

# Bitterne C of E Primary School



# Child Protection Policy

Headteacher  
Andy Peterson

Last review- February 2020

Next review – September 2020

Chair Of Governors- Amanda Humby

# Southampton City Council

## Schools and Education

### Guidance for developing Child Protection Policy and procedures

## Contents

Purpose.....	3
Scope.....	4
Definitions.....	4
Policy statement.....	4
<b>Section 1: Principles and Values.....</b>	<b>4</b>
Leadership and Management.....	5
Training.....	5
Referral.....	5
Confidentiality.....	6
Dealing with allegations against staff.....	6
Dealing with allegations against pupils.....	6
<b>Section 2: Roles and responsibilities within Bitterne CE Primary school.....</b>	<b>9</b>
Staff responsibilities.....	9
Senior management team responsibilities:.....	10
Governing body responsibilities.....	10
DSL responsibilities.....	11
<b>Section 3 Bitterne CE Primary child protection procedures.....</b>	<b>12</b>
Overview.....	12
Management.....	14
Governance.....	14
Annex 1: Flowchart for child protection procedures.....	15
Annex 2: Recording Form.....	16
<b>Annex 3: Body Map.....</b>	<b>18</b>
<b>Annex 4: Dealing with disclosures.....</b>	<b>21</b>
<b>Annex 5: Allegations against staff.....</b>	<b>24</b>
<b>Annex 6: Briefing sheet for temporary and supply staff.....</b>	<b>25</b>
<b>Annex 7: What is child abuse?.....</b>	<b>26</b>
<b>Annex 8: Brook sexual behaviours traffic light tool.....</b>	<b>32</b>
<b>Annex 9: Useful contacts.....</b>	<b>36</b>

Schools and Education: Example Child Protection Policy, Procedure and Guidance			
Version	Version 4	Approved by	FGB
Date last amended	January 2020	Approval date	1 April 2020
Lead officer	Alison Philpott	Review date	September 2020
Contact	Alison.philpott@southampton.gov.uk	Effective date	February 6th 2020

## Purpose

- 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.
- This document should be seen as a starting point for development of a policy that will fit your schools individual context. **This policy should sit alongside a separate policy for safeguarding within the school.**
- Prior to being adopted each section should be reviewed to determine if it is appropriate for your school. If more or less information is required it is the responsibility of the school to make those amendments.
- This document is based on guidance from Keeping Children Safe in Education 2019.

## 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, 2018](#)
- [Working Together 2018](#)
- [Sexual Violence and Sexual Harassment between children in schools and colleges 2018](#)
- [Searching, screening and confiscation guidance 2018](#)

Governing bodies and proprietors should be aware that the DfE has published detailed advice to support schools and colleges and this should be followed when developing policy and process for your own school. The advice is available in the links above as well as on [www.dfe.gov.uk](http://www.dfe.gov.uk). Guidance is also provided in the “SCC Guidance for developing safeguarding policies in education” January 2020. The child protection policy and procedures should be developed with awareness of local processes and procedures and wider safeguarding issues.

## Scope

5. The policy relates to all staff, volunteers and governors of Bitterne CE Primary, 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. **It should be read in conjunction with our wider safeguarding policy which can be found on the website or request a paper copy at the school office.**
6. The policy effectiveness is regularly monitored by identified Designated safeguarding lead/s and additionally by the nominated governor/s responsible for safeguarding.

## Definitions

7. 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 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. 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 and Annex 7
  - **DSL** is the Designated Safeguarding Lead, a specially trained member of the senior leadership team, or their deputy trained to the same standard.

## Policy statement

8. We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.
9. 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.
10. We maintain an attitude of “it could happen here” where safeguarding is concerned.
11. 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, confident that they will be listened to and valued
  - Ensuring that robust, regularly monitored systems are in place to recognise, report and support any concerns regarding children’s safety

## Section 1: Principles and Values

12. Children have a right to feel secure and cannot learn effectively unless they do so.
13. All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.

