



Safeguarding Policy

SFG001

Date Effective	22 September 2025
CLT Approval	September 2025
Review Date	August 2026
To be reviewed by	Deputy Head Secondary (Pastoral)
Reviewing Body	College Leadership Team

SAFEGUARDING

At BCBV safeguarding is at the heart of everything we do. We are committed to creating a safe, nurturing and inclusive environment where every pupil can thrive. We believe children develop best when they feel secure, and we expect everyone in our community to uphold this commitment to every pupil's safety, dignity, and wellbeing.

COLLEGE AIMS

This policy is one way in which the College meets the following College Aims:

- To bring together the best of British independent education, as exemplified by Brighton College UK, with a deep respect for and celebration of Thai culture and identity.
- At the heart of our ethos is an unshakeable belief in the transformative power of a Brighton College education: one that shapes character, raises aspirations, and inspires each child to become the very best version of themselves.



PURPOSE

The role of International Schools in relation to child protection is the same as that of any other school. Brighton College Bangkok Vibhavadi is concerned about the welfare and safety of all its pupils and attempts to create an environment in which pupils feel secure and valued, and in which they are listened to and taken seriously. All staff receive regular training in safeguarding and child protection and the procedures contained in this guidance.

Aims

We aim to safeguard and promote the welfare of children at the school in compliance with local and international requirements and the UK government legislations; Thailand Child Act 2003, UNCRC, Working Together to Safeguard Children, Keeping Children Safe in Education, Standards for British Schools Overseas and Safer Recruitment in Education.

The aims of this policy are as follows:

- *to actively promote and safeguard the welfare of children, staff and others who come into contact with the school and to protect them from harm, thereby fostering a culture of safety, equality and protection;*
- *to have clear procedures in place for dealing with and referring concerns about a pupil's welfare and allegations of abuse;*
- *to raise the awareness of all those within the school community who come into contact with children, including Governors, Head Master, staff and volunteers of their responsibilities to safeguard children and to report concerns; and*
- *to ensure consistent good safeguarding practice throughout the school.*

Context

As a British School Overseas, where appropriate and possible, this policy has been written with regard to the Department for Education (DfE) documents, 'Keeping Children Safe in Education' (September 2025) (KCSIE) and 'Working Together to Safeguard Children' (December 2023). As an International School in Thailand, the policy has also been written with regard to Articles 19 and 34 of the United Nations (UN) 'Convention on the Rights of the Child' and the Thai 'Child Protection Act' (2003).

The Teachers' Standards (last update Dec 2021) state that teachers, including Headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties. This policy also makes reference to, and is written with regard to the 'Guidance for safer working practice for those working with children and young people in educational settings' (February 2022) published by the Safer Recruitment Consortium. This policy covers the whole College and is age specific; its principles and procedures apply to our Senior and Prep Schools including those in Early Years Foundation Stage (EYFS).



At the heart of our policy lies:

- *prevention (a positive atmosphere, careful and vigilant teaching, strong pastoral care, effective support of pupils, provision of good adult role models, and an effective safer recruitment policy);*
- *protection (following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to child protection concerns); and*
- *support (given to pupils who have reported abuse and the staff who have been involved in any investigation).*

To this end, there are four key facets to our approach to child protection at Brighton College Bangkok:

- *Ensuring we practise safe recruitment.*
- *Raising awareness of Safe Guarding and Child Protection issues and equipping our pupils with the skills required to keep them safe.*
- *Developing and implementing procedures for identifying and reporting cases, or suspected cases, of abuse.*
- *Establishing a safe environment in which children can learn and develop.*

The College is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment so to create an open environment where staff and pupils feel able to raise concerns, and where concerns will be listened to with a readiness to involve support services and other agencies as necessary:

- *The College will ensure that the welfare of children is given paramount consideration when developing and delivering all school activities.*
- *All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection: to feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties. A child's wishes or feelings will be taken into account when determining what action to take and what services to provide to protect them; children will be given the opportunity to express their views and give feedback wherever possible. Paramount in all dealings should be asking what is in the best interests of the child.*
- *All staff, including the Head Master, are responsible for safeguarding the welfare of children as part of their professional duties. All pupils and staff involved in child protection issues will receive appropriate support from the Senior Management of the College who will follow this policy guidance and statutory guidance in all that they do.*

Indeed, everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. No single professional can have a full picture of a child's needs and circumstances; everyone who comes into contact with the child and their family has a role to play, therefore:

- *all staff have an equal responsibility to act, in accordance with this policy and procedures and KCSIE, on any suspicion, concern or disclosure that may suggest a child is in need of support services or is at risk of harm;*
- *the safety of a child is of the utmost importance, overriding any additional concerns, for example, relating to data protection or fears of sharing information; and*
- *the College plays a key role because staff are in a position to identify concerns early, provide help for children and prevent concerns from escalating.*



1. Practice and procedures

1.1 Guiding principles

- *Safeguarding and promoting the welfare of children is EVERYONE'S responsibility.*
- *All staff should be alert to the signs of abuse and neglect and know to whom they should report concerns or suspicions.*
- *A designated person with knowledge and skills in recognising and acting upon child protection concerns is the first point of contact for staff and parents where a concern is identified.*
- *Staff with designated responsibility for child protection should receive appropriate training.*
- *There is an effective whole College policy against bullying (see Anti-Bullying Policy).*
- *We operate safer recruitment procedures (including Disclosure and Barring Service checks from applicants based in the UK, prohibition from teaching checks (conducted by COBIS), International Child Protection Certificate requests and local police checks) and online checks. The college will ensure that any full, part-time, supply, peripatetic or volunteer staff are security checked prior to employment/engagement. This is a whole College requirement and should include all ancillary staff as well as academic teaching staff.*
- *A member of staff trained in Safer Recruitment (EduCare course) will be included in every selection panel.*
- *Any deficiencies or weaknesses in child protection arrangements will be remedied without delay.*

1.2 Designated person

The roles of the designated Child Protection Leads are to:

- *ensure the Headmaster is kept fully informed of any concerns;*
- *ensure that all staff are aware of these procedures;*
- *ensure that the safeguarding procedures are followed in the college;*
- *ensure that appropriate training and support is provided to all staff;*
- *decide whether to take further action about specific concerns;*
- *ensure that accurate records are maintained on individual cases and these are recorded on CPOMS*
- *provide guidance to parents and staff about obtaining support.*



