

Federation of Trosnant Schools Child Protection Policy

Name of School	Federation of Trosnant Schools
Date of Policy Issue/Review	September 2019, annual review
Name of Responsible Manager/Headteacher	Ian Waine
Signature of Responsible Manager/Headteacher	

Policy Statement

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.

The purpose of this policy is to provide staff, volunteers and governors with the framework they need 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. Specific guidance is available to staff within the procedure documents.

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.

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.

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 (DDSL) if they have concerns about a young person.

DSL is Ian Waine and the **DDSLs** are Clive Mulligan, Denise Stephens, Bki Hodgson and Tony Parkes. There is a nominated safeguarding governor, **Ruth Goulson** who will take leadership responsibility for safeguarding. The Chair of Governors **Ruth White** will receive reports of allegations against the headteacher and act on the behalf of the governing body

As an employer we follow safer recruitment guidance as set out in KCSiE 2018.

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 to the whole school annually as part of our day closure at the start of the academic year. This will either be by the DSL or from an outside specialist provider. The school will use an outside provider at least every third year. Separate training is provided to all new staff on appointment as part of their induction to the school by a trained DSL/DDSL. The DSL will attend training at least every other year 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. 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 or DDSL is not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate.

***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.*

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. If a parent informs us of a concern about their own child, we will inform them of what action we will take with the information they provide.

Confidentiality

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2015) guidance.
- 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.

As a school we will educate pupils to recognise when they are at risk and how to get help when they need it through:

- The content of the curriculum.
- A school ethos which helps children feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

Dealing with allegations against staff

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 **Name**. The Local Authority Designated Officer (LADO) 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.

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 (Annex 6)

Legal context

Section 175 of the education act 2002; the Education (Independent School Standards) Regulations 2014; the Non-Maintained Special Schools (England) Regulations Children Act 2004 & 1989

Guidance

Hampshire Safeguarding Children Board protocols and guidance and their procedures:

[Working Together to Safeguard Children \(2018\)](#)

[Keeping Children Safe in Education \(2018\)](#)

[FGM Act 2003 Mandatory Reporting Guidance \(2016\)](#)

Policy review

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

Date approved by governing body: September 2019

Date to be reviewed by governing body: September 2020 or when legislation changes and we are advised by LA to review

Roles and responsibilities within *The Federation of Trosnant schools*

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 recognise, 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 DDSL 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 DDSL is not available.
- Follow the allegations procedures (Annex 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 DDSL 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 DDSL 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 2018*).
- Working with Children’s Social Care, support their assessment and planning processes including the school’s attendance at conference and core group meetings and the contribution of written reports for these 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) and the Hampshire Safeguarding Children Board (HSCB) procedures.

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 written response to children who go missing from education.
- Ensure HSCB is informed in line with local requirements about the discharge of duties via the annual safeguarding audit.
- 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)*

In this school the DSL is Ian Waine

The Deputy DSL are Clive Mulligan, Denise Stephens, Bki Hodgson and Tony Parkes

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 its 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 DDSL 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 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.
- Be aware of the training opportunities and briefings provided by HSCB to ensure staff are aware of the latest local guidance on safeguarding
- 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.

Federation of Trosnant Schools 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.

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 which will include children visiting the site as well as those who are pupils. Attention will be given to the HSCB Bruising Protocol, including with regards bruising of non-mobile infants.

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 using the schools CPOMs system
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
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 will be recorded on the schools' electronic based records).

5. In the absence of the DSL or their Deputy, be prepared to refer directly to Children's Social Care (and the police if appropriate) if there is the potential for immediate significant harm