14. 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.
15. 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. This includes the transfer of records to educational and training providers to ensure that all children (under 18) are safeguarded and any records or support provided are known so actions can be taken in the best interests of the child. We will challenge any practice that does not uphold the principles of safeguarding children first and notify the local authority of any practice that falls short of the high expectations held or statutory duties of schools.
16. 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

17. We recognise that staff anxiety around child protection could undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff as needed.
18. In this school any individual can contact the designated safeguarding lead (DSL) if they have concerns about a young person.
19. **DSL** is Andy Peterson HT.
20. **The deputy DSL** are Liz Allen DHT, Clare Bailey AHT, James May AHT and Clare Horan Business Manager.
21. There is a nominated governor, Tessa Hurst, who will receive reports of allegations against the head teacher and act on the behalf of the governing body to monitor safeguarding with governor colleagues.
22. As an employer we comply with the "Disqualification under the Childcare Act 2006" guidance issued in 2018

### Training

23. 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 post commencement. All staff sign to the policy annually to acknowledge they have attended/read and understood the training. All staff understand this holds them accountable to ensuring they follow appropriate policy and procedures within our school and that it is their responsibility to ask for advice or clarification if unsure about any safeguarding related issue.

The DSL will attend training that is DSL role specific every two years as a minimum, 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 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

24. 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 Southampton MASH or children's social care if a child is open to them to discuss. If the DSL is not available or there are immediate concerns, the staff member will refer directly, by taking advice through MASH and informing the head teacher, unless the information is an allegation against the head teacher.
25. Generally the DSL will always inform the parent/s prior to making a referral however there are situations where this may not be possible or appropriate. Notification may not be made if it judged in the child's best interests to not do so, schools should record who made this decision, when and the reason for the decision within its own recording systems.

26. **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

27. We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Working Together 2018' guidance.
28. Information will be shared with agencies who we have a statutory duty to share with (including the three safeguarding partners) and individuals within the school who 'need to know' in the best interests of the child.
29. Information may need to be established with other professionals especially in the case of welfare concerns for children not open to children's services to determine the appropriate case of action, meeting of thresholds or escalation. For example, our DSL may contact a GP to determine if they hold any safeguarding concerns, or understand any health issues that may be affecting attendance and schools regular sight of a pupil. Parents may be asked to give consent for the school to speak to the GP, if the concern is a safeguarding matter the school can contact without contacting the parent for consent. If this occurs we will record who made the decision to take this action, when and why in the schools confidential recording systems.
30. All staff are aware that they cannot promise a child to keep a disclosure confidential.

### Dealing with allegations against staff

31. If a concern is raised about the practice or behaviour of a member of staff this information will be written down with clear details if possible of what happened, where and when. This will be handed directly to the head teacher **Andy Peterson**. The local authority designated officer (LADO) will be contacted by the head teacher 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](mailto:LADO@Southampton.gov.uk)
32. If the allegation is against the head teacher, the person receiving the allegation will contact the LADO or nominated governor for dealing with allegations against the head teacher directly.

### Dealing with allegations against pupils

33. 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 will be followed. A report will be made to the DSL, without delay as per other disclosures. Depending on the allegation it may be necessary to use the guidance "[Sexual Violence and Sexual Harassment between Children in Schools and Colleges - GOV.UK](#)". See additional information set out the following section
34. Where allegations are made between pupils that would be of a safeguarding nature the school will ensure that information is recorded using the same procedures for taking disclosures. The DSL will be informed without delay and will determine next steps.

Next steps at our school applied on a case by case basis include:

- Allocating a single point of contact for each child
- Informing the relevant agencies – e.g. Police
- Undertake risk assessment that is regularly reviewed
- Consider the victims wishes in line with age and developmental understanding/ competence

- Ensure that consideration is given and recorded to the support needs for the victim/ alleged perpetrator and any other children affected
- Ensuring that both pupils can continue to receive education equitably- this may include changing classes, addressing the need to manage start and finish times in line with reduced timetable guidance for a short period of time
- Parental communication will be established through single points of contact in agreement with any agencies e.g. police
- Participate with other agencies to ensure that a full understanding is gained of context and information known that may be relevant to risk assessment or level of understanding

There are four potential ways education establishments may need to manage allegations if this nature. They are outlined in pages 69-77 KCSiE 2019. In our school we will use these examples to support our responses on a case by case basis.

## **Prevention**

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

- Providing a developmentally appropriate effective PSHE curriculum which develops students understanding of acceptable behaviour and keeping themselves safe, and offer an appropriately planned RSE provision which is statutory from September 2020.
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and responded to
- 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 may be present.

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 (not an exhaustive list):

### **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 information raises a safeguarding concern, sometimes this will be beyond the information shared. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed, if not school behaviour policy procedures may be more appropriate.
- 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 rearrange educational provision for 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 including safeguarding partners or external agencies or organisations supporting anyone involved.

