

Child Protection Policy, Procedure and Guidance



Southampton Children’s Hospital School

Child Protection Policy, Procedure and Guidance

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SCHS Child Protection Policy, Procedure and Guidance			
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Lead officer	Nell Giles	Review date	January 2019
Contact	nell.giles @shs.jetrust.org	Effective date	January 2016

Purpose

1. The purpose of this policy is to:
 - provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
 - ensure consistent good practice across the school.
 - demonstrate our commitment to protecting children.
2. This policy sits alongside a separate policy for safeguarding within the school.
3. This document is based on guidance from the 2016 Keeping Children Safe in Education legislation.
4. Keeping Children Safe in Education 2016 highlights the importance of frontline staff in developing the schools policy. As part of the review process, those at SCHS who are working with our children will be consulted in the production and review of this policy.

Legal context

There are several acts of parliament and guidance that are pertinent to the Child Protection process but key legislation is both the Children's Act of 1989 and 2004 as well as the Education Act of 2002 which states that Teachers, education professionals, social workers, health professionals, police officers and members of the public have a statutory duty to report any concerns or suspicions that a child has been abused.

There is also Section 175 of the Education Act 2002 which clearly states that the governing body of a maintained school shall make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school." this includes independent schools and academies under section 157 of this Act.

Further guidance

- [Working together to safeguard children 2015](#)
- [Keeping children safe in education 2016](#)
- [Disqualification under the childcare act 2006 \(2015\)](#)

Scope

5. This policy relates to all staff, volunteers and governors of SCHS, and provides them with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care.

Definitions

6. Within this document a number of phrases are used which can be explained:
 - **Child Protection** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.
 - The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents and governors.
 - **Child** refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to pupils of our school; however the policy will extend to visiting children and students from other establishments. For our children with an education, health and care (EHC) plan, this expands to 25 if they need more support than is available through special educational needs support.

- **Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers.
- **Abuse** could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the Schools and Education Guidance for developing Safeguarding Policies document. See Annex 8.
- **DSL** is the Designated Safeguarding Lead

Policy statement

7. We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.
8. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.
9. We maintain an attitude of “it could happen here” where safeguarding is concerned.
10. As a school we will educate and encourage pupils to keep safe through:
 - The content of the curriculum
 - A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

Section 1: Principles and Values

11. Children have a right to feel secure and cannot learn effectively unless they do so.
12. All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
13. All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.
14. We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
15. Whilst the school will work openly with parents as far as possible, the school reserves the right to contact children’s social care or the police, without notifying parents if this is in the child’s best interests.

Leadership and Management

16. We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.
17. In this school any individual can contact the designated safeguarding lead (DSL) if they have concerns about a young person.
18. **DSL** is Nell Giles and the **deputy DSL** is Katie Kempsey. There is a nominated governor, Sheila Peters, who will receive reports of allegations against the headteacher and act on the behalf of the governing body.
19. As an employer we comply with the “Disqualification under the childcare act 2006” guidance issued in February 2015.

Training

20. All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Training is provided every year for all staff, with separate training to all new staff on appointment. All staff sign to the policy annually to acknowledge they have attended/read and understood the training. The DSL will attend annual training with regular updates to enable them to fulfil their role. Any update in national or local guidance will be shared with all staff in briefings, INSET training

days and staff meetings. This policy will be updated during the year to reflect any changes brought about by new guidance.

Referral

21. Following any concerns raised by staff, the DSL will assess the information and consider if significant harm has happened or if there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact children's social care. If the DSL is not available or there are immediate concerns, the staff member will refer directly to children's social care.
22. Generally the DSL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.
23. **N.B.** *The exception to this process includes cases of known Female Genital Mutilation where there is a mandatory requirement for the teacher to report directly to the police.*

Confidentiality

24. We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' guidance.
25. Information will only be shared with agencies who we have a statutory duty to share with and individuals within the school who 'need to know'.
26. All staff are aware that they cannot promise a child to keep a disclosure confidential.