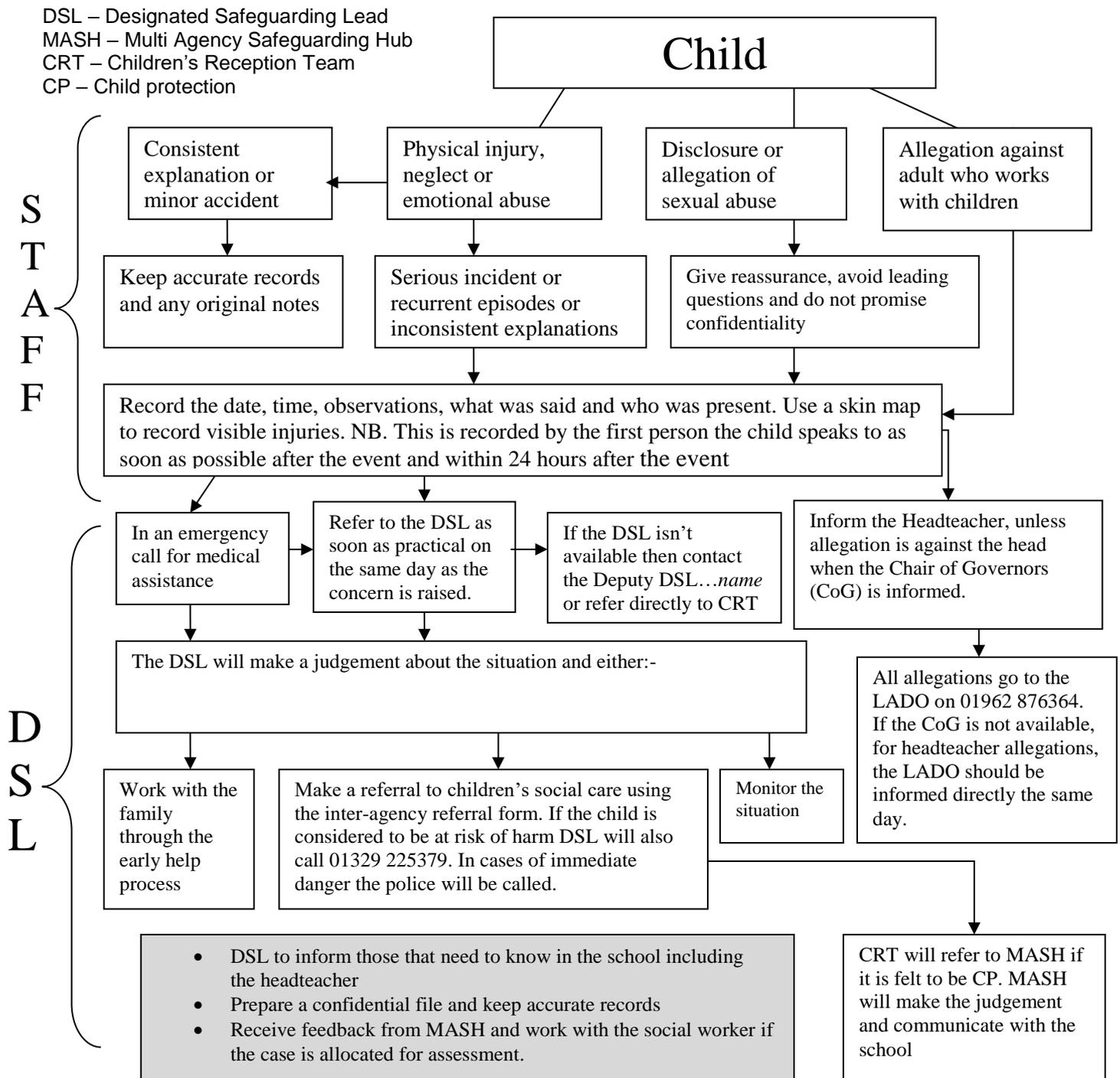
Following a report of concerns the DSL must:

1. Decide whether there are sufficient grounds for suspecting significant harm, in which case a referral must be made to Children's Social Care and the police if it is appropriate. The rationale for this decision should be recorded by the DSL.
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 Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. 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. 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 Deputy) must contact Children's Social Care via the Inter-Agency Referral Form (IARF) making 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 there is indication that the child is suffering significant harm, a call will also be made to Children's Reception Team (CRT) on 01329 225379.

4. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Children's Social Care of the occurrence and what action has been taken.
5. When a pupil needs *urgent* medical attention and there is suspicion of parental abuse causing the medical need, the DSL or their Deputy should take the child to the accident and emergency unit at the nearest hospital, while Children's Social Care are informed. Advice should be sought from Children's Social Care about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.
6. If there is not a risk of significant harm, the DSL will either actively monitor the situation or consider the Early Help process

Flowchart for child protection procedures



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

Annex 2 – We use an electronic system to record details. In the event of IT failure the following could be used and then transferred

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

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

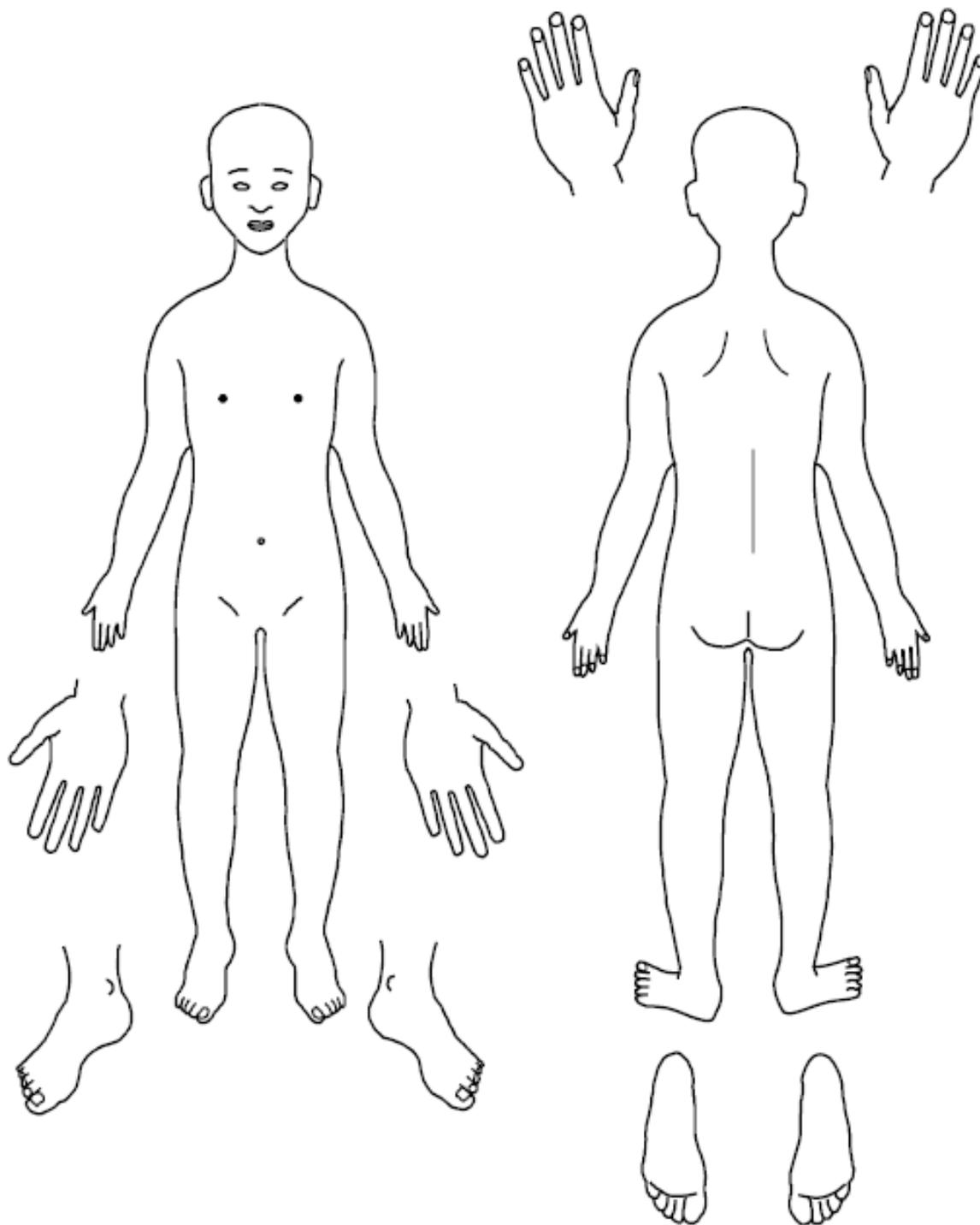
Actions taken			
Date	Person taking action	Action taken	Outcome of action

Name:

Designation:

Copied to:

Skin map



Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____



Any additional information:

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 by speaking to him directly or his deputy
- 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

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 a staff member believes that their concerns have not been referred on or that the child remains at risk, they should initially ask the DSL to reconsider, ensuring that the risks are understood. If this does not result in a satisfactory outcome, or the DSL rationale appears to miss the risk to the child, then the Whistleblowing procedures of the school should be followed. If the DSL is unhappy with the response from Children Social Care, they should consider following the HSCB escalation protocol.