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

### **[Sexual violence and sexual harassment between children in schools and colleges - GOV.UK/](#)**

35. In our school all adults are expected to make it clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up. This will be through the examples staff set as role models to our pupils as well as through PSHE lessons, Relationships Education from September 2020 onwards and application of the behaviour policy and code of conduct.
36. Adults are expected to:
- Be aware that this can happen to any person – it is not limited to females but recognise the majority of reports are from girls and women.
  - not tolerate or dismiss sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”;
  - challenge behaviour (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia and flicking bras and lifting up skirts.



- recognise that “Upskirting” is now a criminal offence. It typically involves taking a picture under someone’s clothes without them knowing with the intention of viewing someone’s genitals or buttocks with a view to sexual gratification or to cause the victim humiliation, distress or alarm.
  - understand that all of the above can be driven by wider societal factors beyond the school and college, such as everyday sexist stereotypes and everyday sexist language. This is why a whole school approach (especially preventative education) as described in Part 3 of recent government advice ([hyperlink above](#)) is important. In our school we will ensure that we educate our pupils through our core Christian values of ‘ Love, trust and forgiveness’ which underpin the curriculum and Collective Worship schedule. We recognise that pupils with SEN are three times more likely to be abused and ensure they have awareness of pupil behaviours that may be inappropriate towards pupils with SEN
  - recognise that allegations of sexual violence or sexual harassment are likely to be complex and will require difficult professional decisions to be made. The DSL must be notified without delay and decisions made on a case-by-case basis. As with other disclosures, the person disclosing must be able to disclose the information in a supportive environment with clear record of factual information made as soon after the disclosure as possible. The same procedures should be followed as set out in this child protection policy.
37. Where information includes an online element staff including the DSL must be aware of the [searching, screening and confiscation advice for schools](#) and UKCCIS sexting advice for schools and college. A risk assessment must be made following the disclosure by the DSL on a case-by-case basis this may need to be amended once other agencies become involved.
38. The DSL will report to children’s social care through contact with MASH, and this will be in conjunction with the police in either order. Parents/carers will be informed unless there is a compelling reason not to, such as immediate safety or risk to the child be they victim or alleged perpetrator. The police will advise what information can or should be shared.
39. As allegations can arise between peers attending the same school it is important that both pupils must be managed supportively, in that both should be given a single point of contact, and both these points of contacts should liaise so that fair and proportionate response is made. Pupils should be aware that an allegation does not equate to guilt without there being an appropriate referral and investigation undertaken by the relevant organisations.
40. If this situation arises our school will assess the risk and identify if there may need to be a temporary revision of education arrangements including class moves, arrangements for arriving and leaving school and at break times to ensure that both pupils are supported in continuing their education whilst any investigation is carried out. A single point of contact for each pupil will be set up immediately and actions will be determined on a case by case basis. A risk assessment will include travel to and from school and any other relevant contextual information available.

## **Section 2: Roles and responsibilities within Bitterne CE Primary school**

### **Staff responsibilities**

41. 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 discuss concerns 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, and also know where else they might be able to draw upon reliable advice appropriate to their age and development, especially when out of school.

- 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, at least annually, in order to be aware of and alert to the signs of abuse and ask questions if unsure about any of what is covered or issues you hear about that have not been covered in training.
- Maintain an attitude of “it could happen here” with regards to all aspects of safeguarding.
- Record their concerns if they are worried that a child is being abused and report these directly to the DSL without delay 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 Southampton Childrens Safeguarding Partnership and guidance issued by the DfE.
- Support pupils in line with their plan – e.g. child protection plan, medical individual health plan.
- Ensure they know who the designated safeguarding lead (DSL) and deputy DSL are and know how to contact them.
- Know what to do if you need to report a concern out of school hours, including holiday time.
- Treat information with sensitivity, 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 as required.

#### Senior management team responsibilities:

- Contribute to inter-agency working in line with guidance (Working Together 2018)
- Provide a co-ordinated offer of internal support or referral to 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), Southampton Childrens Safeguarding Partnership (SSCP) and Southampton City Council (SCC).

#### Governing body responsibilities

- The school has effective safeguarding policies & procedures including a child protection policy, a staff behaviour policy and processes for children who go missing from education.
- The SSCP is informed annually via local authority education safeguarding lead (Alison.philpott@southampton.gov.uk) about the discharge of duties via the safeguarding self-evaluation tool or other means
- Recruitment, selection and induction is able to be evidenced as following safer recruitment practice.
- Allegations against staff are dealt with by the head teacher.
- A member of the senior staff team is designated as designated safeguarding lead (DSL) and have this recorded in their job description
- A nominated member/members have responsibility for monitoring safeguarding whilst it is a duty for all governors to take account of safeguarding in their duty as a governor.