Dealing with allegations against staff

27. If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the headteacher **Nell Giles**. The local authority designated officer (LADO) will be contacted and the relevant guidance will be followed

The LA's Designated Officer is: Sue Sevier

- ☐ Phone: 023 8091 5535
- E-mail: LADO@Southampton.gov.uk

28. If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or nominated governor directly.

Dealing with allegations against pupils

29. If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, the 'dealing with allegations against pupils' guidance will be followed (Annex 6).

Section 2: Roles and responsibilities within SCHS

Staff responsibilities

30. All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:
 - Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
 - Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
 - Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
 - Attend training in order to be aware of and alert to the signs of abuse.
 - Maintain an attitude of "it could happen here" with regards to safeguarding.

- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day.
- If the disclosure is an allegation against a member of staff they will follow the allegations' procedures (Annex 5).
- Follow the procedures set out by the LSCB and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Ensure they know who the designated safeguarding lead (DSL) and deputy DSL are and know how to contact them.
- Treat information with confidentiality but never promising to "keep a secret".
- Notify DSL of any child on a child protection plan who has unexplained absence.
- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with, or signpost them to, opportunities to change the situation.
- Liaise with other agencies that support pupils and provide early help.
- Ensure the relevant NHS and medical staff within the hospital have been informed and check progress of the referral at appropriate times.

Senior management team responsibilities:

- Contribute to inter-agency working in line with guidance (working together 2015)
- Provide a co-ordinated offer of early help when additional needs of children are identified
- Working with children's social care, support their assessment and planning processes including the schools attendance at conference and core group meetings
- Carry out tasks delegated by the governing body such as training of staff; safer recruitment; maintaining a single central register
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school
- Treat any information shared by staff or pupils with respect and follow procedures
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from department for education (DfE), Local safeguarding children board (LSCB) and Southampton City Council (SCC).

Governing body responsibilities

- The school has effective safeguarding policies & procedures including a child protection policy and a staff behaviour policy
- LSCB is informed annually about the discharge of duties via the safeguarding audit □ Recruitment, selection and induction follows safer recruitment practice.
- Allegations against staff are dealt with by the headteacher.
- A member of the senior staff team is designated as designated safeguarding lead (DSL) and have this recorded in their job description
- Staff have been trained appropriately and this is updated in line with guidance
- Any safeguarding deficiencies or weaknesses are remedied without delay
- They have identified a nominated governor for allegations against the headteacher.

DSL responsibilities *(to be read in conjunction with DSL role description in KCSiE 2016)*

In this school the DSL is Nell Giles (Bursledon House). The deputy DSL is Katie Kempsey

31. In addition to the role of staff and senior management team the DSL will

- Assist the governing body in fulfilling their responsibilities under section 175 or 157 of the education act 2002

- Attend initial training for the role and refresh this every year. By attending the initial refresher training and then demonstrating evidence of continuing professional development thereafter with regular updates.
- Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL
- Ensure that whole school training occurs annually so that staff and volunteers can fulfil their responsibilities.
- Ensure any members of staff joining the school outside of this training schedule receive induction prior to commencement of their duties
- Keep written records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk
- Ensure that copies of safeguarding records are transferred accordingly (separate from pupil files) when a child transfers school
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the child's social worker is informed
- Link with the LSCB and SCC to make sure staff are aware of training opportunities and the latest local policies on safeguarding
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Liaise with key staff responsible for safeguarding within the NHS and medical staff at the Southampton Children's Hospital.

Section 3: SCHS child protection procedures

Overview

32. The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility.
33. The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being abused.
34. The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount.

If a member of staff suspects abuse or they have a disclosure of abuse made to them they must:

35. Make an initial record of the information – these must be retained and given to DSL
36. Report it to the DSL / headteacher immediately . This must be on the same working day.
37. Use CPOMS to record the incident as well as reporting to the DSL directly. The DSL must be alerted by the CPOMS entry. The DSL will mark as read and record any subsequent actions.
38. The DSL / headteacher will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL / headteacher are not immediately available (see point 8 below)
39. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
 - a. Dates and times of their observations
 - b. Dates and times of any discussions they were involved in.

