



**Ludlow Infant School  
Child Protection & Safeguarding Policy,  
Procedure and Guidance**

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To Be Reviewed by September 2020*

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## Ludlow Infant School Child Protection & Safeguarding Policy

### **Policy Statement**

Ludlow Infant School believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practice in a way that protects them.

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to. We maintain an attitude of “it could happen here” where safeguarding is concerned.

### **Purpose**

The purpose of this policy is to: -

- provide staff, volunteers and governors 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.
- protect children and young people who attend Ludlow Infant School
- ensure consistent good practice across the school.
- demonstrate our commitment to protecting children.

*Specific guidance is available to staff within the procedure documents.*

### **Our commitment to safeguarding**

- We will seek to keep children and young people safe by:
- Valuing them, listening to and respecting them
- Appointing a Designated Safeguarding Lead (DSL), for children and young people, Deputies and a Safeguarding Governor
- Adopting child protection and safeguarding practices through procedures and code of conduct for staff and volunteers (See our Code of conduct policy for more information)
- Developing and implementing an effective e-safety policy and related procedures
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- Recruiting staff and volunteers safely, ensuring all necessary checks are made
- Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff and volunteers via leaflets, posters, one to one discussions
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- Using our procedures to manage allegations against staff and volunteers appropriately
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- Ensuring that we have effective complaints and whistleblowing measures in place

- Ensuring we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance

## Definitions

Within this document:

**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.

**Safeguarding**, as defined in KCSIE 2019, is

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

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 18 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

**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 procedure document.

## 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 2018
- Keeping children safe in education 2019
- Disqualification under the childcare act 2006 (July 2018)
- SEND code practice: 0 to 25 years – Statutory Guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014

## Aims

- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the school.
- To demonstrate our commitment to protecting children.

## Principles and Values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children have a right to be protected from harm.
- 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, either in the school or in the community, taking into account *contextual safeguarding*, in accordance with the guidance.
- 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.
- Whilst the school will work openly with parents as far as possible, it reserves the right to contact Children's Social Care or the police, without notifying parents if this is believed to be in the child's best interests.

## Leadership and Management

We recognise that staff anxiety around child protection can compromise good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this school any individual can contact the Designated Safeguarding Lead (DSL) or the Deputy if they have concerns about a young person. Staff should not delay reporting if the DSL is unavailable.

**DSL is *Bev Corbin (Head teacher)* and the Deputy DSL's are Sarah Cutler (AHT), Sarah Johnson (AHT) and Tracey Vowles (EY Leader)**

*These safeguarding roles are explicit in assigned job descriptions.*

There is a nominated safeguarding governor, **Claire Pearce**, who will take leadership responsibility for safeguarding. The Chair of Governors **Claire Pearce** will receive reports of allegations against the headteacher and act on the behalf of the governing body.

As an employer we comply with the "Disqualification under the childcare act 2006" guidance issued in July 2018. We recognise that school staffs are no longer required to declare disqualification by association under the newly revised document.

## Training

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 are expected to read at least Part one and Annex A of Keeping Children Safe in Education 2019 and Senior Leaders/ Governors are expected to read the whole policy. Staff also read and sign our safeguarding training document, to acknowledge they have attended/ read and understood the annual training.

New staff will be required to read at least: Part 1, part 5 and Appendix A of Keeping Children Safe in Education; our Child Protection policy and meet with the DSLs prior to taking up the post or on the first day of appointment, to ensure they fully understand the observation and reporting duties required of them.

The DSL will attend regular training updates to enable them to fulfil their role (based on KCSiE 2019 guidance). Formal refresher training will take place every 2 years.

Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training session. This policy will be updated during the year to reflect any changes brought about by new guidance.

## **Referral**

Following any concerns raised, the DSL will assess the information and consider if significant harm has happened or 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 if it is not clear if the threshold is met, then the DSL will contact Children's Social Care and if appropriate the police. If the DSL is not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate. The online tool Report Child Abuse to Your Local Council directs to the relevant local children's social care contact number.

Generally, the DSL will inform the parents prior to making a referral. However there are situations where this may not be possible or appropriate, particularly when informing parents/carers may place the child at further risk

***N.B. The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police. The DSL should also be made aware.***

## **Confidentiality**

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the GDPR guidance (Data Protection Act 2018).
- There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.
- Information will be shared with individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

## **PREVENT**

The Prevent duty became law back in 2015. This is a duty on all schools and registered early years providers to have due regard to preventing people being drawn into terrorism. In order to protect children in our care, we must be alert to any reason for concern in the child's life at home or elsewhere. This includes awareness of the expression of extremist views. British values are a set of four values introduced to help keep children safe and promote their welfare – as is the duty of all providers following the EYFS; specifically, to counter extremism.

The school upholds the definition of extremism and radicalisation defined in KCSIE 2019 when designing an appropriate curriculum.