- Ensure that oversight of the effectiveness of policies is undertaken, including staff and pupil discussions including people selected independently by governors
- Staff have been trained appropriately and this is updated in line with guidance at least annually, updated by bulletin, staff meeting or other method as required
- Ensure that the DSL can provide an accurate record of all staff training and records of staff understanding the content
- Any safeguarding deficiencies or weaknesses identified are remedied without delay
- Have identified a nominated governor for allegations against the head teacher, who has undertaken training.

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

**In this school the DSL is Andy Peterson HT**

**The deputy DSLs are Liz Allen DHT, Clare Bailey AHT and James May AHT.**

42. 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 training every two years. By attending the initial DSL role specific training and then demonstrating evidence of continuing professional development thereafter with regular updates at least annually.
  - Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details
  - Ensure staff and pupils know how to refer concerns appropriately out of hours and during holidays, and pupils know where to get help from during these times – age appropriately.
  - 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, a record of attendance and understanding is kept and staff know to ask if unclear or unsure at any point.
  - 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 in accordance with GDPR and the Data Protection Act and associated guidance.
  - 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 in accordance with GDPR, the Data Protection Act and associated guidance.
  - Link with the SCSP and SCC to make sure staff are aware of training opportunities and the latest local and national 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.
  - Ensure there is a robust risk assessment process for the checking of adults wishing to volunteer which includes checking if the adult is prohibited from working in childcare or with children in any way, and may include additional checks for example in line with people working in regulated activity if that applies to the volunteering role.

## Section 3: Bitterne CE Primary child protection procedures

### Overview

43. 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. Adults visiting and volunteers at the school will be made aware of the schools procedures and the expectation they will follow them in a leaflet available on the front desk when they sign in.
44. 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.
45. 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:**

46. Make an initial record of the information
47. Report it to the DSL / head teacher immediately
48. The DSL or head teacher will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or head teacher are not immediately available (see point 8 below)
49. 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 they were involved in
  - Any injuries reported
  - Information given by the child / adult
  - What action was taken
  - Actual words or phrases used by the child
50. The records must be signed and dated by the author. Then stored securely as per school procedure in line with GDPR, Data Protection Act and associated guidance. In our school this through using CPOMS secure system.

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

51. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to MASH/ police/ social worker if case open
52. 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. Advice should be sought from MASH if a professional has taken a decision that gaining consent is unlikely to be in the child's best interests. The child's views should also be taken into account.
53. 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
  - d. include any contextual information relevant.

When speaking with a child/young person we will all ask and record:

- What happened?
- Where did it happen?
- When did it happen?
- Who was there?



A city of opportunity where everyone thrives

SOUTHAMPTON CITY COUNCIL

Use the following guidelines:



A city of opportunity where everyone thrives

SOUTHAMPTON CITY COUNCIL

The record of exact responses as given, word for word by the child is crucial. This is so the initial information that would be required for a DSL to make an informed decision about next steps that are relevant are gathered, ideally at the point of disclosure.

54. If the DSL feels unsure about whether a referral is necessary they will phone the MASH to discuss concerns .
55. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the early help process or follow other guidance from MASH/police.
56. The DSL must confirm any referrals in writing to the MASH, within 24 hours, including the actions and decisions that have been taken by whom and any impact of the actions and decisions. 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. The DSL will include all information they are aware of and not assume anyone reading the referral has already got access to contextual or other relevant information.
57. 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 and decisions made by whom.
58. Where the information refers to FGM, or immediate risk of for example forced marriage the DSL will ask the adult who took the disclosure to contact the police under the mandatory reporting duty, or follow other guidance relevant to individual information or context.
59. 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. Any decisions taken, in particular, not to notify parent should be recorded – who made decision and reasons decision is based on, with date and time of decision logged.

60. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DSL or head teacher should organise appropriate measures to ensure the child attends the accident and emergency unit at the nearest hospital urgently, having first notified police/MASH. The DSL should seek advice about what action school/children's social care/police will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention. This decision and reasons for it should be recorded as described as above.