- c. Any injuries
- d. Explanations given by the child / adult
- e. What action was taken
- f. Any actual words or phrases used by the child.

40. The records must be signed and dated by the author.

Following a report of concerns from a member of staff, the DSL must:

- 41. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to children’s social care
- 42. Normally the school should try to discuss any concerns about a child’s welfare with the family and where possible to seek their agreement before making a referral to children’s social care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child’s views should also be taken into account.
- 43. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact the Multi Agency Safeguarding Hub (and make a clear statement of:
 - a. the known facts
 - b. any suspicions or allegations
 - c. whether or not there has been any contact with the child’s family.
- 44. If the DSL feels unsure about whether a referral is necessary they can phone the MASH to discuss concerns.
- 45. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the early help process.
- 46. The DSL must confirm any referrals in writing to the MASH, within 24 hours, including the actions that have been taken. The written referral should be made using the MASH referral form which will provide children’s social care with the supplementary information required about the child and family’s circumstances.
- 47. If a child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify children’s social care of the occurrence and what action has been taken.
- 48. Where there are doubts or reservations about involving the child’s family, the DSL should clarify with children’s social care or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.
- 49. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DSL / headteacher should take the child to the accident and emergency unit at the nearest hospital, having first notified children’s social care. The DSL should seek advice about what action children’s social care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

Management

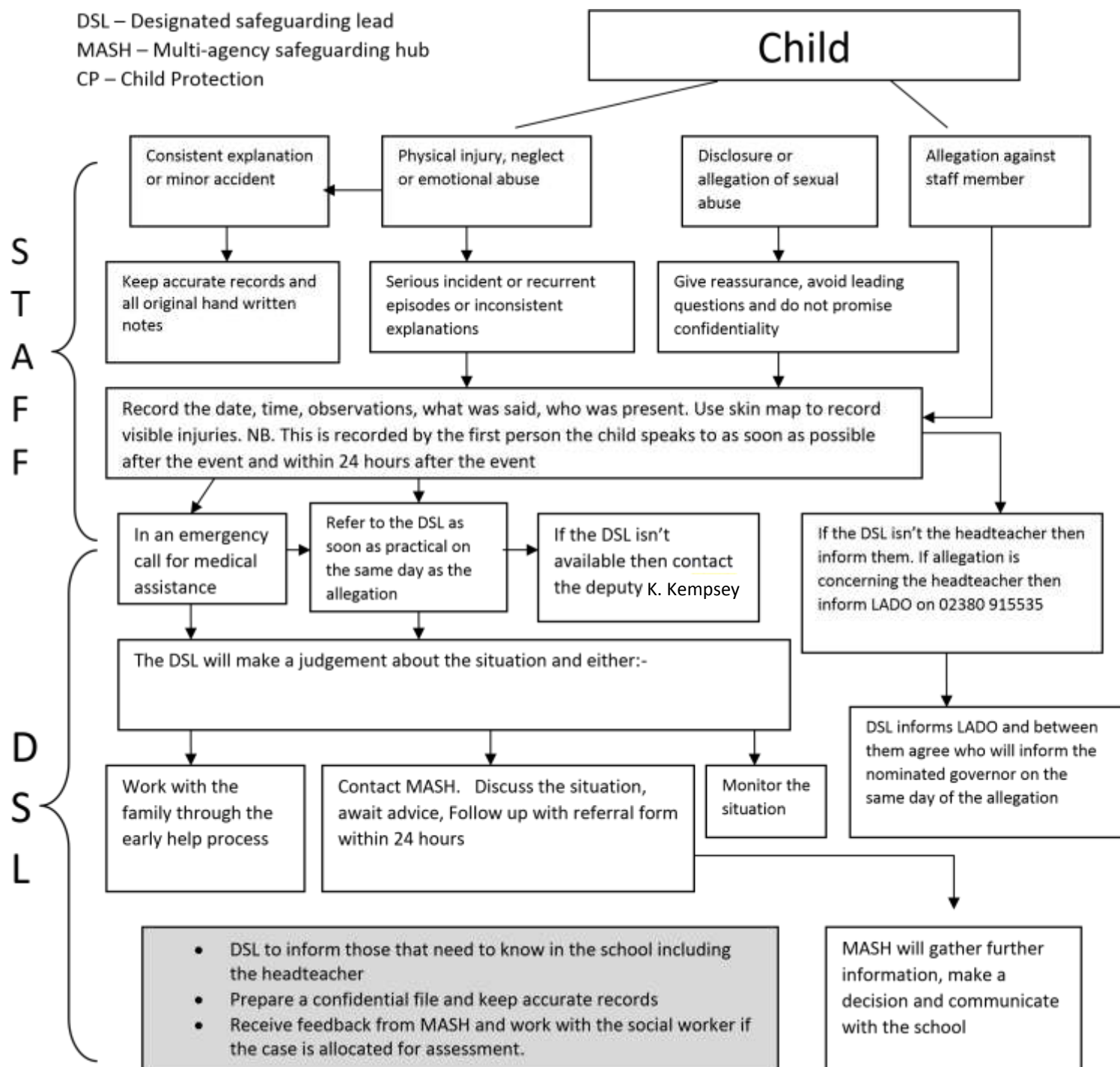
49. Non-compliance will be appropriately dealt with according to the school’s Discipline Policy