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. The process, which operates across England and Wales, forms a key part of the Government's Prevent strategy which aims to stop people becoming terrorists or supporting any form of terrorism.

All staff receive PREVENT training annually. New staff will also receive PREVENT training when starting at Ludlow Infant School. If staff are concerned that a child is being drawn into terrorism, they are expected to discuss this with the DSL who may get further advice from the Local Authority. They can also raise concerns by contacting:

- The non-emergency police number, 101
- The Local Authority
- The Anti-Terrorist Hotline, 0800 789 321

## **FGM (taken from Mandatory Reporting of female genital mutilation: procedural information, Home Office, 2015)**

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act<sup>1</sup> introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth (see section 2.1a for further information).

**Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.**

## **EQUALITY**

At Ludlow Infant School, we are committed to protecting all children equally and aim to eradicate all discrimination and barriers for children, following the protected characteristics of the Equalities Act 2010. It is unlawful for a school to discriminate against a pupil or prospective pupil by treating them less favourably because of their:

- sex
- race
- disability
- religion or belief
- sexual orientation
- gender reassignment
- pregnancy or maternity

Although the Act does not bear directly on such issues as racist or homophobic bullying by pupils, Ludlow Infant School are committed to treating ALL bullying seriously and equally. Racial and Homophobic incidents are recorded separately to general behavioural issues and appropriate consequences, re-education and support is put in place.

At Ludlow Infant School, we recognise that some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues. We will work in partnership with children, young people, their parents, carers, and other agencies to promote young people’s welfare.

## **Teaching children to keep safe**

We are committed to educating children to identify how to keep safe and their right to be safe, share information and identify adults they can trust. We do this through: -

- The content of our curriculum for example PSHE, Science, IT and SRE

- A range of age appropriate assembly topics focussing on safety including how to avoid risks in the locality, keeping safe in the home, anti-bullying, e-safety, drug awareness, personal space and appropriate touching, etc. We also hold NSPCC assemblies, reflection time and ELSA support (where appropriate).
- 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.

For specific children identified, ELSA sessions and support will be offered for self-harm, drug awareness, gang pressures, etc.

### **E Safety and online safety risks**

In order to safeguard all our children, we have the appropriate virus software and filters on all computers and children are not permitted to access social media or You Tube in school to limit their exposure to risks. Online dangers and strategies to keep themselves safe, are taught within our Technology and PSHE curriculums, in addition to whole school and key stage assemblies and guidance to parents, where appropriate. The online safety curriculum focuses on three categorised risk areas: content, contact and conduct. Children are regularly taught, across the curriculum, that if they do something wrong, it's better to tell before it gets any worse. The impact of this curriculum is evaluated annually with a specific sampling focus on ensuring that pupils with SEN and/or D are protected well against radicalisation, grooming and online bullying.

### **Behaviour expectations and response to bullying**

We have high expectations for behaviour and will not tolerate bullying. Please see separate anti-bullying and behaviour policies for more details.

### **Reasonable force**

Following the guidance in KCSiE 2019, there are circumstances when it is appropriate for staff in schools to use reasonable force to safeguard children and young people. The term 'reasonable force' covers the broad range of actions used by staffs that involve a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. 'Reasonable' in these circumstances means 'using no more force than is needed'. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of the classroom.

### **Attendance and Children Missing from Education**

Ludlow Infant School have a commitment to improving the school's attendance and safeguarding children missing education in particular those that repeatedly are 'missing'. We have a Family Support Worker and Welfare Officer, who both regularly support families with attendance issues, particularly the more vulnerable families. Any child who has not arrived at school, with no contact from parents, will receive a truancy call. If no response received, our Family Support Worker will attempt to make contact. We ask for 3 contact names for all children so that we are quickly able to identify any issues. If we cannot make contact with any adult, we will call the Police on 101 for advice and support.

Children that are missing education will be reported, by the school, to the Local Authority: -

CME Officer: 023 8083 3666



## **Commitment to Early help**

The Early Help Assessment (EHA) is designed to assist practitioners in a range of settings to assess the needs of families, children and young people. It replaces the Universal Help Assessment (UHA), formerly the Common Assessment Framework (CAF). The EHA can be used by schools, health, housing or prevention and early help services across Southampton. It can also be used to coordinate more complex early help provision including intensive family support such as Families Matter.

Any child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

The underlying principles of the Early Help Assessment are:

- To allow the practitioner to assess the needs of the whole family and to support the development of an Early Help Plan.
- To facilitate the assessment of all family members and allow family members to identify their level of need and measure progress themselves. This approach models the outcome star and strengthening family's approach, which is also used by services in Southampton.
- To enable an holistic assessment of the whole family's needs, which should not focus on the policy or statutory obligations of a single service.
- It is a transferable document and can be shared between agencies, where family consent has been given.
- 

We are committed to assisting families in need of Early Help through referrals. Leaders are vigilant give due consideration to the risks that homelessness, domestic abuse, child criminal exploitation, child sexual exploitation present to a child's welfare. Leaders ensure that children required to give evidence in criminal courts or those who have a parent in prison are safeguarded.