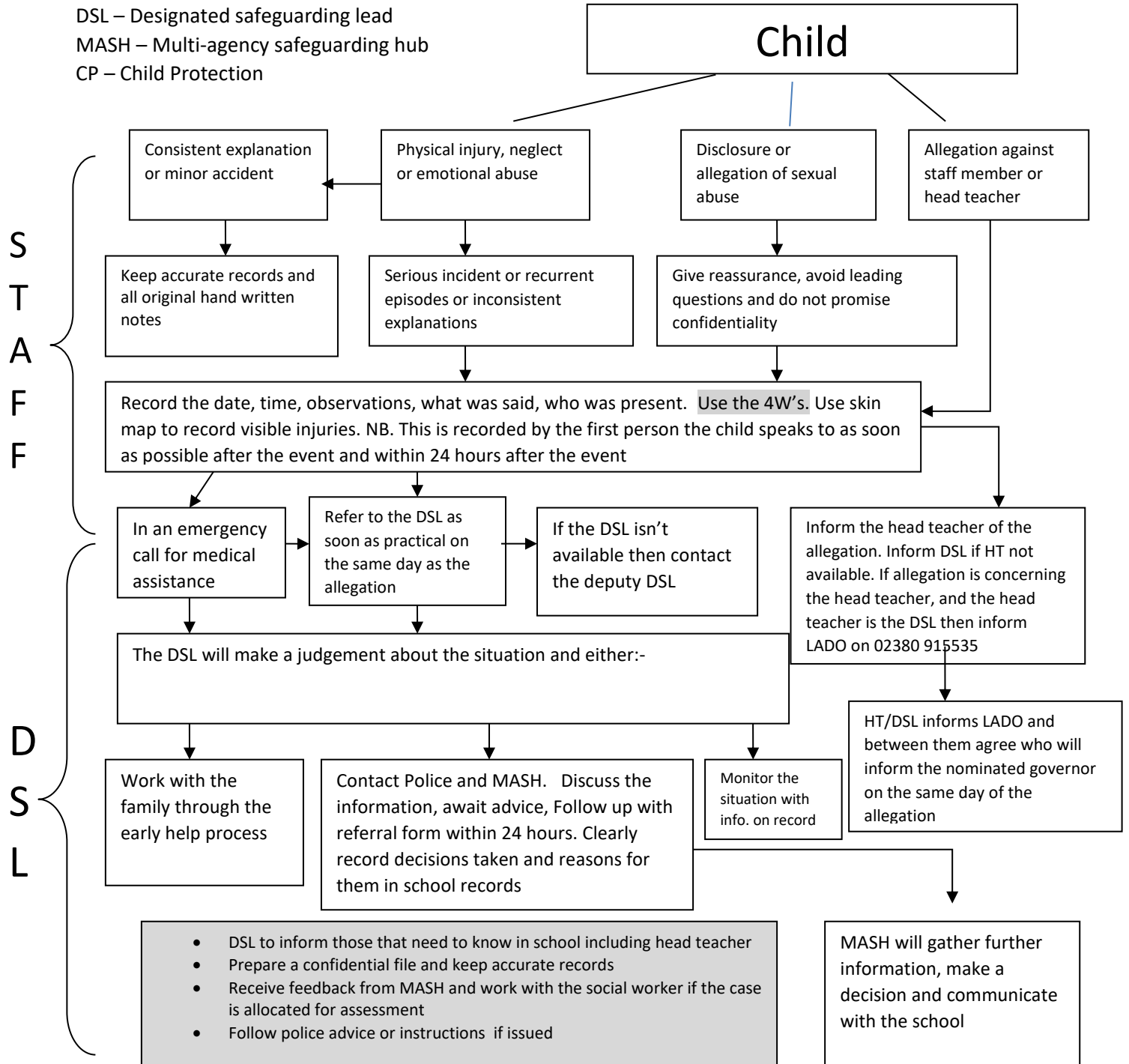
## Management

1. The school will deal with non-compliance regarding the safeguarding of pupils robustly and decide whether disciplinary or competency action plan is needed. This may involve advice from the LADO and/ or HR.
2. Staff must always be confident to raise concerns regarding the practice of another in relation to child protection or responsibilities set out within this policy or wider safeguarding responsibilities. For more guidance on this aspect, please refer to the whistleblowing policy.