Governance

50. As a school, we review this policy at least annually in line with Department of Education, LSCB and SCC and other relevant statutory guidance.

Annex 1: Flowchart for child protection procedures

DSL – Designated safeguarding lead
MASH – Multi-agency safeguarding hub
CP – Child Protection



Annex 2: Recording Form (To be used when CPOMS not available/used)

Recording Form

Child's name:			
Date and time		D.o.B	
Name and role of person raising concern:			

Details of concern (where? when? what? who? behaviours? use child's words)			
Actions taken			
Date	Person taking action	Action taken	Outcome of action

Name: _____

Designation: _____

Copied to: _____

Annex 3: Body Map

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

***At no time should an individual teacher/member of staff or school take photographic evidence of any injuries or marks to a child's person, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Social Care direct or child's social worker if already an open case to social care.**

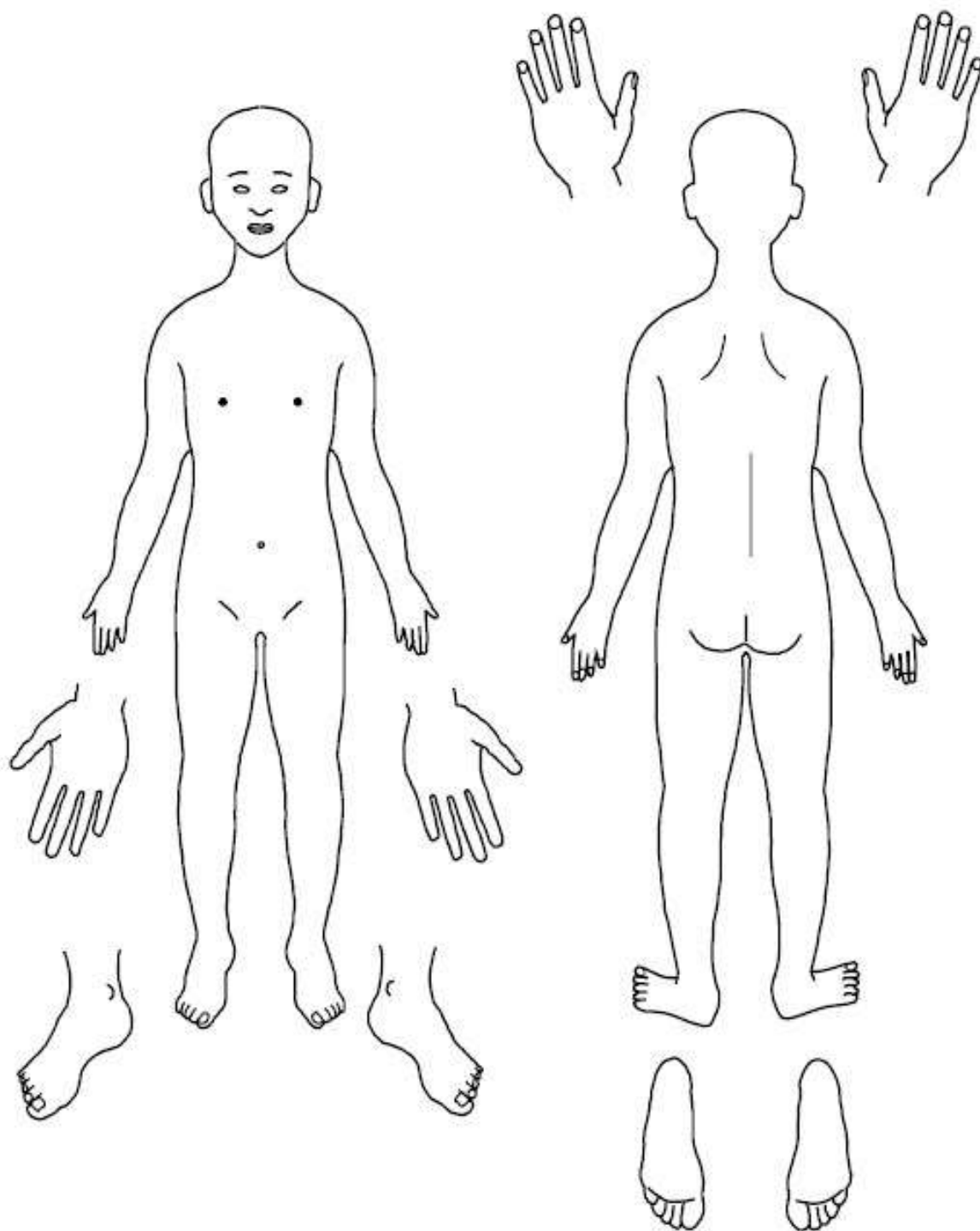