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The designated Child Protection Leads are outlined in the table below:

Name	Position	Contact
Louisa Angus (DSL)	Deputy Head of Senior (Pastoral)	0839479238 langus@brightoncollegevibha.ac.th
Rob Bendall (DDSL - Prep)	Head of Prep School	rbendall@brightoncollegevibha.ac.th
Emily Bilsby (DDSL - Senior)	HOY 7 & 8	ebilsby@brightoncollegevibha.ac.th
Jill Mitchell (DDSL - Prep)	Y5 Teacher	jmitchell@brightoncollegevibha.ac.th
Claire Campbell (DDSL - EY)	EY Teacher	ccampbell@brightoncollegevibha.ac.th
Jason Taylor (CPO)	Assistant Head of Prep (Pastoral)	jtaylor@brightoncollegevibha.ac.th
Tim Ryan (CPO)	Assistant Head of Senior T&L	tryan@brightoncollegevibha.ac.th
Korapin Manasakorn (Yui)	Cross Campus Head of Thai	korapin.m@brightoncollegevibha.ac.th
Punthisa Kaewkongmuang (Pom)	Head of Thai	punthisa.k@brightoncollegevibha.ac.th
Huimin Tian (Kate)	Mandarin Teacher	htian@brightoncollegevibha.ac.th
Tim Abraham	HoY 9 & 10	langus@brightoncollegevibha.ac.th
Luke Turnhill	Head of Yr 11 & VI Form	tabraham@brightoncollegevibha.ac.th
David Marshall	UKS2M	dmarshall@brightoncollegevibha.ac.th
Shane Ahearne	LKS2M	sahearne@brightoncollegevibha.ac.th
Beth Harrell	KS1M	bharrell@brightoncollegevibha.ac.th
Clare Cooke	EY Coordinator	ccooke@brightoncollegevibha.ac.th

Additionally key administration staff and school secretaries may be seconded to safeguarding meetings.



1.3 Responsibilities of all staff

All staff have a responsibility to provide a safe environment in which children can learn.

All staff have a responsibility to make themselves aware of:

- *The Child Protection Policy;*
- *The Staff Code of Conduct;*
- *The role of the designated Child Protection Lead; and*
- *The importance of Duty of Care - Safeguarding Policy, Pupil Supervision Policy, Online Safety Policy*

Any member of staff concerned about a pupil must inform the Designated Safeguarding Lead immediately. He/ she will inform the Head Master and the relevant Head of School as necessary. The member of staff must record factual information regarding their concerns on the same day. The record must be a clear, concise and factual account of the observations. The Designated Safeguarding Lead will decide whether the concerns should be referred to an outside agency.

1.4 Recognising child abuse – when to be concerned

It is important that all members of staff, including visiting staff both paid and unpaid, should be aware and alert to possible outward signs of abuse or neglect and do not wait for a disclosure before making a referral if they have a concern. These signs may include one or more of the following:

- *An injury that is not typical of the bumps and scrapes associated with everyday activities, or an injury that is not consistent with any explanation given.*
- *Frequent injuries even when apparently reasonable explanations are given.*
- *Sudden changes in behaviour, performance or attitude.*
- *Anxiety or low self-esteem.*
- *Knowledge of sexual matters beyond what would normally be expected, or sexual behaviour that is unusually explicit or inappropriate to the pupil's age.*
- *Disclosure of an experience in which the pupil may have been significantly harmed.*

Please note: Further information about the types and signs of abuse is provided in the appendices to this policy.

1.5 Dealing with a disclosure

- *Listen to what is being said without displaying shock or disbelief.*
- *Accept what is being said.*
- *Allow the child to talk freely.*
- *Reassure the pupil, but do not make promises which it might be impossible to keep.*
- *Do not promise confidentiality, as it might be necessary to refer the case to the local authorities, but do say that you will only inform the people you need to.*
- *Reassure the pupil that what has happened is not their fault and stress that it was right to talk.*
- *Listen rather than ask direct questions; asking minimal open questions rather than leading questions.*
- *Explain what has to be done next and who has to be told.*
- *You must record all details on CPOMS/Safeguarding form as soon as possible.*



More detailed guidance on how to deal with a disclosure is contained in the appendices to this policy.

1.6 Allegations involving school staff

If a pupil is making a safeguarding allegation to you about another member of staff, information should be passed on immediately. Depending on the urgency of the situation, staff should judge whether the DSL or Head Master can provide immediate support (especially if the DSL cannot be immediately contacted or is away from school). If an allegation is made against the DSL the Head Master must be informed without first informing the DSL. If an allegation is made against the Head Master, the School Director must be informed without first informing the Head Master. In no case should a safeguarding allegation or suspicion be reported to the individual who is the subject of it. Neither should that individual be informed of the allegation or suspicion at this initial reporting stage. Never attempt to carry out safeguarding investigations yourself. Raising concerns about the behaviour of another member of staff can be a sensitive and difficult process. But staff should always trust their professional instincts and ask themselves 'does this behaviour/action/language/treatment feel right or wrong?'. In such circumstances staff should consider the following:

Behavioural concern	Action
Staff behaviour contravenes the Code of Conduct, putting the safety and welfare of children at risk.	This is a safeguarding matter and should be reported immediately, following the guidelines outlined in KCSiE.
Staff behaviour contravenes the Code of Conduct but does not immediately endanger children.	Even though the safety and welfare of children are not at immediate risk, it may still be a safeguarding matter. It is recommended to address this as a low-level concern, following appropriate procedures.
Staff behaviour contravenes the Code of Conduct but it is unrelated to the safety and welfare of children.	Trust your professional instincts and report the behaviour to your line manager.

If the member of staff is deemed unsuitable after an internal investigation, then the College reports it to the local authorities immediately and all necessary actions to end the staff member's ability to work with children will be taken.



1.7 Low-level concerns

The College encourages an open and transparent culture in which identifying and passing on concerning, problematic or inappropriate behaviour early, is the best way to minimise risk to the safety and welfare of children. All staff should be aware of their responsibility to report low level concerns (i.e. any actions or behaviour inconsistent with this Code of Conduct, but that does not otherwise meet the harm threshold set out in KCSiE).

A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a ‘nagging doubt’ – that staff working in or on behalf of the school may have acted in a way that is inconsistent with the Code of Conduct, including inappropriate conduct outside of work, and does not meet the allegations threshold.