## Governance

61. As a school, we review this policy at least annually in line with Department of Education, SSCP and SCC and other relevant statutory guidance together with our wider safeguarding policy/ies.
62. The policy in practice is monitored by the safeguarding governor in partnership with the DSL so the governing body can be assured of effectiveness of this policy in practice.
63. The governing body ensures that staff at the school understand when and how the school or SCC whistleblowing policies could be used if required by employees. It identifies for staff how whistleblowing is different to raising a grievance.  
[https://www.southampton.gov.uk/images/whistleblowing-\(duty-to-act\)-policy\\_tcm63-405861.pdf](https://www.southampton.gov.uk/images/whistleblowing-(duty-to-act)-policy_tcm63-405861.pdf)

# Annex 1: Flowchart for child protection procedures



## Annex 2: Recording Form

### Recording Form

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

<b>Details of concern</b> (who? What? Where? When? Any factual, observable behaviours when disclosing? use child's exact words)			
<b>Actions taken</b>			
<b>Date and time</b>	<b>Person taking action</b>	<b>Action taken/ decision made and reasons for it</b>	<b>Outcome of action</b>

**Name of person completing record:** \_\_\_\_\_ **Role:** \_\_\_\_\_

**Staff involved:**

**PTO**



**Is a body map needed? If so , please attach**

**Does the child have siblings in other schools/ Pre schools?**

**Does the reporting adult need emotional support**

**Date information shared (if different from above):**

**Date information recorded for file (if different from above):**

## Annex 3: Body Map Bitterne CE Primary

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 DSL and onto 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:**

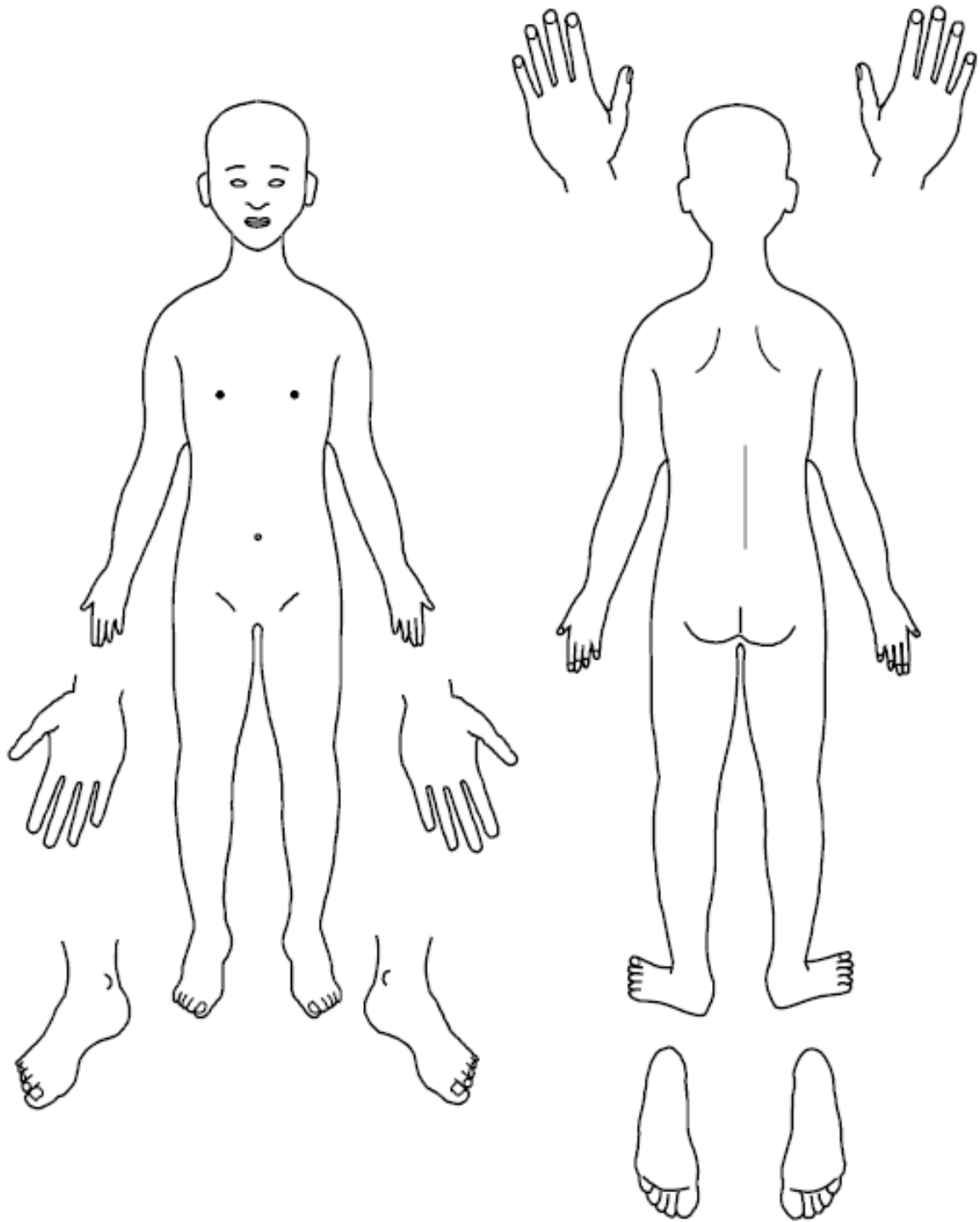
- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site 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: \_\_\_\_\_ DOB: \_\_\_\_\_ Class: \_\_\_\_\_