When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and record

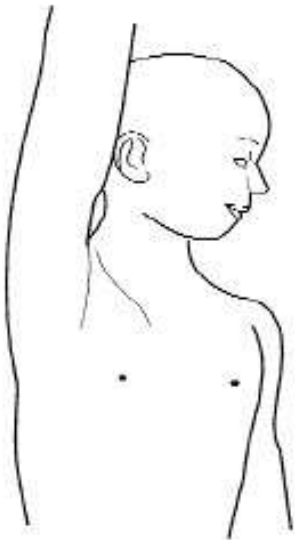
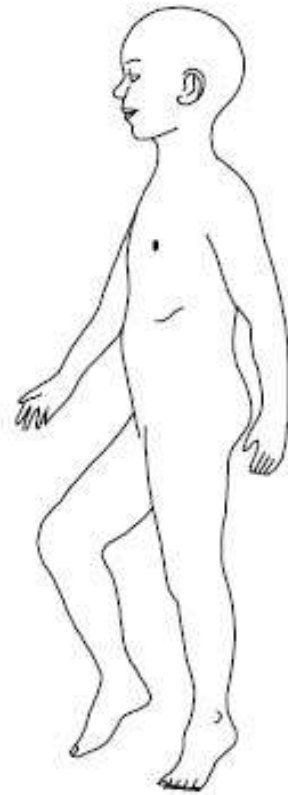
A copy of the body map should be kept on the child's concern/confidential file.



Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____



Any additional information:

Annex 4: Dealing with disclosures

Dealing with disclosures

All staff should:

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home. **Guiding principles, the seven R's**

Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

Reassure

- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible

- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

Report

- Share concerns with the designated safeguarding lead as soon as possible
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.