KCSiE gives the following as examples of low-level concerns: being over-friendly with children; having favourites; taking photographs of children on their mobile phone, contrary to school policy; engaging with a child on a one-to-one basis in a secluded area or behind a closed door; humiliating pupils.

All staff are encouraged to self-refer, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider may fall below the expected professional standards.

It is critical that all concerns about staff should be shared responsibly, with the right person, recorded and dealt with appropriately.

1.8 ISA, DBS and relevant local authorities

The College undertakes to report to the Independent Safeguarding Authority (ISA), the Disclosure and Barring Service (DBS) and any relevant local authorities within one month of leaving the College any person (whether employed, contracted, a volunteer or pupil) whose services are no longer used because he or she is considered unsuitable to work with children.



2. GUIDELINES FOR STAFF

2.1 General guidelines for staff

The guidance issued within this policy is for the protection of both staff and pupils. In education, all relationships are founded on trust. It is vital for those in positions of trust to understand the power this gives them over those in their care, and the responsibility they must exercise as a consequence.

- *Do not let suspicion, disclosure or allegations of abuse go unreported or unrecorded.*
- *Do provide access for pupils to talk to you about any concerns they may have.*
- *Plan activities that involve more than one other person being present, or are at least within sight or hearing of others.*
- *If it is necessary to speak to a child alone, always inform another member of staff where you are. It is advisable not to close the door of the room.*
- *Recognise that caution is required in sensitive moments of counselling on matters such as bullying, bereavement or abuse.*
- *On residential trips, pupils and staff must have separate sleeping accommodation.*
- *Avoid situations that compromise your relationship with pupils and are unacceptable within a relationship of trust.*
- *During sport coaching or instrumental teaching, where a degree of physical contact may be inevitable, staff must be particularly aware that this should only be used to develop skills / techniques or to treat or prevent injury. Best practice is always to ask permission and explain what you are doing before making contact.*
- *Staff are advised against transporting a single pupil in a vehicle except in case of an emergency.*
- *Remember that someone else may misinterpret your actions, no matter how well intentioned.*
- *Do not have inappropriate physical or verbal contact with pupils. Avoid suggestive remarks or gestures, even in fun.*
- *Do not jump to conclusions about others without checking the facts.*
- *Do not rely on your good name to protect you.*
- *Do not believe 'it could never happen to me'.*

For further guidance, please refer to the 'Guidance for Safer Working Practices' (October, 2015) published by the Safer Recruitment Consortium.

2.2 Specific guidance on physical restraint

In line with global best practice, UK law and guidance for schools, staff may reasonably intervene to prevent a child from:

- *committing a criminal offence;*
- *injuring themselves or others;*
- *causing damage to property; and*
- *engaging in behaviour prejudicial to good order and to maintain good order and discipline.*



Under no circumstances should physical force be used as a form of punishment. Where the College or setting judges that a child's behaviour presents a serious risk to themselves or others, they must always put in place a robust risk assessment which is reviewed regularly and, where relevant, a physical intervention plan. In all cases where physical intervention has taken place, staff should record the incident and subsequent actions on CPOMs and report these to a manager and the child's parents. Similarly, where it can be anticipated that physical intervention is likely to be required, a plan should be put in place which the pupil and parents/carers are aware of and have agreed to.

2.3 Allegations by one pupil against another pupil

Any such allegations will always be taken seriously and will be dealt with using sensitivity and care. The same principles for dealing with any disclosure apply to such cases.

2.4 Safer recruitment

At least one member of staff on each selection panel has completed training on Safer Recruitment via a COBIS recognised training agency (e.g. EduCare). The safer recruitment practices adopted at the College include the following:

- *Ensuring all staff with unsupervised access to children who have lived in the UK have a 'Prohibition from Teaching Check' and DBS clearance (where relevant), where applicable (these are administered through COBIS).*
- *Ensuring all staff with unsupervised access to children who have lived outside the UK, including local staff, provide local police checks to cover their period of overseas residence.*
- *Ensuring all staff with unsupervised access to children have at least two references on file with a series of child protection questions answered, at least one of which is from their current / most recent Head Master.*
- *Ensuring that no recruited staff have unexplained gaps in their employment history.*
- *Ensuring all interviews include questions on child protection.*
- *When local staff are not recruited from schools, ensuring that one reference is from their most recent employer with a series of child protection questions answered.*
- *Ensuring all teaching staff provide an International Child Protection Certificate (ICPC).*
- *Ensuring the maintenance of a single central record and employee files to evidence the above.*
- *Where staff are recruited through local supply agencies, ensuring that the procedures are still adhered to.*
- *Ensuring that, for contract agencies, we receive written confirmation that all staff they send have:*
 - a) a clear police check;
 - b) no unexplained gaps in their employment history;
 - c) references including one from their current/ most recent employer with a question regarding their suitability to work with children; and
 - d) been interviewed with questions relating to child protection.

Failure to confirm all of the above will result in Brighton College Bangkok Vibhavadi not accepting them to work here.



2.5 Concerns over a referral

If a member of staff has any concerns about how a referral has been handled, they should contact the school governor designated responsible for safeguarding who is Khun Titaporn.

2.6 Prevent

At BCBV, we recognise our duty to protect pupils from all forms of harm, including exposure to extremist views, radicalisation, and ideologies that promote violence or intolerance. While Thailand does not have a formal Prevent Duty like in the UK, we follow international best practice to safeguard our school community. Our proactive and structured approach builds pupil resilience to harmful ideologies, ensures staff remain alert to emerging threats, and provides a clear pathway for addressing concerns quickly and effectively—keeping our school community safe both offline and online.

Our Approach:

- **Education and Awareness:** We teach pupils to respect diversity, think critically, and challenge extremist narratives through our curriculum and pastoral programme.
- **Online Safety:** Pupils are taught how to stay safe online, recognise extremist content, and report anything that makes them feel uncomfortable. We promote responsible digital citizenship and monitor school systems to reduce online risks.
- **Staff Digital Vigilance:** Staff receive updates through the Safeguarding Google Classroom to stay aware of current online risks, including harmful social media trends, extremist recruitment tactics, and online gaming exploitation. This ensures timely intervention when concerning behaviour is identified.
- **Early Identification:** All staff are trained to recognise signs of radicalisation or extremist influence (both in-person and online) and report concerns promptly to the Designated Safeguarding Lead (DSL).
- **Safe Environment:** We promote open dialogue, inclusion, and respect for all faiths, cultures, and beliefs, reducing the risk of isolation or exploitation.
- **Partnerships:** We maintain strong links with parents and, when appropriate, external agencies to address concerns collaboratively and proportionately.