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. For some staff, use of an employee-based counselling service may be appropriate.

Allegations against adults who work with children

Working Together to Safeguard Children (2018) states that organisations should have clear policies in line with those from the LSCB for dealing with allegations against people who work with children. Those policies should make a clear distinction between an allegation, a complaint or a concern about the quality of care or practice.

Allegations as defined by KCSiE should be reported to the LADO. Complaints or concerns can be managed independently by the school or college under internal procedures.

Complaints could include:-

- Breaches of the Code of Conduct
- Failure to follow policy, procedure or guidance
- Any breach of data protection or confidentiality
- Poor behaviour management
- Inappropriate use of social media
- Misadministration of medication

Concerns could include:-

- Inappropriate use of language, shouting or swearing
- Discussing personal or sexual relationships with, or in the presence, of pupils
- Making (or encouraging others to make) unprofessional comments which scapegoat, demean or humiliate children, or might be interpreted as such.

Allegations 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 01962 876364 or child.protection@hants.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 do so.

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 chapter 4 of 'Keeping Children Safe in Education' (2018) and the HSCB procedures.

Sexual violence and sexual harassment between children in schools and colleges

Peer on Peer Abuse – Model Policy.

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, adult students and school and college staff are supported and protected as appropriate.

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 (2018)

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.

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 Deputy 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 Children's Social Care (01329 225379).

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 Children's Social Care
- Report to the police (generally in parallel with a referral to Social Care)

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 and on transport where appropriate.
- 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 or college would seriously harm the education or welfare of the victim (and potentially other pupils or students).
- Where a criminal investigation into sexual assault leads to a conviction or caution, the school or college 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 or college, 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 and college premises and transport. 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 2018)

Sexual Violence and Sexual Harassment between Children in Schools and Colleges (DfE 2018)

Annex 7

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

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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 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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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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Sexual Violence and Sexual Harassment between Children Risk and Needs Assessment Template

(This template is offered as a framework and should be seen as a starting point for development to fit your school's individual context. Each reported incident should be managed on a case-by-case basis)

EXAMPLE assessment

Brook Traffic Light Assessment	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
<p>Red Behaviour: Forcing other children to engage in sexual activity. Subject is a male child. A female child has been taken into the boys' toilets. Subject has exposed himself, grabbed the girl by the wrist and forced her to touch his genitals.</p> <p>Subject is under the age of criminal responsibility. Subject has no known CP history There have been no previous concerns about the Subject.</p>	All pupils in the class may be forced or coerced into sexual activity. Early indication is that female pupils may be more at risk.	Key members of staff with supervisory responsibility have been briefed by the DSL and will increase monitoring at break times. Subject will be escorted to the toilet.	DSL Staff AB, CD & EF ELSA	From Immediate effect	✓01/02/2019. Increased monitoring & toilet supervision in place
	Other children within the community	Subject's parents Informed re: Incident & behaviour and the risk plan put in place. Made aware of referral to CSD. Agreement for <ul style="list-style-type: none"> Referral to CAMHS Increased monitoring & toilet supervisor Keep safe work. 	DSL	01/02/19	✓01/02/19 Contract of agreement has been signed by the parents to include increased. monitoring, toilet supervision and keep safe work.
		Referral to Children's social care	DSL	01/02/19	✓01/02/19 Children & Family Assessment to be completed by CAST
		Victim's parents informed, and child's views gained. Child offered keep safe work.	DSL	01/02/19	✓Parents are satisfied with the school's actions & safeguarding measures so far. Child & family want child to remain in the same class. Keep safe work accepted.
		Referral to CAMHS	DSL	02/02/19	Referral made. ACTION – follow up with CAMHS as to the status of referral after 10 working days if not heard before
		Safeguarding measures to be reviewed.	DSL & key Staff members	09/02/19	No additional concerns raised. ACTION - Review plan again in one week's time