## **Dealing with allegations against staff and volunteers**

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 **Beverly Corbin**. The Local Authority Designated Officer (LADO) Sue Sevier will be contacted and the relevant guidance will be followed.

If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or Chair of Governors directly.

All staff and volunteers can raise concerns and know these will be taken seriously.

## **The LA's Designated Officer is: Sue Sevier**

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

In addition, there is an NSPCC whistleblowing helpline for staff: -

- Phone: 0800 028 0285
- E-mail: help@nspcc.org.uk

Records of allegations against staff must be retained for 25 years.

## **Dealing with allegations against pupils**

If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, the 'Peer on Peer Abuse' guidance will be followed (Appendix 6)

## **Sexual violence and sexual harassment between children in schools and colleges**

### **Peer on Peer Abuse**

#### **Context**

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment as well as their emotional well-being. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and offline (both physically and verbally) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other children and school and staff are supported and protected as appropriate. Some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

#### **Policy**

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 children.

We recognise that children are capable of abusing their peers and this will be dealt with under our child protection policy and in line with KCSiE (2019)

We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.

We will minimise the risk of peer on peer abuse by:-

**Prevention:**

- Taking a whole school approach to safeguarding & child protection
- Providing training to staff
- Providing a clear set of values and standards, underpinned by the school's behaviour policy and pastoral support system, and by a planned programme of evidence based content delivered through the curriculum.
- Engaging with specialist support and interventions.
- Ensure all governors have read "Sexual Violence and Sexual Harassment Between Children in Schools and Colleges" as recommended in KCSiE (2019)

**Responding to reports of sexual violence and sexual harassment:**

- Children making a report of sexual violence or sexual harassment will be taken seriously, kept safe and be well supported.
- If the report includes an online element staff will be mindful of the Searching, Screening and Confiscation: advice for schools (DfE 2018) guidance.
- Staff taking the report will inform the DSL or their Deputies as soon as practicably possible but at least within 24 hours.
- Staff taking a report will never promise confidentiality.
- Parents or carers will normally be informed (unless this would put the child at greater risk).
- If a child is at risk of harm, is in immediate danger, or has been harmed, a referral will be made to MASH (02380 833336) and/ or the Police.

**Annual review**

As a school, we review this policy at least annually in line with DfE, LSCB and SCC requirements and other relevant statutory guidance.

**Date approved by governing body: September 2019**

**Date reviewed by governing body: September 2020**

## **Roles and responsibilities within Ludlow Infant School**

### **Staff responsibilities**

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 who they can approach if they are worried or have concerns.
- 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 DSL as soon as practical that day. If the DSL is not contactable immediately a Deputy DSL should be informed
- Be prepared to refer directly to social care, and the police if appropriate, if there is a risk of significant harm and the DSL or their Deputy is not available.
- Follow the allegations procedures (Appendix 5) if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the HSCB and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify the DSL or their Deputy of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of early help, and be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and Deputy DSL are and know how to contact them.
- Have an awareness of the Child Protection Policy, the Behaviour Policy, the Staff Behaviour Policy (or Code of Conduct), procedures relating to the safeguarding response for children who go missing from education and the role of the DSL.

### **Senior Management Team responsibilities:**

- Contribute to inter-agency working in line with Working Together to Safeguard Children 2018 guidance
- Provide a co-ordinated offer of early help when additional needs of children are identified
- Ensure staff are alert to the various factors that can increase the need for early help (*para 18 KCSIE 2019*)
- Working with Children’s Social Care, support their assessment and planning processes including the school’s attendance at conference and core group meetings.
- Carry out tasks delegated by the governing body such as training of staff, safer recruitment and 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 agreed policies and procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE), Local Safeguarding parts (LSCB) and Southampton City Council.

### **Governing body responsibilities**

- Ensure the school has effective safeguarding policies and procedures including a Child Protection Policy, a Staff Behaviour Policy or Code of Conduct, a Behaviour Policy and a response to children who go missing from education.
- Recruitment, selection and induction follows safer recruitment practice including all appropriate checks.
- Allegations against staff are dealt with by the headteacher. Allegations against the headteacher are dealt with by the Chair of Governors
- A member of the Senior Leadership Team is appointed as Designated Safeguarding Lead (DSL) and has 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
- A nominated governor for safeguarding is identified

### **DSL responsibilities** *(to be read in conjunction with DSL role description in KCSiE 2019)*

**In this school the DSL is *Beverly Corbin***

**The Deputy DSL's are Sarah Cutler, Sarah Johnson and Tracey Vowles**

In addition to the role of all staff and the senior management team the DSL will: -

- Refer cases to social care, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.
- Assist the Governing Body in fulfilling their safeguarding responsibilities set out in legislation and statutory guidance
- Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.
- Ensure every member of staff knows who the DSL and the Deputies are, have an awareness of the DSL role and know how to contact them.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the Headteacher.
- Ensure whole school training occurs regularly with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably.
- Ensure any members of staff joining the school outside of the agreed training schedule receive induction prior to commencement of their duties
- Keep 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 safeguarding records are transferred accordingly (separate from pupil files) and in a timely fashion 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, their information is passed to the new school immediately and that the child's social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or on-going.
- Attend DSL training provided by the Local Safeguarding partners.