2.7 Responding to Concerns

Any staff member who has concerns about a pupil must report them immediately to the DSL. The DSL will assess the concern, keep a written record, and decide on appropriate next steps, which may include speaking with the pupil, contacting parents, or seeking advice from local safeguarding partners or relevant authorities. Where a risk of significant harm is identified, the school will act swiftly to protect the child and involve external agencies if necessary. Support will be offered to the pupil and their family to address underlying issues and prevent further risk.



3. RECORD KEEPING

3.1 General procedures

Following a disclosure, all staff are required to:

- Record on CPOMS/Safeguarding Form
- All staff should read this system user guide in order to access CPOMS and to fully record all informations
- Do not destroy the original notes in case they are required by the Police or in court - please pass to the DSL/DDSL and upload to CPOMS;
- Record the date, time, place and any noticeable non-verbal behaviour as well as the words used by the pupil;
- Record statements and observations, not interpretations or assumptions; and
- Do not use email or other forms of electronic communication to communicate any child protection concerns – always use hard copies (incident report forms or notes as appropriate).
- If you are concerned that the child is in imminent danger, you must contact a DSL immediately.
- As we are introducing CPOMS this year, it is important that all staff familiarise themselves with the system. All staff will receive training once CPOMS is up and running.
- For external staff and any staff without access to CPOMS - they will be provided with a Safeguarding Form to record a disclosure.

4 STAFFING AND RESOURCES

It is the responsibility of all staff (academic and non-academic), volunteers and visitors to the College to abide by the procedures laid down in this policy. All staff are provided with annual child protection training and those involved in the recruitment of staff are provided with safer recruitment training through Educare.

4.1 Contact details

Name	Position	Position Telephone number
Louisa Angus	DSL/Deputy Head Pastoral Senior School	0839479238
Crispian Waterman	Head Master	0800305180
Neil Hayward	Head of Senior School	0942010220
Rob Bendall	Head of Prep School	0880926431
Dr Visut Chareonsirawatana	School Director	0864680598
Titaporn Tuchinda	Governor with responsibility for Safeguarding	



APPENDIX A - DEFINITIONS, SIGNS AND SYMPTOMS OF ABUSE

All staff must be aware of the signs and symptoms of abuse.

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

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

Typical signs of physical abuse:

- Bruises and abrasions – especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently;
- Slap marks – these may be visible on cheeks or buttocks;
- Twin bruises on either side of the mouth or cheeks – can be caused by pinching or grabbing, sometimes to force a child to eat or to stop a child from talking;
- Bruising on either sides of the ear – this is often caused by grabbing a child who is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury;
- Grip marks on arms or trunk – found on babies who are handled roughly or held down in a violent way. Gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child, a brain haemorrhage. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse;
- Black eyes – are most commonly caused by an object such as a fist coming into contact with the eye socket. N.B. A heavy bang on the nose however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred;
- Damage to the mouth – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth;
- Bite marks;
- Fractures – especially in children under the age of 2;
- Poisoning and other drug misuse – e.g. overuse of sedatives;
- Burns and/or scalds – a round red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a cup of tea. In contrast, a child who has been deliberately 'dipped' in a hot bath will not have splash marks;
- Unexplained injuries or refusal to discuss them;
- Fear of medical treatment;
- Self-destructive tendencies;
- Unexplained patterns of absence that could be in order to hide injuries.



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

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

Typical signs of sexual abuse:

- A detailed sexual knowledge inappropriate to the age of the child;
- Behaviour that is excessively affectionate or sexual towards other children or adults;
- Lack of trust in adults (particularly any marked fear of men);
- Attempts to inform by making a disclosure about sexual abuse often begins by the initial sharing of limited information with one adult. It is also very characteristic of such children that they have an excessive preoccupation with secrecy and try to bind the adults to secrecy or confidentiality;
- A fear of medical examinations;
- A fear of being alone – this applies to friends, families, neighbours, baby-sitters, etc.
- A sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa;
- Excessive masturbation is especially worrying when it takes place in public; 16
- Promiscuity;
- Unusually explicit or detailed sex play in younger children;
- Sexual approaches or assaults – on other children or adults;
- Pregnancy, urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified;
- Bruising to the breasts, buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- Discomfort or pain, particularly in the genital areas.
- The drawing of pornographic or sexually explicit images



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

Typical signs of physical neglect:

- Underweight – a child may be frequently hungry or preoccupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern;
- Inadequately clad – a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving;
- Persistent stomach-aches, feeling unwell, and apparent anorexia can be associated with Physical neglect.

Child abuse includes abuse of a pupil by a staff member or other adult, abuse at home, which a pupil reports to staff, abuse by a stranger outside School and abuse of one pupil by another pupil. In the case of abuse by a pupil, or group of pupils, the key issues which identify the problem as abuse (rather than an isolated instance of bullying or 'adolescent experimentation, which might be considered within normal bounds in the School Community) are:

- The frequency, nature or severity of the incidents;
- Whether the victim was coerced by physical force, fear, or by a pupil or group of pupils having power or authority over him or her;
- Whether the incident involved a potentially criminal act and whether the same incident (or injury) had occurred to a member of staff or other adult, it would have been regarded as assault or otherwise actionable.
- A child can be at risk from any one or combination of the four categories of abuse. Other forms of abuse also include:
- Bullying - any persistent and uninvited behaviour which insults, hurts or intimidates someone (including cyber-bullying);
- Missing child - a child going missing from school is a potential indicator of abuse or neglect;
- Female Genital Mutilation (FGM) – professionals in all agencies, and individuals and groups, need to be alert to the possibility of a girl being at risk of FGM, or having already suffered FGM. Victims of FGM are likely to come from a community that is known to practise FGM;
- Child Sexual Exploitation (CSE) – involves exploitative situations, contexts and relationships where young people receive something (for example food accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. What marks out exploitation is an imbalance of power in the relationship;