Record

- If possible make some very brief notes at the time, and write them up as soon as possible □
Keep your original notes on file
- Use CPOMS to record the incident as well as reporting to the DSL directly. The DSL must be alerted by the CPOMS entry. The DSL will mark as read and record any subsequent actions.
- Record the date, time, place, person's present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

Remember

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it

Review (led by DSL)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the children's services department.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

Children may become subject to Child in Need plans or Child Protection plans. This will always involve multiagency working around the child / family. All agencies are required to provide written reports for each meeting. Our school may also send a representative to the meeting to share this report and hear the wider picture.

Annex 5: Allegations against staff

Allegations against staff

Procedure

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school has:

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

In dealing with allegations or concerns against an adult in the school, staff must:

- Report any concerns about the conduct of any member of staff or volunteer to the Headteacher or the DSL as soon as possible
- If an allegation is made against the Headteacher, the concerns need to be raised with the LADO or nominated governor as soon as possible
- Once an allegation has been received by the Headteacher or nominated governor they will contact the Local Authority Designated Officer on 023 8091 5535 as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to

In liaison with the LADO, the school will determine how to proceed and if necessary the LADO will refer the matter to children's social care and/or the police.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in 'keeping children safe in education' (2016) and the LSCB procedures.

Annex 6: Managing allegations against other pupils: Model policy and procedure

Managing allegations against other pupils

Model policy & procedure

DfE guidance keeping children safe in education (2016) says that 'governing bodies should ensure that there are procedures in place to handle allegations against other children'. The guidance also states the importance of minimising the risks of peer-on- peer abuse. In most instances, the conduct of students towards each other will be covered by the school's behaviour policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns. These allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is also likely that incidents dealt with under this policy will involve older students and their behaviour towards younger students or those who are vulnerable.

The safeguarding implications of sexual activity between young people

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. In our society generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Key specific considerations will include:

The age, maturity and understanding of the children;

Any disability or special needs of the children;

Their social and family circumstance;

Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;

Any evidence of pressure to engage in sexual activity;

Any indication of sexual exploitation;

There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy

Taken from The safeguarding implications of events leading to the closure of Stanbridge Earls School – A Serious Case Review (2015)

Policy:-

At SCHS we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy.

Prevention

As a school we will minimise the risk of allegations against other pupils by:-

- Providing a developmentally appropriate PSHE syllabus which develops students understanding of acceptable behaviour and keeping themselves safe
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued
- Delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

Allegations against other pupils which are safeguarding issues

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that, to be considered a safeguarding allegation against a pupil, some of the following features will be found.

If the allegation:-

- Is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil
- Is of a serious nature, possibly including a criminal offence
- Raises risk factors for other pupils in the school
- Indicates that other pupils may have been affected by this student
- Indicates that young people outside the school may be affected by this student. Examples of safeguarding issues against a student could include:

Physical Abuse

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

Emotional Abuse

- Blackmail or extortion
- Threats and intimidation

Sexual Abuse

- Indecent exposure, indecent touching or serious sexual assaults
- Forcing others to watch pornography or take part in sexting

Sexual Exploitation

- Encouraging other children to engage in inappropriate sexual behaviour (For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)
- Photographing or videoing other children performing indecent acts

Procedure:-

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances
- The DSL should contact the multi-agency safeguarding hub to discuss the case
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate
- If the allegation indicates that a potential criminal offence has taken place, once referred to the multi-agency agency safeguarding hub, the police will become involved
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

Annex 7: Briefing sheet for temporary and supply staff

Briefing sheet for temporary and supply staff

For supply staff and those on short contracts in SCHS

While working in SCHS, you have a duty of care towards the children/pupils/students here. This means that at all times you should act in a way that is consistent with their safety and welfare. In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL), who is Nell Giles, headteacher, and can be found in the school office (ext. 6667) In the case of Nell Giles' absence, the deputy DSL is Katie Kempsey who can be found at Bursledon House (ext 8306/6667).