- Develop, implement and review procedures in the school that enable the identification and reporting of all cases, or suspected cases, of abuse
- Meet any other expectations set out for DSLs in KCSiE 2018

### **Office Manager – responsibility for the Single Central Record (SCR)**

Mr Tim Vowles is responsible for the management of the Single Central Record. Where support is required, Hamwic HR will work alongside the SCR manager to ensure all checks are completed and recorded. He will check first aid and paediatric first aid certificates.

### **Medical**

Emma Lucas and Stacey Kingsman are responsible for medicines.

### **SEN**

Sarah Cutler is the SENCO and is responsible for all aspects of SEN. We recognise that some needs can prevent children from easily communicating concerns they have so we will work in partnership with parents and other stakeholders to ensure their needs are met.

### **LAC**

Beverly Corbin is the Designated Lead responsible for children who are Looked After and those that are Previous Looked After. We recognise the vulnerability of many of these children, The LAC Lead will: -

- Ensure PEPs are kept up to date
- Ensure they work effectively (or in partnership with) the Virtual Headteacher to promote the educational achievement of these pupils.

### **Educational visits coordinator**

Beverly Corbin, Headteacher, is the EVC. All residential visits are checked through Hants Local Authority vetting and checking systems for trips and residential stays (EVOLVE).

### **Health and Safety**

Beverly Corbin, Headteacher, is responsible for Health and Safety in the school.

## Ludlow Infant School Child Protection Procedures

### **Overview**

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. As stated in KCSiE 2019; "All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments."

The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are concerned that a child is being harmed or is at risk of harm.

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.

All staff are aware that very young children with those with disabilities, special needs or with language delay may be more likely to communicate concerns with behaviours rather than words. Additionally staff will question the cause of knocks and bumps in children who have limited mobility.

### **If a member of staff suspects abuse, spots signs or indicators of abuse, or they have a disclosure of abuse made to them they must:**

1. Make an initial record of the information, either on CPOMs or a written record.
2. Report it to the DSL immediately
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL is not immediately available (see point 8 below)
4. 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:
  - Dates and times of their observations
  - Dates and times of any discussions in which they were involved.
  - Any injuries
  - Explanations given by the child/ adult
  - What action was taken
  - Any actual words or phrases used by the child

The records must be signed and dated by the author or / equivalent on electronic based records (CPOMs).

5. In the absence of the DSL or their Deputies, be prepared to refer directly to MASH (and the police if appropriate) if there is the potential for immediate significant harm.

MASH Professional line: 02380 832300

## Following a report of concerns the DSL must:

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to MASH and the police if it is appropriate
2. 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 MASH. 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.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or Deputies) must contact the Multi Agency Safeguarding Hub (MASH) on 023 8083 3336 (Office hours) or 023 8023 3344 (out of office hours) and make a clear statement of:
  - the known facts
  - any suspicions or allegations
  - whether or not there has been any contact with the child's family

If the DSL feels unsure about whether a referral is necessary they can phone MASH to discuss concerns

4. If there is not a risk of significant harm, the DSL will either actively monitor the situation or consider the Early Help process
5. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must also notify MASH of the occurrence and what action has been taken
6. Where there are doubts or reservations about involving the child's family, the DSL should clarify with MASH 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.
7. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DSL or their Deputies should take the child to the accident and emergency unit at the nearest hospital, having first notified MASH. The DSL should seek advice about what action MASH will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

## Recording and sharing child protection information

The school will keep all child protection written concerns, referrals, notes or reports securely locked. Access will be restricted to the HT and DSL's.

All adults will be reminded that no concern is too small to record and refer to the DSL. Information will be shared within school only if it is considered in the best interests of the child. All staff must be clear that any information shared is sensitive and confidential. Adults should not raise any knowledge they have regarding risks or harm with the child unless they are the DSL.

The school will share information with other agencies where this will benefit the child and will use the local multi-agency referral team and related paperwork. The school will make every attempt to attend multi-agency meetings and will supply reports as requested by core group leaders.

Records will be retained according to guidance from the Information and Records Management



Society, 'Retention Guidelines for Schools (version 4). We recognise the 'Keeping Children Safe in Education 2018' states that original records must be securely transferred to any new school at the time the child transfers and any transfer must be recorded. These documents are sent separately to the main pupil file and are securely transferred and a receipt kept. We also recognise the need to retain copies of records should the school need to become involved in an ongoing or re-emerging case in the future. With this in mind, archived copies of records will be kept for six years from the date the child leaves the school. Under the Retention Guidelines for schools the child's records will be retained at the school where the child reaches the age at which they leave education until their 26th birthday.