- Forced Marriage – a form of Domestic Abuse. It should be recognised as a human rights abuse – and should always invoke child protection procedures within the school.
- Symptoms of Stress and Distress:
- When a child is suffering from any one or more of the previous categories of abuse, or if that child is 'at risk', he/she may suffer from/display signs of stress and distress. An abused child may show signs of stress and distress as listed below:
- A lack of concentration and a fall-off in school performance;
- Extreme passivity or aggressive/hostile behaviour;
- Moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences;
- Difficulties in relationships with peers;
- Regression to more immature forms of behaviour, e.g. thumb sucking, bed-wetting;
- Self-harming or suicidal behaviour;
- Low self-esteem;
- Wariness, insecurity, running away or truancy - children who persistently run away from home may be escaping from sexual/physical abuse;
- Disturbed sleep/tiredness;
- General personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- Fear of medical treatment;
- Unexplained patterns of absence to hide injuries;
- 'Chronic' medical problems (stomach pains/headaches);
- Drug/solvent abuse;
- Telling of a 'friend with a problem of abuse';
- Anorexic/bulimic;
- Excessive fear of certain situations or people;
- A sudden change in school performance.

Parental Signs of Child Abuse:

Particular forms of parental behaviour that could raise or reinforce concerns are:

- Implausible explanations of injuries;
- Unwillingness to seek appropriate medical treatment for injuries;
- Injured child kept away from school until injuries have healed without adequate reason;
- A high level of expressed hostility to the child;
- Grossly unrealistic assumptions about child development;
- General dislike of child-like behaviour;
- Inappropriate labelling of child's behaviour as bad or naughty;
- Leaving children unsupervised when they are too young to be left unattended.



APPENDIX B - GUIDANCE FOR DEALING WITH A DISCLOSURE

A member of staff only requires there to be a cause for concern regarding potential child abuse in order to act and report to the Designated Child Protection Officer immediately. When there are reasonable grounds to suspect child abuse or non-accidental injury then the following procedure must be implemented immediately:

Key points to follow if you suspect, or are told of, abuse:

- Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse – treat the matter seriously. Listen with care, quietly but actively and allow silence. Reassure the child that s/he is not to blame and was right to inform you. Do not show disbelief, or appear angry or shocked;
- If you can, write brief notes of what they are telling you while they are speaking and keep these original notes, however rough. If you do not have the means to write at the time, make an accurate record of what was said and what you have done as soon as possible afterwards. Sign, date and time all notes made. Contemporaneous notes and records should be made on the same working day of any disclosure;
- Do not give a guarantee that you will keep what is said confidential or secret. If you are told about abuse you have a responsibility to tell the right people to get something done about it. If asked, explain that if you have been told something that needs to be sorted out, you will have to tell the people who can help, but that you will only inform people who absolutely need to know;
- Do not interrogate or ask leading questions that might give your own ideas of what might have happened (e.g. “did he do X to you?”) – just ask “What do you want to tell me?” or “Is there anything else you want to say?” The best questions to ask are TED questions: Tell, Explain, Describe;
- Immediately inform the Designated Child Protection Officer - do not tell other adults or pupils. Remember that the priority is to protect the child;
- Never carry out an investigation of suspected or alleged abuse – social services and police staff are the people trained to do this – you could cause more damage and spoil possible criminal proceedings;
- Where an allegation is made against the Designated Child Protection Officer, you should immediately contact the Head Master or the designated Governor for Child Protection;
- Where an allegation is made against the Head Master, you should immediately contact the School Director;
- Never think abuse is impossible, or that an accusation against someone you know well and trust is bound to be wrong. Receive the child’s story if appropriate, listen but do not judge; React to what the child tells you with belief and tell the child that they have done the right thing in telling you;
- You may feel upset after speaking to a child and need support, e.g. to talk through what has happened. You may wish to seek specialist support or counselling – look after yourself too.



APPENDIX C - CONTACT DETAILS FOR CHILD SERVICES IN THAILAND

- Bangkok Shelter for Children and Families: Mr. Tanawat Phonnisidonwat (089-2021046 / 023547580)
- “Sai Dek” Child Line 1387
- The Centre for the Protection of Children’s Rights Foundation (CPCR) Bangkok at (02-4121196 / 02-4120736) www.thaichildrights.org
- ECPAT International 328/1 Phaya Thai Road Bangkok 10400, Thailand Tel: + 66 (0) 2 215 3388 ext. 190 Fax: + 66 (0) 2 215 8272 www.ecpat.net
- The Prachabodi Centre 1300

Please do not contact any of the above services regarding pupils within the College or school related activities without speaking to the Designated Child Protection Lead first.

APPENDIX D - CHILDREN WHO MAY BE PARTICULARLY VULNERABLE

Some children may be at increased risk of harm as a result of neglect and/or physical, sexual or emotional abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse happens, or who have a high level of tolerance in respect of neglect. To ensure that all of our children receive equal protection, we will give special consideration and attention to children who are:

- Disabled or who have Special Educational Needs: who may be particularly vulnerable or for whom additional barriers may exist in recognising or communicating about abuse and neglect. Assumptions may be made that behaviour, mood or injury may relate to the disability, without exploring the possibility of abuse. Children with SEN or disabilities may be disproportionately impacted by things like bullying without outwardly showing any signs, or more prone to peer group isolation than other children, making them even more vulnerable.

Also, children who are:

- living in an identified domestic abuse situation; affected by known family challenges, such as substance misuse, adult mental health problems or domestic abuse; misusing alcohol or substances themselves;
- frequently missing or who go missing from care or from home;
- showing signs of being drawn into criminal or anti-social behaviour, including gangs or organised crime groups;
- involved directly or indirectly in prostitution, modern slavery, child trafficking or exploitation;
- at risk of being radicalised or exploited;
- being privately fostered;
- are showing early signs of abuse/neglect;
- asylum seekers;
- living away from home;
- vulnerable to being bullied, or engaging in bullying;



- living in temporary accommodation;
- living transient lifestyles;
- living in chaotic, neglectful and unsupportive home situations;
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality;
- do not have English/Thai as a first language.