This is not an exhaustive list but you may have become concerned as a result of:

- observing a physical injury, which you think may have been non-accidental
- observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for
- observing behaviour that leads you to be concerned about a child or young person
- a child or young person telling you that they have been subjected to some form of abuse.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the designated person/child protection officer, who should contact children's social care if appropriate

The school has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff, in the school office.

Remember, if you have a concern, discuss it with the DSL.

Annex 8: What is child abuse?

What is child abuse?

The following definitions are taken from *working together to safeguard children* HM Government (2015). In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

Physical abuse

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

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse

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

internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

Neglect is 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)
- ensure access to appropriate medical care or treatment

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

Indicators of abuse

Neglect

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children under 12:

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions, not being taken to the doctor when ill, not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*what to do if you are worried a child is being abused* 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/child protection co-ordinator.

Indicators of neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

Emotional abuse

The nature of emotional abuse

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behaviour from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of emotional abuse Developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

Behaviour

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults

- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

Physical abuse

The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (annex 3) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical abuse / factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries. Recurrent injuries or burns. Bald patches.

In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adults words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport

- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

Sexual abuse

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, and people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

Characteristics of child sexual abuse:

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of sexual abuse

Physical observations

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home

- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Annex 9: Brook sexual behaviours traffic light tool

Brook sexual behaviours traffic light tool

Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

<p>What is a green behaviour?</p> <p>Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices.</p>	<p>What is an amber behaviour?</p> <p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.</p>	<p>What is a red behaviour?</p> <p>Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur.</p>
<p>What can you do?</p> <p>Green behaviours provide opportunities to give positive feedback and additional information.</p>	<p>What can you do?</p> <p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p>	<p>What can you do?</p> <p>Red behaviours indicate a need for immediate intervention and action.</p>
<p>Green behaviours</p> <ul style="list-style-type: none"> • holding or playing with own genitals • attempting to touch or curiosity about other children's genitals • attempting to touch or curiosity about breasts, bottoms or genitals of adults • games e.g. mummies and daddies, • doctors and nurses • enjoying nakedness • interest in body parts and what they do • curiosity about the differences between boys and girls. 	<p>Amber behaviours</p> <ul style="list-style-type: none"> • preoccupation with adult sexual behaviour • pulling other children's pants down/skirts up/trousers down against their will • talking about sex using adult slang • preoccupation with touching the genitals of other people • following others into toilets or changing rooms to look at them or touch them • talking about sexual activities seen on TV/online. 	<p>Red behaviours</p> <ul style="list-style-type: none"> • persistently touching the genitals of other children • persistent attempts to touch the genitals of adults • simulation of sexual activity in play • sexual behaviour between young children involving penetration with objects • forcing other children to engage in sexual play.