Brook Traffic Light Assessment	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
		Keep safe work to be completed. Combination of whole class and targeted work to be carried out	ELSA	23/02/2019	OUTSTANDING Work planned and due to be delivered w/c 16/02
	Community Impact Assessment LOW The parents of the Subject and the victim are satisfied that the school is taking all necessary safeguarding measures to manage the risk. There are no indications at this stage for community unrest. This will be kept under review.	DSL and SLT to be aware of any community noises about the incidents.	DSL and SLT	05/04/2019	
	Media Media and communication team to be informed if community impact assessment risk increases	SLT to contact HCC communication team if required. Monitor during term	SLT	05/04/2019	
	Information Sharing. All information sharing has been completed in line with the school's CP and GDPR policies.	Relevant information to be recorded on each child's CP file as required.			
	Social Media There are no current risks from community use of social media. This will be kept under review.	Monitoring of social media during the term	Key staff	05/04/2019	

Brook Traffic Light Assessment	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
Red Behaviour:					
Red Behaviour:					
Amber Behaviour:					

Whistleblowing in a Safeguarding Context

While the school has a separate whistleblowing policy, this is a summary sheet that outlines the process when there is a concern that safeguarding issues have not been reported or followed correctly.

This does not replace the whistleblowing policy and should be read in conjunction with the school policy.

Whistleblowing is a term that is used when staff want to report a concern within their organisation that involves their manager or a person senior to them in the organisation which may prevent them from following the normal reporting systems.

There are a limited number of areas that can be called Whistleblowing, and the policy protects staff from being punished for raising concerns.

Within ***the Federation of Trostant Schools***, the headteacher Ian Waine is the senior manager and responsible for all staff. If you are concerned that any member of staff within the school is not following safeguarding processes or behaving in a way that is placing children at risk, you should in the first place make the headteacher aware.

If your concern is about the headteacher, you should raise this with the Chair of Governors by emailing Ruth White on governors@trostant.hants.sch.uk .

If you would prefer to raise your concerns outside of the school, then you are able to contact the NSPCC whistleblowing line on 0800 028 0285 or email help@nspcc.org.uk for national organisations or make contact with Hampshire County Council.

If you believe that a member of the school staff is harming a child (an allegation) and this has been reported to the headteacher and no / insufficient action has been taken, or the member of staff you have concerns about is the headteacher, then you are able to contact the LADOs on 01962 876364 or child.protection@hants.gov.uk

If you believe that a child is being abused by individuals outside the school, you are able to make a referral to Children's Social Care by calling 0300 555 1384 (office hours) or 0300 555 1373 (outside of office hours)

Briefing sheet for temporary and supply staff

For supply staff and those on short contracts in the *Federation of Trosnant* schools

While working in the *Federation of Trosnant* schools, you have a duty of care towards the children/pupils/students here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL), who is Ian Waine and can be found *in his room by the school 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 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 DSL who should contact Children's Social Care if appropriate.

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

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

Annex 11

What is child abuse?

The following definitions are taken from *Working Together to Safeguard Children* HM Government (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. To support the local context, all staff have access to the HSCB threshold chart.

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.

The HSCB neglect strategy is used to provide a more detailed summary of neglect and the local thresholds for referrals.

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. The HSCB neglect toolkit provides a more detailed list of indicators of neglect and is available to all staff

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 (adult 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.

Sexual exploitation is seen as a separate category of sexual abuse. Indicators of CSE can be found in the school's safeguarding policy

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.

Useful contacts

Key Personnel	Name (s)	Telephone No. or E-mail
DSL	Ian Waine	02392475606
Deputy DSL(s)	Clive Mulligan Denise Stephens Beki Hodgson Tony Parkes	02392475606
School's named 'Prevent' lead	Ian Waine	02392475606
Nominated Safeguarding Governor	Ruth Goulson	governors@trosnant.hants.sch.uk
Chair of Governors	Ruth White	governors@trosnant.hants.sch.uk
Children's Reception Team		01329 225379
Out of hours social care		0300 555 1373
Police		101 or in emergencies 999
Safeguarding advisors / Local Authority Designated Officers (LADOs)	Barbara Piddington Fiona Armfield Mark Blackwell	HCC Safeguarding Unit 01962 876364
School nurse	Di Rogers	03000030135
Children's Service Department, District Service Manager	Laura Mallinson	02392364781
Early help manager	Rebecca Reeve	02392 475503

Annex 13

Addendum to Child Protection Policy during the Covid-19 emergency procedures

Context

From 20th March 2020 parents were asked to keep their children at home, wherever possible, and for schools to remain open only for those children of workers critical to the COVID-19 response - who absolutely need to attend.