## **Section 5: Monitoring of the compliance and effectiveness of procedures**

### ***Local Governing Bodies***

The Governing Body, or Trust Governance if no Governing Body exists, satisfy themselves that the child protection policy is compliant and that all staff are aware of how to report concerns. A safeguarding governor, or representative from the Trust, meets with the DSL to check that procedures are being followed, that staff training is up to date and to keep abreast of the number of children who are open to social care. The safeguarding governor will engage with regular update training, ensure that the DSL's qualification is valid and that all staff are receiving the appropriate and regular training.

Governors will refer to the Hamwic Safeguarding Audit form as a template to support their own monitoring questions and activity.

### ***Hamwic Standards Team***

The Hamwic Standards team will monitor the full range of child protection arrangements including an overview of paperwork required, such as the Single Central Record, child protection files and training logs. They will also ensure that the policy for child protection is online and compliant.

The Standards team will review safeguarding arrangements as a separate visit or as part of the school's standards full review bi-annually.

The Local Authority will be invited to attend the full school annual review so that they can satisfy themselves that child protection procedures are effective. Where a Local Authority cannot attend a review, the safeguarding findings can be sent on request.

### ***Hamwic Human Resources Team***

Through internal audit the Hamwic HR Team will:

- Monitor the recording of all vetting checks and personal information required on the Single Central Register.
- Will spot check files to ensure references are appropriate and photographic evidence has been collected.
- Ensure that the office manager and finance manager are sufficiently knowledgeable in identifying regulated and non-regulated activity by providing up to date guidance documents. In addition, yearly briefing sessions will be arranged.

### ***Hamwic Health and Safety Team***

The Health and Safety Team will monitor the cleanliness, organisation and condition of the premises.

Fire risk management and evacuation procedures will be scrutinised.

An annual workplace inspection and internal audit process will ensure that the school has clear processes in place to keep children safe in the building and ensure schools comply with the law.

The Health and Safety Team will monitor medical arrangements and training in the school, along with the effectiveness of Education Healthcase Plans.

The above will take place across the year, but at least annually as part of the workplace inspection.

### ***Information Technology Team***

The IT team will:

Routinely check school networks to ensure that appropriate filters are in place and that technology is being used acceptably in school.

Ensure that the school has an Acceptable Use policy in place.

### ***Finance Team***

The finance team will routinely monitor regulatory, to ensure there is no misappropriation of funds, through monthly budget checks.

### **Management**

Senior leaders will ensure staff are regularly trained so they are fully aware of the processes and expectations of this policy. All staff must ensure they fully understand the exceptions on this policy, particularly with regard to the process set out in section 3. Where a member of staff does not follow the expectations of the policy an investigation will take place by a senior leader to ascertain why this has occurred. Following an investigation support may be offered and an action plan generated to support the staff member's improved practice, or it may be necessary to refer to the stages in the staff disciplinary policy.

### **Governance**

As a school, we review this policy at least annually in line with Department of Education, the 3 Safeguarding Partners and SCC and other relevant statutory guidance.

### **Risk Assessment: -**

Following a report the DSL will make an immediate risk and needs assessment on a case-by-case basis.

The Risk assessment will consider;

- The victim, especially their protection and support.
- The alleged perpetrator, their support needs and any discipline action.
- All other children at the school.
- The victim and the alleged perpetrator sharing classes and space at school.

The risk assessment will be recorded and kept under review.

Where there has been other professional intervention and/or other specialist risk assessments, these professional assessments will be used to inform the school's approach to supporting and protecting pupils.

**Action: The DSL will consider: -**

- The wishes of the victim.
- The nature of the incident including whether a crime has been committed and the harm caused.
- Ages of the children involved.
- Developmental stages of the children.
- Any power imbalance between the children.
- Any previous incidents.
- Ongoing risks.
- Other related issues or wider context.

**Options: The DSL will manage the report with the following options:-**

- Manage internally
- Early Help
- Refer to Multi Agency Safeguarding Hub (MASH)
- Report to the police (generally in parallel with a referral to MASH)

**Ongoing Response:**

- The DSL will manage each report on a case by case basis and will keep the risk assessment under review.
- Where there is a criminal investigation into a rape, assault by penetration or sexual assault, the alleged perpetrator should be removed from any classes they share with the victim.
- The DSL will consider how best to keep the victim and perpetrator a reasonable distance apart on school premises.
- Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, the school will take suitable action. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the perpetrator to remain in the same school would seriously harm the education or welfare of the victim (and potentially other pupils).
- Where a criminal investigation into sexual assault leads to a conviction or caution, the school will, if it has not already, consider any suitable sanctions in light of their behaviour policy, including consideration of permanent exclusion. Where the perpetrator is going to remain at the school, the principle would be to continue keeping the victim and perpetrator in separate classes and continue to consider the most appropriate way to manage potential contact on school premises. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.
- The victim, alleged perpetrator and other witnesses (children & adults) will receive appropriate support and safeguards on a case-by-case basis.
- The school will take any disciplinary action against the alleged perpetrator in line with behaviour and discipline in schools.
- The school recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

**Physical Abuse**

While a clear focus of peer on peer abuse is around sexual abuse and harassment, physical assaults and initiation violence and rituals from pupils to pupils can also be abusive.