APPENDIX E - DRUGS IN THAILAND

Cannabis is now widely available in Thailand as it was decriminalised on 9th June 2022. To clarify - please use the below points as reference:

- Carrying seeds or parts of the cannabis plant from and to Thailand for personal purposes are not permitted.
- Individuals under 20 years old, Pregnant women and breastfeeding women are not eligible to use cannabis except under the supervision of health professionals.
- Possession of extract containing more than 0.2 THC and synthetic THC requires permission.
- Smoking cannabis in public spaces, including schools and Shopping malls, is illegal (25,000thb fine and/or 3 month prison sentence)
- As of June 26th 2025, medical cannabis requires a Thai-issued prescription and purchase from a licensed dispensary. All recreational use or possession is now prohibited, regardless of quantity or setting. Public cannabis consumption is banned, with fines up to 25,000 Baht and possible jail time.



APPENDIX F - BCBV SUICIDE INTERVENTION PLAN

Introduction

This Suicide Intervention Plan aims to provide a structured approach to identifying, supporting, and intervening with pupils at risk of suicide. It is essential for safeguarding the welfare of pupils and promoting a safe and supportive school environment at Brighton College Bangkok.

Objectives

- To identify pupils at risk of suicide and provide immediate support.
- To ensure all staff are trained to recognise signs of suicidal behaviour.
- To establish a clear protocol for intervention and support.
- To foster a school environment that promotes mental health and well-being.

Identifying Pupils at Risk

Staff should be vigilant for signs that may indicate a pupil is at risk of suicide, including but not limited to:

- Expressing feelings of hopelessness or worthlessness.
- Talking about death or suicide.
- Withdrawing from friends, family, and activities.
- Changes in behaviour, appearance, or academic performance.
- Giving away prized possessions.

Staff Training

All staff will receive annual training during INSET on:

- Recognising signs of suicidal ideation.
- Appropriate ways to approach and support pupils.
- Procedures for reporting concerns.

Suicide Ideation:

refers to the thoughts and contemplations about ending one's own life. These thoughts can range from fleeting considerations to detailed planning. While not all individuals who experience suicide ideation will attempt suicide, it is a significant risk factor and should always be taken seriously.

Passive vs. Active Ideation:

- Passive Ideation: Thoughts about death or wishing to be dead without specific plans for suicide.
- Active Ideation: More serious thoughts that include planning and intent to commit suicide.

Frequency and Intensity:

The frequency (how often these thoughts occur) and intensity (how strong these thoughts are) can vary widely. Some individuals may experience occasional, fleeting thoughts, while others may have persistent and intrusive ideation.

Associated Factors:

Suicide ideation is often associated with mental health conditions such as depression, anxiety, bipolar disorder, and substance abuse. It can also be triggered by life events such as trauma, loss, or significant stress.



Warning Signs:

- Verbal cues (e.g., talking about wanting to die or kill oneself).
- Behavioural changes (e.g., withdrawing from activities, giving away possessions).
- Emotional signs (e.g., feelings of hopelessness, unbearable pain, worthlessness).

Reporting

- Any staff member who identifies a pupil at risk must report immediately to the Designated Safeguarding Lead (DSL) or an ASIST (Applied Suicide Intervention Skills Training) suicide intervention first aider.
- A record of the concern should be made and reported on CPOMS

Immediate Intervention

- Upon identifying a pupil at risk, the following steps should be taken:
- Ensure Immediate Safety: Stay with the pupil and ensure they are not left alone.
- Listen and Reassure: Provide a non-judgemental space for the pupil to talk. Reassure them that they are not alone and that help is available.
- Involve the DSL or ASIST First Aider: Contact the DSL or an ASIST suicide intervention first aider immediately to assess the situation and determine the next steps.
- Contact Parents/Guardians: The DSL or ASIST first aider will contact the pupil's parents or guardians, unless there is a compelling reason not to (e.g., if it is believed this could increase the risk to the pupil).

Professional Support

- Referral to Mental Health Services or Councillor: The DSL or ASIST first aider will coordinate a referral to appropriate mental health services or councillor if appropriate
- In-School Support: The pupil will be offered support from the school's pastoral care team, including regular check-ins.

Suicide Safety Plan

A safety plan will be developed in collaboration with the pupil, parents/guardians, and mental health professionals.

Post-Intervention Follow-Up

- Regular Monitoring: The DSL, ASIST first aider, and pastoral team will monitor the pupil's well-being regularly.
- Communication with Parents/Guardians: Maintain open communication with the pupil's family to provide updates and ensure ongoing support.
- Review and Adjust Safety Plan: Periodically review and adjust the safety plan as needed.

Crisis Response Plan

In the event of a suicide attempt or completed suicide, Brighton College Bangkok will:

- Activate Crisis Response Team: A pre-designated team will manage the situation and support the school community.

Review and Evaluation

- Annual Review: The Suicide Intervention Plan will be reviewed annually to assess its effectiveness and make necessary adjustments.



Current ASIST suicide intervention first aiders: **Louisa Angus.**

APPENDIX G - SUICIDE SAFETY PLAN

Step 1: Recognise Warning Signs

Understand and identify personal warning signs that indicate you might be heading towards a crisis. This can include feelings of hopelessness, withdrawal from friends and activities, and significant mood changes.

Step 2: Use Coping Strategies

List activities or strategies that can help you calm down and manage distress. Examples include:

- Deep breathing exercises
- Listening to music
- Drawing or writing
- Engaging in a hobby
- Physical exercise

Step 3: Connect with Others

Identify and reach out to people who can provide immediate support. This could be friends, family members, teachers, or school counselors. Make a list of their names and contact information:

- Family Member
- Teacher
- School Counsellor

Step 4: Remove Access to Harmful Means

Ensure that you are in a safe environment. Remove or stay away from any objects or substances that you could use to harm yourself.

Step 5: Seek Professional Help

Know who to contact for professional help:

- Samaritans of Thailand: 02-713-6793 (available 12:00 - 22:00)
- Mental Health Support Line in Thailand 1323 (available 24/7)

Step 6: Make a Promise

Promise to yourself that you will reach out for help if you're feeling overwhelmed or considering self-harm. Write down a personal statement such as, "I will talk to [Name] if I'm feeling suicidal."

Remember: You are not alone. There are people who care about you and want to help. Reaching out is a sign of strength, not weakness.

Name of Pupil:

Name of Teacher:

Name of Parent:



APPENDIX H - SELF HARM PROTOCOLS

1. Purpose

This policy outlines the school's approach to recognising, responding to, and supporting pupils who may be at risk of self-harm. It ensures a consistent, safe, and child-centred approach aligned with whole-school safeguarding procedures.