Schools and all childcare providers were asked to provide care for a limited number of children - children who are vulnerable, and children whose parents are critical to the COVID-19 response and cannot be safely cared for at home.

This addendum of the Federation of Trostant School's Child Protection Policy contains details of our individual safeguarding arrangements in the following areas:

1. Key contacts	2
3. Vulnerable children	2
4. Attendance monitoring	3
5. Designated Safeguarding Lead.....	3
6. Reporting a concern	3
7. Safeguarding Training and induction.....	4
8. Safer recruitment/volunteers and movement of staff.....	4
9. Online safety in schools and colleges.....	5
10. Children and online safety away from school and college.....	5
11. Supporting children not in school	5
12. Supporting children in school	6
13. Peer on Peer Abuse	6

Key contacts

Role Name	Name	Contact Number	Email
Designated Safeguarding Lead	Ian Waine	02392475606	i.waine@trostant.hants.sch.uk
Deputy Designated Safeguarding Lead	Clive Mulligan Denise Stephens Beki Hodgson Tony Parkes	02392475606	c.mulligan@trostant.hants.sch.uk d.stephens@trostant.hants.sch.uk b.hodgson@trostant.hants.sch.uk t.parkes@trostant.hants.sch.uk
Headteacher	Ian Waine	02392475606	i.waine@trostant.hants.sch.uk
Chair of Governors	Ruth White	02392475606	governors@trostant.hants.sch.uk
Safeguarding governor	Ruth Goulson	02392475606	governors@trostant.hants.sch.uk

Area School Improvement Manager	Caroline Wilkins	07801 403 740	caroline.wilkins@hants.gov.uk
Primary Phase Inspector	Tamsin Austoni	02380 816139	tamsin.austoni@hants.gov.uk

Vulnerable children

Vulnerable children include those who have a social worker and those children and young people up to the age of 25 with education, health and care (EHC) plans. Those who have a social worker include children who have a Child Protection Plan a Child in Need Plan and those who are looked after by the Local Authority.

A child may also be deemed to be vulnerable if they have been assessed as being in need or otherwise meet the definition in section 17 of the Children Act 1989. Those with an EHC plan will be risk-assessed in consultation with the Local Authority and parents, to decide whether they need to continue to be offered a school or college place in order to meet their needs, or whether they can safely have their needs met at home. This could include, if necessary, carers, therapists or clinicians visiting the home to provide any essential services.

Many children and young people with EHC plans can safely remain at home. Eligibility for free school meals in and of itself should not be the determining factor in assessing vulnerability. Senior leaders, especially the Designated Safeguarding Lead (and deputy) know who our most vulnerable children are. They have the flexibility to offer a place to those on the edge of receiving children's social care support.

The Federation of Trosnant Schools will continue to work with and support children's social workers to help protect vulnerable children. This includes working with and supporting children's social workers and the local authority virtual school for looked-after and previously looked-after children. The lead person for this will be our Designated Teacher for Looked After Children, Tony Parkes.

There is an expectation that vulnerable children who have a social worker will attend an education setting, so long as they do not have underlying health conditions that put them at risk and it is safe to do so. However the Federation of Trosnant Schools will risk assess for all vulnerable children and where appropriate support families remotely.

In circumstances where a parent does not want to bring their child to an education setting, and their child is considered vulnerable, the social worker and The Federation of Trosnant Schools will explore the reasons for this directly with the parent. Where parents are concerned about the risk of the child contracting COVID19, The Federation of Trosnant Schools or the social worker will talk through these anxieties with the parent/carer following the advice set out by Public Health England.

The Federation of Trosnant Schools will support our vulnerable children and families with regular welfare checks by DSLs.

Attendance monitoring

Local authorities and education settings do not need to complete their usual day-to-day attendance processes to follow up on non-attendance. The Federation of Trosnant Schools and social workers will agree with parents/carers whether children in need should be attending school. We will then follow up on any pupil that they were expecting to attend, who does not.

The Federation of Trosnant Schools will also follow up with any parent or carer who has arranged care for their child(ren) and the child(ren) subsequently do not attend, through phone calls and emails.

To support the above, The Federation of Trosnant Schools will, when communicating with parents/carers and carers, confirm emergency contact numbers are correct and ask for any additional emergency contact numbers where they are available. In all circumstances where a vulnerable child does not take up their place at school, or discontinues, The Federation of Trosnant Schools will notify their social worker.

