguarding@basinstoke.gov.uk into the email.
3. If you believe there may be a serious or immediate risk of harm, call 999.
4. If your concerns relate to information provided by a third party, please tell them to report their concerns direct to Adult/Children's Services or the Police. Speak to one of the Designated Safeguarding Officers about what you have been told.
5. If your concerns relate to a member of staff, please speak to the Head of HR.
6. If your concerns relate to a councillor, please speak to the Monitoring Officer.

Contacts

- **Designated Safeguarding Officers:**
 - o safeguarding@basinstoke.gov.uk
 - o Ed Ives-Wara, Children, Young People & Families Team Leader – 01256 845338 (int. 2338)
 - o Rachel Fletcher, Social Inclusion Manager – 01256 845373 (int. 2373)
 - o Sophy Brough, Licensing Team Leader - 01256 845669 (int. 2669)
- **Children's Services:** 0300 555 1384 (evenings / weekends: 0300 555 1373)
csprofessional@hants.gov.uk
- **Adult Services:** 0300 555 1386 (evenings / weekends: 0300 555 1373)
adult.services@hants.gov.uk
- **Police:** 101 or 999 (in an emergency)
- **Disclosure and Barring Service:** 0870 909 081

Appendix 3 – Arrangements for contacting the Local Authority: Hampshire County Council

Hampshire County Council

If you have any concerns because you think that a child is being abused or has been abused in the past, and you want someone to find out what is going on, contact the Children's Services Department.

Hampshire Children Services

Monday to Thursday 8.30am to 5pm

Friday 8.30am to 4.30pm, phone 0300 555 1384

At all other times, contact the out-of-hours service, phone 0300 555 1373

Professionals should complete the [Inter-Agency Referral Form \(IARF\) for Hampshire](#) or the [Inter-Agency Referral Form \(IARF\) for the Isle of Wight](#) to report child welfare and safeguarding concerns.

If you think a child or young person under the age of 18 has been or is being abused by a person in a position of trust, contact the [County Council's Allegations Officer](#)

Appendix 4 - Additional Links

[Inter-Agency Referral Form \(hants.gov.uk\)](https://hants.gov.uk)

[Multi Agency Safeguarding Hub | Children and Families | Hampshire County Council \(hants.gov.uk\)](https://hants.gov.uk)

[Allegations against people in a position of trust | Children and Families | Hampshire County Council \(hants.gov.uk\)](https://hants.gov.uk)

[Keeping children safe in education 2024](#)

Any links to local or national advice and guidance can be accessed via the safeguarding in education webpages: [Safeguarding guidance | Education and learning | Hampshire County Council](#)

Links to online specific advice and guidance can be found at: [Online safety resources | Children and Families | Hampshire County Council](#)

Links to other pages from the local authority on safeguarding can be found at: [Safeguarding children and young people | Children and Families | Hampshire County Council](#)

The procedures of the Hampshire Safeguarding Children Partnership can be accessed at: [Hampshire, Isle of Wight, Portsmouth and Southampton](#)