2. Definitions

Self-harm: Any behaviour where a pupil intentionally causes harm to themselves. This may include, but is not limited to:

- Cutting, scratching, or burning
- Hitting or punching oneself
- Misuse of medication or substances
- Eating-related self-harm
- Risk-taking behaviours with intent to cause harm

Self-harm may be linked to underlying emotional distress, trauma, mental health challenges, bullying, family issues, or academic pressures.

3. Guiding Principles

- Safety first: The welfare of the child is paramount.
- Early identification: Staff must remain vigilant to warning signs.
- Non-judgemental support: Pupils will be listened to with empathy and without blame.
- Confidentiality with safeguarding limits: Information will be shared on a "need to know" basis.

Collaboration: Effective partnership with parents/carers and external agencies.

4. Signs and Indicators

Staff should be alert to:

Physical signs

- Unexplained cuts, bruises, burns
- Wearing long sleeves in hot weather

Emotional/behavioural signs

- Withdrawal, isolation, low mood
- Sudden drop in academic performance
- Risky behaviours
- Expressions of hopelessness or worthlessness

Peer disclosures

- A pupil reports concerns about a friend



5. Roles and Responsibilities

Designated Safeguarding Lead (DSL) and DDSLs

- Lead and coordinate all responses to suspected or confirmed self-harm
- Assess immediate risk and determine next steps
- Liaise with parents/carers (unless unsafe to do so)
- Refer to external agencies if possible
- Record all concerns on CPOMs

All Staff

- Report concerns immediately to the DSL
- Respond to disclosures calmly and supportively
- Do not promise confidentiality
- Monitor and follow agreed support plans

6. Responding to a Disclosure

If a pupil discloses self-harm:

- **Listen calmly** without expressing shock or judgement
- **Acknowledge their feelings** and thank them for confiding
- **Do not promise confidentiality**
- **Assess immediate risk** (e.g., fainting, medical danger)
- If the pupil is in **immediate danger, do not leave them alone**
- **Refer to DSL immediately**
- **Record the concern** factually and promptly

7. Risk Assessment

The DSL (with mental-health staff if appropriate) will:

- Gather information from staff, the pupil, and relevant professionals
- Identify triggers, methods, severity, and intent
- Evaluate environmental risks (e.g., access to objects/medications)
- Determine a risk level: low / moderate / high / immediate danger
- Implement safety measures accordingly

8. Record Keeping and Information sharing

All concerns logged, factual, dated, and stored securely on CPOMs.

Information shared on a need-to-know basis, with parents unless unsafe, and with external agencies appropriately.

9. Safety Planning

Put a Mental Health Support Plan into place that includes coping strategies, triggers, support arrangements, supervision, emergency contacts.



APPENDIX I - EATING DISORDER PROTOCOLS

1. Purpose

This policy aims to ensure the early identification, effective support, and safeguarding of pupils who may be experiencing disordered eating or an eating disorder. It sets out staff responsibilities, referral processes, and support strategies within school.

2. Definitions

Eating Disorder

A mental health condition where food, weight, or body image become central to a pupil's thinking and behaviour, often impacting their health and functioning.

Includes:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Other Specified Feeding or Eating Disorders (OSFED)

Disordered Eating

Problematic eating behaviours that may not meet diagnostic criteria but still pose health or emotional risks.

Examples:

- Restrictive eating
- Skipping meals
- Obsessive calorie counting
- Compensatory behaviours (excessive exercise, vomiting)
- Distorted body image

3. Guiding Principles

- Safeguarding first: Eating disorders are a safeguarding and wellbeing concern.
- Early identification: Staff must remain aware of early warning signs.
- Non-judgemental support: Pupils should feel safe, heard, and respected.
- Discretion: Shared only on a need-to-know basis.
- Collaboration: Work with families and external medical/mental health professionals.
- Whole-school culture: Promote healthy, positive attitudes towards food, exercise, and body image.



4. Roles and Responsibilities

Designated Safeguarding Lead (DSL) and DDSLs

- Lead response to concerns
- Conduct/oversee initial risk assessments
- Communicate with parents/carers unless unsafe
- Refer to medical and mental health services
- Monitor and record concerns on CPOMs

All Staff

- Notice and report early signs
- Respond sensitively to disclosures
- Avoid comments about weight, dieting, or appearance
- Record any relevant information/incidents on CPOMs

5. Identification: Warning Signs

Physical Signs

- Noticeable weight change (gain or loss)
- Fatigue, dizziness
- Poor circulation (cold hands/feet)
- Fainting episodes

Emotional/Behavioural Signs

- Skipping meals
- Obsession with food, dieting, or exercise
- Isolation during mealtimes
- Anxiety around food
- Distorted body image

Academic/School Behaviours

- Concentration difficulties
- Decline in performance
- Avoidance of PE or increasing compulsive exercise

Peer Disclosures

- Friends expressing concern



6. Responding to Concerns or Disclosures

- **Listen calmly** without expressing shock or judgement
- **Acknowledge their feelings** and thank them for confiding
- **Do not promise confidentiality**
- **Assess immediate risk** (e.g., fainting, medical danger)
- **Refer to DSL immediately**
- **Record the concern** factually and promptly
- **Do not discuss weight, calories, appearance, or blame**

7. Risk Assessment

The DSL (with mental-health staff if appropriate) will:

- Gather information from staff, the pupil, and relevant professionals
- Identify triggers, methods, severity, and intent
- Evaluate environmental risks (e.g., access to objects/medications)
- Determine a risk level: low / moderate / high / immediate danger
- Implement safety measures accordingly

8. Record Keeping and Information sharing

All concerns logged, factual, dated, and stored securely on CPOMs.

Information shared on a need-to-know basis, with parents unless unsafe, and with external agencies appropriately.

9. Safety Planning

Put a Mental Health Support Plan into place that includes coping strategies, triggers, support arrangements, supervision, emergency contacts.



APPENDIX J - PUPIL MENTAL HEALTH SUPPORT PLAN

1. Pupil Information

Name:	
Age / Year Group:	
Date of Plan:	
Review Date:	
Parent/Carer Contact Details:	
Lead Staff Member	

2. Summary of Concerns

Provide a brief overview of the mental health concern(s) affecting the pupil. Include any relevant context (e.g., anxiety, low mood, self-harm concerns, bereavement, bullying, academic pressure).

3. Strengths and Protective Factors

List the positives that support the pupil's resilience. Examples: positive friendships, extracurricular involvement, good family support, academic strengths.