Designated Safeguarding Lead

The optimal scenario is to have a trained DSL (or deputy) available on site. Where this is not the case a trained DSL (or deputy) will be available to be contacted via phone - for example when working from home. Where a trained DSL (or deputy) is not on site, in addition to the above, a named teacher will assume responsibility for co-ordinating safeguarding on site. This might include updating and managing access to child protection online management system, CPOMS and liaising with the offsite DSL (or deputy) and as required liaising with children's social workers where they require access to children in need and/or to carry out statutory assessments at the school or college. It is important that all staff and volunteers have access to a trained DSL (or deputy). On each day staff on site will be made aware of who that person is and how to speak to them. The DSLs will continue to engage with social workers, and attend all multi-agency meetings, which can be done remotely.

Reporting a concern

Where staff have a concern about a child, they should continue to follow the process outlined in the school Safeguarding Policy, this includes making a report via CPOMS, which can be done remotely.

In the unlikely event that a member of staff cannot access their CPOMS from home, they should email the Designated Safeguarding Lead. This will ensure that the concern is received. Staff are reminded of the need to report any concern immediately and without delay. Where staff are concerned about an adult working with children in the school, they should report the concern to the headteacher. If there is a requirement to make a notification to the headteacher whilst away from school, this should be done verbally and followed up with an email to the headteacher. Concerns around the Headteacher should be directed to the Chair of Governors, Ruth White.

Safeguarding Training and induction

DSL training is very unlikely to take place whilst there remains a threat of the COVID 19 virus. For the period COVID-19 measures are in place, a DSL (or deputy) who has been trained will continue to be classed as a trained DSL (or deputy) even if they miss their refresher training. All existing school staff have had safeguarding training and have read part 1 of Keeping Children Safe in Education (2019). The DSL should communicate with staff any new local arrangements, so they know what to do if they are worried about a child.

Where new staff are recruited, or new volunteers enter the schools, they will continue to be provided with a safeguarding induction. If staff are deployed from another education or children's workforce setting to our school, we will take into account the DfE supplementary guidance on safeguarding children during the COVID-19 pandemic and will accept portability as long as the current employer confirms in writing that:-

- the individual has been subject to an enhanced DBS and children's barred list check
- there are no known concerns about the individual's suitability to work with children

- there is no ongoing disciplinary investigation relating to that individual

Safer recruitment/volunteers and movement of staff

It remains essential that people who are unsuitable are not allowed to enter the children's workforce or gain access to children. When recruiting new staff, the Federation of Trosnant Schools will continue to follow the relevant safer recruitment processes for their setting, including, as appropriate, relevant sections in part 3 of Keeping Children Safe in Education (2019) (KCSIE). 7 In response to COVID-19, the Disclosure and Barring Service (DBS) has made changes to its guidance on standard and enhanced DBS ID checking to minimise the need for face-to-face contact.

Where utilising volunteers, we will continue to follow the checking and risk assessment process as set out in paragraphs 167 to 172 of KCSIE. Under no circumstances will a volunteer who has not been checked be left unsupervised or allowed to work in regulated activity. We will continue to follow the legal duty to refer to the DBS anyone who has harmed or poses a risk of harm to a child or vulnerable adult. Full details can be found at paragraph 163 of KCSIE. We will continue to consider and make referrals to the Teaching Regulation Agency (TRA) as per paragraph 166 of KCSIE and the TRA's 'Teacher misconduct advice for making a referral.

During the COVID-19 period all referrals should be made by emailing Misconduct.Teacher@education.gov.uk

Whilst acknowledging the challenge of the current National emergency, it is essential from a safeguarding perspective that any school is aware, on any given day, which staff/volunteers will be in the school or college, and that appropriate checks have been carried out, especially for anyone engaging in regulated activity. As such, The Federation of Trosnant Schools will continue to keep the single central record (SCR) up to date as outlined in paragraphs 148 to 156 in KCSIE.

Online safety in schools and colleges

The Federation of Trosnant Schools will continue to provide a safe environment, including online. This includes the use of an online filtering system. Where students are using computers in school, appropriate supervision will be in place.