Any additional information:

Date of recording: \_\_\_\_\_ Person completing record: \_\_\_\_\_

## 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 for staff:

- Listen to what is being said, without displaying shock or disbelief or asking child to repeat anything unnecessarily
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable
- 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 the pupil e.g. you could say: 'I am glad you felt able to say this', "I will speak to someone who will know what to do next", "I know you might be feeling upset but there are people trained to know what to do to help you next", " x is trained to help pupils who need it Im going to go and speak to x as they will know what we should do now"
- **Do not** ask 'leading' questions i.e. 'did x touch your private parts?' or 'did x 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
- Share concerns with the designated safeguarding lead as soon as possible
- Confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- 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/ police directly, recording decisions for doing so.

- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration indicating why you feel decisions have not been made in the best interests of a child if this is the case. Ensure that all known information, including contextual information has been shared for assessment of the information to be made
- Ensure that you consider if you need some time to process what you have heard to ensure you look after your own mental health and well-being, and our DSL will ensure that staff are offered support and time to manage their emotions when having received information from a child.

#### Helpful notes:

- 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, person's present/named and noticeable non-verbal behaviours, and the words used by the child. If the child uses sexual 'pet'/slang words, record the actual words used, rather than translating them into 'proper' terms – this is essential that the record is word for word.
- Complete a body map to indicate the position of any noticeable bruising, or where a child has indicated something to you.
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

#### After decisions and referral:

##### **Review (led by DSL)**

- Has the action taken provided positive outcomes for the child?
- Did the steps taken by staff work? Is there a clear record and timeframe of information and decisions taken?
- Did staff follow policy?
- 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. Procedures to follow can be found within our complaints policy or whistleblowing policies.

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 contextual picture so as to ensure we can apply the any specific safeguarding procedures with good understanding of the context.

## 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 Head teacher or the DSL as soon as possible
- If an allegation is made against the Head teacher, the concerns need to be raised with the LADO or nominated governor as soon as possible
- Once an allegation has been received by the Head teacher or nominated governor they will contact the Local Authority Designated Officer on 02380 915535 as soon as possible and before carrying out any investigation into the allegation.
- Inform the parents of the allegation unless there is a good reason not to. The decision to inform or not inform should be recorded as to who made the decision and the reasons for it.

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' (2019) and the SCSP and HIPS procedures.



## Annex 6: Briefing sheet for temporary and supply staff

### Briefing sheet for temporary, supply staff - and those on short contracts in Bitterne CE Primary school

While working in Bitterne CE Primary School, 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. You should follow any policies or procedures the school has made you aware of, some of which may be specific to the context or individuals.

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 Andy Peterson HT and can be found by contacting any member of staff or going to the office

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 behavior that leads you to be concerned about a child or young person
- a child or young person telling you/overhearing that they/another pupil 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. If they have told you little but it is clear you need to pass the information on, do so, do not ask for more information or ask any leading questions.
- You could ask "Who was involved", "What happened" "Where did it happen and when?"
- 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. You may need to report under the mandatory reporting duty directly to the police if known FGM is disclosed to you.
- 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 safeguarding lead or head teacher who will then follow the school procedure

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 staff room*.

**Remember, if you have a concern, discuss it with the DSL as soon as possible.**

## Annex 7: 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.

In addition to these factors SCC has also defined "Educational neglect" and produced guidance for practitioners that should be considered (Young Southampton – safeguarding local guidance)

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 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.

The Neglect toolkit and advice (<http://southamptonlscb.co.uk/neglect/>) is used by our school when reviewing individual cases or processes.