These are equally not tolerated and if it is believed that a crime has been committed, will be reported to the police.

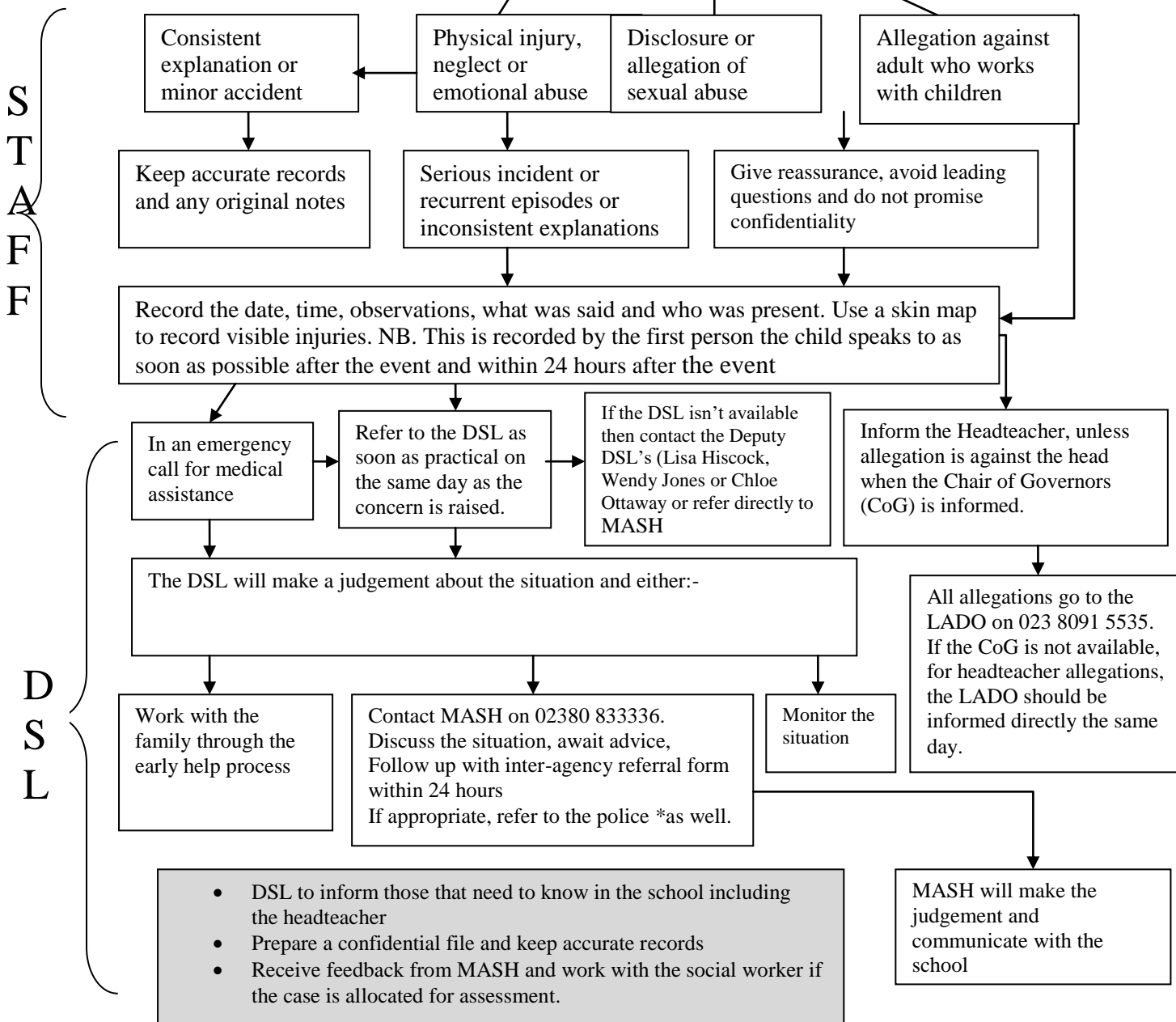
The principles from the anti-bullying policy will be applied in these cases, with recognition that any police investigation will need to take priority.