4. Identified Needs

What the pupil needs to feel safe, stable, and successful.

- Safe adult to check in with
- Predictable routine
- Reduced sensory load
- Break card
- Counselling
- Quiet space
- Other:

5. Risk Assessment (if applicable)

(For pupils experiencing significant anxiety, emotional distress, or self-harm risk)

Risk Indicators / Warning Signs

Current Level of Risk

- Low
- Medium
- High
- Immediate Safety Concern

Risk Management Actions



6. Support Strategies and Reasonable Adjustments

In the Classroom

- Specific seating plan
- Time-out card
- Other:

Pastoral / Wellbeing Support

- Scheduled check-ins (daily/weekly)
- Counselling sessions
- Safe space pass
- Mentoring / trusted adult

Academic Adjustments

- Reduced or flexible deadlines
- Reduced homework load (temporary)
- Extra support (lunchtime/afterschool)

Environment and Safety Adjustments

- Avoid known triggers
- Provide calm space during distress
- Increased supervision if required

7. Pupil Voice

The pupil's own thoughts on what helps them, what triggers distress, and what support they want.

What helps me:

What makes things harder:

What I want staff to know:

8. Parent/Carer Input

Emergency Contact Details:

Notes from discussions with parents/carers.



APPENDIX K -RECORDING ON CPOMS

Guide to using CPOMS

All Staff

All staff are able to add an incident to CPOMS. CPOMS is for recording pastoral, safeguarding and child protection concerns.

Examples of when to add a concern

If a pupil is absent once, this would not be logged on CPOMS, however, continuous absence or lateness and patterns of absence would be.

If a pupil has a minor behaviour incident, this would not be logged on CPOMS. Serious behaviour incidents, bullying or potential bullying, repeated/patterns in concerning behaviour or a change in behaviour would be logged.

Serious accidents or medical incidents should be recorded on CPOMS.

Anything that you are concerned falls under safeguarding or child protection must be logged.

You can log meetings, conversations and emails with parents that you feel there should be a record of. General absence emails should not be logged.

Recording an incident

Start a new entry: From the top of the CPOMS dashboard, select the "Add Incident" link

Student details: Type the student's name. The system will provide suggestions as you type.

Incident description: Write a factual and specific description of the incident. Ensure the pupil's name (Nick name is fine throughout) is spelt correctly.

Categories: Select at least one category that applies to the incident. You can choose multiple categories if needed.

Subcategories: When you select a Categories, a list of subcategories will appear - select the appropriate one(s). Multiple ones can be selected. If you select more than one category you will see subcategories for each one.

Linked students: If other pupils are involved, type their names in the "Linked Students" field. This will link the incident to their records as well.

Body map: If there is physical evidence, expand the "Body Map" and use the markings to indicate where the evidence is on the body map image.

Date and time: The system defaults to the current date and time, but you can change this if the incident occurred earlier.

Assign to: If you are just adding for a record and no action needs to be taken, this can be left blank. If action is required, assign to the appropriate person. Start typing the person's first name and options will be offered to you (see below for further guidance).

Alert staff: Add any staff members who need to be aware of the incident to the "Alert Staff Members" list.



Best practices

Be factual: Record only facts and avoid opinions or subjective labels, as CPOMS may be used as evidence in legal proceedings.

Be accurate: Use correct names and ensure all information is correct and specific.

Keep it relevant: Include all information relevant to the concern and avoid irrelevant details.

Record actions: Keep the log updated with any further actions you take.

The DSL can change the category of incident if it is felt necessary. If you are unsure of which category to use, err on the side of caution to keep records confidential and assign to the DSL who will decide if a change needs to be made and reassign if necessary.

Staff access

All staff can add an incident.

Staff with children at the College can not access their children's records.

The SENCO and Pastoral leads (Heads of Key Stages) have the ability to view the incidents that are not related to safeguarding or child protection concerns.

SLT have the ability to view the incidents that are not related to safeguarding or child protection concerns.

DDSLs can see all but the Child Protection incidents.

DSL and Head Master can view all incidents.

Attendance - Assign to Head of Key Stage

- When attendance falls below 90% (after term 1), 80%, 70%
- Regular lateness
- Patterns in absence
- Regular absence with no parental informing

Behaviour - Assign to Head of Key Stage

- Inappropriate behaviour against another pupil
- Inappropriate behaviour towards a member of staff
- Unsafe behaviour

Cause for concern - Assign to Pastoral Leads/DDSL/DSL as appropriate

- Unusual emotional responses
- Parental behaviour
- Suspicion of neglect
- Physical injuries that cause concern
- Patterns in behaviour that cause concern
- Sudden change in behaviour
- Poor hygiene
- Sexualised behaviour concern



Child on child - Assign to Pastoral Leads/DDSL/DSL as appropriate

- Suspected or actual bullying
- Inappropriate/concerning online behaviour
- Physical altercation
- Racist/discriminatory behaviour
- Inappropriate sexual behaviour
- Verbal altercations

Child Protection - Assign to DSL and possibly

- You feel a child is at immediate risk of harm
- You feel a child is potentially at risk of harm

Contact with Parents - Assign to Head of Key Stage

- Any email/phone call/meeting/conversation with parents regarding a concern
- Any contact with parents where their actions/comments cause concern

Early Years - Assign to Head of Early Years

- There are specific subcategories on biting, falls and accidents, and intimate care in order to maintain records in EY

Friendship issues - Assign to Head of Key Stage

- Any fall outs between friends that require staff involvement/intervention
- Friendship issues reported by parents

Medical - Assign to LAN (Senior) or RBE (Prep) for first 2, Head of Key Stage and Pastoral Leads for others

- Serious accident/incident on College grounds or during College supervised activity
- Pupil requiring hospitalisation from school
- Medical issue that may affect pupils ability to attend school or make progress
- Patterns in health that cause concern (always tired/hungry/regular illness)

Mental Health or Wellbeing - Assign to DSL and/or DDSL

- General concerns or information regarding mental health
- Specific concerns or information regarding mental health
 - Anxiety, depression
 - Self harm, eating disorder
 - Substance use and abuse
 - Suicide or suicide ideation

Safeguarding - Assign to DSL and possibly DDSL

- Criminal or sexual exploitation
- Grooming
- Domestic Violence
- Radicalisation/extremism
- Concerns about a child you know to have a Care/Support plan