#### **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 (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 8: 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><b>What is a green behaviour?</b></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><b>What is an amber behaviour?</b></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><b>What is a red behaviour?</b></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><b>What can you do?</b></p> <p>Green behaviours provide opportunities to give positive feedback and additional information.</p>	<p><b>What can you do?</b></p> <p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p>	<p><b>What can you do?</b></p> <p>Red behaviours indicate a need for immediate intervention and action.</p>
<p><b>Green behaviours</b></p> <ul style="list-style-type: none"> <li>• holding or playing with own genitals</li> <li>• attempting to touch or curiosity about other children's genitals</li> <li>• attempting to touch or curiosity about breasts, bottoms or genitals of adults</li> <li>• games e.g. mummies and daddies,</li> <li>• doctors and nurses</li> <li>• enjoying nakedness</li> </ul>	<p><b>Amber behaviours</b></p> <ul style="list-style-type: none"> <li>• preoccupation with adult sexual behaviour</li> <li>• pulling other children's pants down/skirts up/trousers down against their will</li> <li>• talking about sex using adult slang</li> <li>• preoccupation with touching the genitals of other people</li> <li>• following others into toilets or changing rooms to look at them or touch them</li> </ul>	<p><b>Red behaviours</b></p> <ul style="list-style-type: none"> <li>• persistently touching the genitals of other children</li> <li>• persistent attempts to touch the genitals of adults</li> <li>• simulation of sexual activity in play</li> <li>• sexual behaviour between young children involving penetration with objects</li> <li>• forcing other children to engage in sexual play.</li> </ul>

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.



<ul style="list-style-type: none"> <li>• interest in body parts and what they do</li> <li>• curiosity about the differences between boys and girls.</li> </ul>	<ul style="list-style-type: none"> <li>• talking about sexual activities seen on TV/online.</li> </ul>	
----------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	--

## 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.

<b>What is a green behaviour?</b>	<b>What is an amber behaviour?</b>	<b>What is a red behaviour?</b>
<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>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>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>
<b>What can you do?</b>	<b>What can you do?</b>	<b>What can you do?</b>
<p>Green behaviours provide opportunities to give positive feedback and additional information.</p>	<p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p>	<p>Red behaviours indicate a need for immediate intervention and action.</p>
<b>Green behaviours 5-9</b>	<b>Amber behaviours 5-9</b>	<b>Red behaviours 5-9</b>
<ul style="list-style-type: none"> <li>• feeling and touching own genitals</li> <li>• curiosity about other children's genitals</li> <li>• curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships</li> <li>• sense of privacy about bodies</li> <li>• telling stories or asking questions using swear and slang words for parts of the body</li> </ul>	<ul style="list-style-type: none"> <li>• questions about sexual activity which persist or are repeated frequently, despite an answer having been given</li> <li>• sexual bullying face to face or through texts or online messaging</li> <li>• engaging in mutual masturbation</li> <li>• persistent sexual images and ideas in talk, play and art</li> <li>• use of adult slang language to discuss sex</li> </ul>	<ul style="list-style-type: none"> <li>• frequent masturbation in front of others</li> <li>• sexual behaviour engaging significantly younger or less able children</li> <li>• forcing other children to take part in sexual activities</li> <li>• simulation of oral or penetrative sex</li> <li>• sourcing pornographic material online</li> </ul>

### 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

### 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

### 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

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

		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

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.

## Annex 9: Useful contacts

<b>Key Personnel</b>	<b>Name (s)</b>	<b>Telephone No./how to contact</b>
DSL	Andy Peterson	02380499494 head@bitterneceprimary.net
Deputy DSL(s)	Liz Allen Clare Bailey James May Clare Horan	023 80499494 <a href="mailto:deputy@bitterneceprimary.net">deputy@bitterneceprimary.net</a> <a href="mailto:Cbailey@bitterneceprimary.net">Cbailey@bitterneceprimary.net</a> <a href="mailto:Jmay@bitterneceprimary.net">Jmay@bitterneceprimary.net</a> info@bitterneceprimary.net
Designated teacher for Looked After Children	Liz Allen	02380499494 deputy@bitterneceprimary.net
School's named "Prevent" lead	Andy Peterson	02380499494 head@bitterneceprimary.net
Nominated safeguarding governor	Tessa Hurst	02380499494 through school office thurst@bitterneceprimary.net
Named governor for allegations against head teacher	Amanda Humby	02380499494 through school office ahumby@bitterneceprimary.net
Children's referral team - MASH	MASH	023 80832300
Out of hours social care		023 80233344
Police		101 or in emergencies 999
Safeguarding advisors / local authority designated officers(LADOs)	Sue Sevier	02380 915535 LADO@southampton.gov.uk
School nurse	Paige Tompkins Faye Sebborn	0300 123661
Children's service lead SCC	Hilary Brooks Sharon Hawkins– social care	Hilary.brooks@southampton.gov.uk 07900466891 Sharon.hawkins@southampton.gov.uk
Early help hub manager	Jason Murphy	02380833951