References: –

KCSiE (DfE 2019) Sexual Violence and Sexual Harassment between Children in Schools and Colleges (DfE 2018) **Appendix 1**

## Flowchart for child protection procedures

DSL – Designated Safeguarding Lead  
MASH – Multi Agency Safeguarding Hub  
CRT – Children’s Reception Team  
CP – Child protection



\* In the cases of known FGM, the adult who was made aware will also make contact with the police

**Example Recording form**

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

<b>Details of concern (where? when? what? who? behaviours? Use child's words)</b>

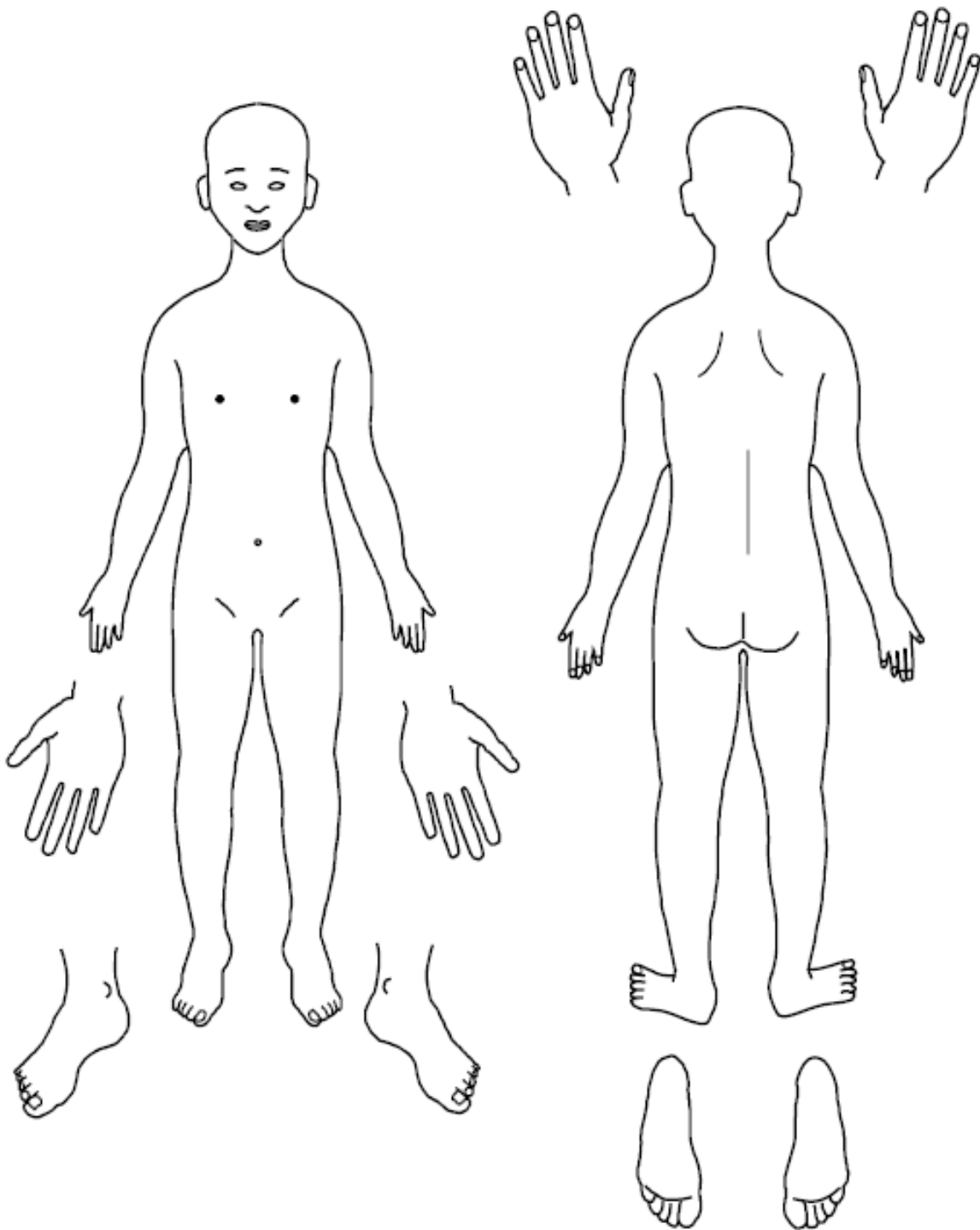
<b>Actions taken</b>			
<b>Date</b>	<b>Person taking action</b>	<b>Action taken</b>	<b>Outcome of action</b>

**Name:**

**Designation:**

**Copied to:**

**Appendix 3**



**Body map**

Name of Child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of recording: \_\_\_\_\_

Name of completer: \_\_\_\_\_



Any additional information:



## **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

Body maps are kept in the back of the class registers.

**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 ask the child why something has happened.
- 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 DSL as soon as possible
- If you are not able to contact your DSL or the Deputy, 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
- Record the date, time, place, persons 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 Multi Agency Safeguarding Hub (MASH).

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 staff should be encouraged to recognise that disclosures can have an impact on their own emotions.