Behaviours: age 5 to 9 and 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

<p>What is a green behaviour?</p> <p>Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices.</p>	<p>What is an amber behaviour?</p> <p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.</p>	<p>What is a red behaviour?</p> <p>Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur.</p>
<p>What can you do?</p> <p>Green behaviours provide opportunities to give positive feedback and additional information.</p>	<p>What can you do?</p> <p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p>	<p>What can you do?</p> <p>Red behaviours indicate a need for immediate intervention and action.</p>
<p>Green behaviours 5-9</p> <ul style="list-style-type: none"> • feeling and touching own genitals • curiosity about other children's genitals • curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships • sense of privacy about bodies • telling stories or asking questions using swear and slang words for parts of the body 	<p>Amber behaviours 5-9</p> <ul style="list-style-type: none"> • questions about sexual activity which persist or are repeated frequently, despite an answer having been given • sexual bullying face to face or through texts or online messaging • engaging in mutual masturbation • persistent sexual images and ideas in talk, play and art • use of adult slang language to discuss sex 	<p>Red behaviours 5-9</p> <ul style="list-style-type: none"> • frequent masturbation in front of others • sexual behaviour engaging significantly younger or less able children • forcing other children to take part in sexual activities • simulation of oral or penetrative sex • sourcing pornographic material online
<p>Green behaviours 9-13</p> <ul style="list-style-type: none"> • solitary masturbation • use of sexual language including swear and slang words • having girl/boyfriends who are of the same, opposite or any gender • interest in popular culture, e.g. fashion, music, media, online games, chatting online • need for privacy • consensual kissing, hugging, holding hands with peers 	<p>Amber behaviours 9-13</p> <ul style="list-style-type: none"> • uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing • verbal, physical or cyber/virtual sexual bullying involving sexual aggression • LGBT (lesbian, gay, bisexual, transgender) targeted bullying • exhibitionism, e.g. flashing or mooning • giving out contact details online • viewing pornographic material • worrying about being pregnant or having STIs 	<p>Red behaviours 9-13</p> <ul style="list-style-type: none"> • exposing genitals or masturbating in public • distributing naked or sexually provocative images of self or others • sexually explicit talk with younger children • sexual harassment • arranging to meet with an online acquaintance in secret • genital injury to self or others • forcing other children of same age, younger or less able to take part in sexual activities • sexual activity e.g. oral sex or intercourse • presence of sexually transmitted infection (STI) • evidence of pregnancy



This is intended to be used as a guide only. Please refer to the guidance tool at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

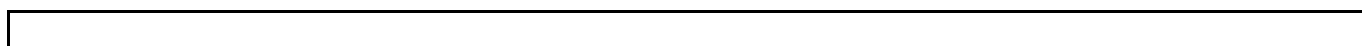
Print date: 01/10/2015 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Behaviours: age 13 to 17

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

<p>What is a green behaviour?</p> <p>Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices.</p>	<p>What is an amber behaviour?</p> <p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.</p>	<p>What is a red behaviour?</p> <p>Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur.</p>
<p>What can you do?</p> <p>Green behaviours provide opportunities to give positive feedback and additional information</p>	<p>What can you do?</p> <p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p>	<p>What can you do?</p> <p>Red behaviours indicate a need for immediate intervention and action.</p>
<p>Green behaviours</p> <ul style="list-style-type: none"> • solitary masturbation • sexually explicit conversations with peers • obscenities and jokes within the current cultural norm • interest in erotica/pornography • use of internet/e-media to chat online • having sexual or non-sexual relationships • sexual activity including hugging, kissing, holding hands • consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability • choosing not to be sexually active 	<p>Amber behaviours</p> <ul style="list-style-type: none"> • accessing exploitative or violent pornography • uncharacteristic and riskrelated behaviour, e.g. sudden and/or provocative changes in dress, • withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing • concern about body image • taking and sending naked or sexually provocative images of self or others • single occurrence of peeping, exposing, mooning or obscene gestures • giving out contact details online • joining adult- only social networking sites and giving false personal information • arranging a face to face meeting with an online contact alone 	<p>Red behaviours</p> <ul style="list-style-type: none"> • exposing genitals or masturbating in public • preoccupation with sex, which interferes with daily function • sexual degradation/humiliation of self or others • attempting/forcing others to expose genitals • sexually aggressive/exploitative behaviour • sexually explicit talk with younger children • sexual harassment • non-consensual sexual activity • use of/acceptance of power and control in sexual relationships • genital injury to self or others • sexual contact with others where there • is a big difference in age or ability • sexual activity with someone in authority and in a position of trust • sexual activity with family members • involvement in sexual exploitation and/or trafficking • sexual contact with animals receipt of gifts or money in exchange for sex



Annex 10: Useful contacts

Key Personnel	Name (s)	Telephone No.
DSL	Nell Giles	02381206667 Ext: 6667
Deputy DSL(s)	Katie Kempsey	02381206667 Ext: 8306
School's named "Prevent" lead	Nell Giles	02381206667 Ext: 6667
Nominated governor	Sheila Peters	02381206917