**Allegations against adults who work with children**

**Procedure**

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school, or another adult who works with children 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, staff must:

- Report any concerns about the conduct of any member of staff or volunteer to the Headteacher as soon as possible
- If an allegation is made against the Headteacher, the concerns need to be raised with the Chair of Governor as soon as possible. If the Chair of Governors is not available, then the LADO should be contacted directly.
- There may be situations when the Headteacher or Chair of Governors will want to involve the police immediately if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- Once an allegation has been received by the Headteacher or Chair of Governors they will contact the LADO on 023 8091 5535 or [LADO@Southampton.gov.uk](mailto:LADO@Southampton.gov.uk) 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 MASH 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 chapter 4 of 'Keeping Children Safe in Education' (2018) and the LSCB procedures <http://southamptonlscb.co.uk/professionals/allegations>

In addition, there is an NSPCC whistleblowing helpline for staff: -

- Phone: 0800 028 0285
- E-mail: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

Records of allegations against staff must be retained for 25 years.

## **Appendix 6**

# **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.

### **What is a green behaviour?**

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

### **What can you do?**

Green behaviours provide opportunities to give positive feedback and additional information.

### **Green behaviours**

- 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

### **What is an amber behaviour?**

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.

### **What can you do?**

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### **Amber behaviours**

- 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

### **What is a red behaviour?**

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

### **What can you do?**

Red behaviours indicate a need for immediate intervention and action.

### **Red behaviours**

- 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

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 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.

### What is a green behaviour?

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

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

### Green behaviours 5-9

- 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

### Green behaviours 9-13

- 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

### What is an amber behaviour?

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.

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### Amber behaviours 5-9

- 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

### Amber behaviours 9-13

- 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

### What is a red behaviour?

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

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours 5-9

- 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

### Red behaviours 9-13

- 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

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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.

### What is a green behaviour?

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

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

#### Green behaviours

- 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

### What is an amber behaviour?

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.

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

#### Amber behaviours

- accessing exploitative or violent pornography
- 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
- 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

### What is a red behaviour?

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

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

#### Red behaviours

- 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

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

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**Briefing sheet for temporary and supply staff**

**For supply staff and those on short contracts in Ludlow Infant School**

While working in Ludlow Infant School, you have a duty of care towards the children 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 Beverly Corbin and can be found in the Headteacher office by Reception. Alternatively, contact one of the Deputy DSL's who also have offices by Reception; Lisa Hiscock, Wendy Jones or Chloe Ottaway.

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 as soon as possible and no longer than 24 hours later. 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 the Southampton Multi Agency Safeguarding Hub, if appropriate.

Please also read our Child Protection & Safeguarding policy 2018.

**Remember, if you have a concern, report it to the DSL.**



### **What is child abuse?**

The following definitions are taken from *Working Together to Safeguard Children* HM Government (2015/2018). In addition to these definitions, it should be understood that children can also be abused by being sexually exploited, 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. The sexual abuse of children by other children is a specific safeguarding issue in education.

#### **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're Worried a Child is Being Abused* DfE 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 DSL.

### **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 behavior 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 (Appendix 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, people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation (see below).

### **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.

## **Child Sexual Exploitation (CSE)**

### **Characteristics of child sexual exploitation** *(taken from NSPCC.org.uk):*

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

## **Indicators of CSE**

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour.

Young people who are being sexually exploited may:

- go missing from home, care or education.
- be involved in abusive relationships, intimidated and fearful of certain people or situations
- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- be involved in petty crime such as shoplifting
- have unexplained physical injuries
- have a changed physical appearance, for example lost weight.

They may also show signs of sexual abuse or grooming.

## **Behavioural observations**

- withdrawn
- suddenly behaves differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm
- thoughts about suicide

Staff should also familiarise themselves with the specific types of abuse outlined in KCSiE 2019 Annex A, in particular: -

- Children Missing from Education
- Child criminal exploitation: County Lines
- Domestic Abuse
- Honour-based violence
- Homelessness

**Useful contacts**

Key Personnel	Name (s)	Telephone No.
DSL	Beverly Corbin	02380 474835 <a href="mailto:b.corbin@townhill-inf.net">b.corbin@townhill-inf.net</a>
Deputy DSL(s)	Sarah Cutler Sarah Johnson Tracey Vowles	02380 474835 <a href="mailto:l.hiscock@townhill-inf.net">l.hiscock@townhill-inf.net</a> w.jones@townhill-inf.net
School's named "Prevent" lead	Beverly Corbin	02380 474835 <a href="mailto:b.corbin@townhill-inf.net">b.corbin@townhill-inf.net</a>
Nominated Safeguarding Governor	Claire Pearce	02380 474835 cpearce@townhill-inf.net
Chair of Governors	Claire Pearce	02380 474835 cpearce@townhill-inf.net
Multi Agency Safeguarding Hub	Public Line Professional Line	02380 833336 02380 832300
Out of hours social care		02380 233 344
Police		101 or in emergencies 999
Local Authority Designated Officer (LADO)	Sue Sevier	Phone: 023 8091 5535 E-mail: LADO@Southampton.gov.uk