Children and online safety away from school and college

It is important that all staff who interact with children, including online, continue to look out for signs a child may be at risk. Any such concerns should be dealt with as per the Child Protection Policy and where appropriate referrals should still be made to children's social care and as required, the police. Online teaching should follow the same principles as set out in the code of conduct.

The Federation of Trosnant Schools will ensure any use of online learning tools and systems is in line with privacy and data protection/GDPR requirements.

Below are some things to consider when delivering virtual lessons, especially where webcams are involved:

- No 1:1s, groups only
- Staff and children must wear suitable clothing, as should anyone else in the household.

- Any computers used should be in appropriate areas, for example, not in bedrooms; and the background should be blurred.
- The live class should be recorded so that if any issues were to arise, the video can be reviewed.
- Live classes should be kept to a reasonable length of time, or the streaming may prevent the family 'getting on' with their day.
- Language must be professional and appropriate, including any family members in the background.
- Staff must only use platforms provided by The Federation of Trosnant Schools to communicate with pupils
- Staff should record, the length, time, date and attendance of any sessions held.

Supporting children not in school

The Federation of Trosnant Schools is committed to ensuring the safety and wellbeing of all its Children and Young people. Where the DSL has identified a child to be on the edge of social care support, or who would normally receive pastoral-type support in school, they should ensure that a robust communication plan is in place for that child or young person. Details of this plan must be recorded on CPOMS, as should a record of contact made.

The communication plans can include; remote contact, phone contact, door-step visits. Other individualised contact methods should be considered and recorded. The Federation of Trosnant Schools and its DSL will work closely with all stakeholders to maximise the effectiveness of any communication plan.

This plan must be reviewed regularly (at least once a fortnight) and where concerns arise, the DSL will consider any referrals as appropriate.

The school will share safeguarding messages on its website and social media pages. The Federation of Trosnant Schools recognises that school is a protective factor for children and young people, and the current circumstances, can affect the mental health of pupils and their parents/carers. Teachers at The Federation of Trosnant Schools need to be aware of this in setting expectations of pupils' work where they are at home. The Federation of Trosnant Schools will ensure that where we care for children of critical workers and vulnerable children on site, we ensure appropriate support is in place for them. This will be bespoke to each child and recorded.

Supporting children in school

The Federation of Trosnant Schools is committed to ensuring the safety and wellbeing of all its students. We will continue to be a safe space for all children to attend and flourish. The Headteacher will ensure that appropriate staff are on site and staff to pupil ratio numbers are appropriate, to maximise safety.

The Federation of Trosnant Schools will refer to the Government guidance for education and childcare settings on how to implement social distancing and continue to follow the advice from Public Health England on handwashing and other measures to limit the risk of spread of COVID19. This is outlined in the school's *Hygiene, Safety and Social Distancing Guidance*.

We will ensure that where we care for children of critical workers and vulnerable children on site, we ensure appropriate support is in place for them. This will be bespoke to each child and recorded appropriately.

Peer on Peer Abuse

The Federation of Trosnant Schools recognises that during the closure a revised process may be required for managing any report of such abuse and supporting victims. Where a school receives a report of peer on peer abuse, they will follow the principles as set out in part 5 of KCSIE and of those outlined within of the Child Protection Policy. The school will listen and work with the young person, parents/carers and any multiagency partner required to ensure the safety and security of that young person. Concerns and actions must be recorded on CPOMS and appropriate referrals made.

Interim DfE Safeguarding Guidance: Actions required

Activity	Completed (Yes/No)
Ensure that someone is responsible for ensuring these actions are completed	
Ensure governors are aware of the Government's interim safeguarding guidance	
Ensure that someone is responsible for continuity in safeguarding leadership	
If you are a hub understand that you have the responsibility for safeguarding all children and staff	
Ensure DSL is available, in-person, by phone or video link	
Nominate a senior leader to be the onsite safeguarding lead	
Create a Coronavirus Outbreak addendum to your child protection policy to include the specific issues for these circumstances	
Ensure staff know the new arrangements for DSLs and reporting concerns	
Understand what changes there may be for contacting the LADO	
Understand what changes there may be for contacting the MASH team or other 'front door' services	
Understand what changes there may be for contacting social workers	
Know which children have social workers and how to contact them	
Know which children are LAC/PLAC, who their Virtual School Head is and how to contact them	
Know which children should be in school and follow up where they do not attend	
Ensure that emergency numbers and alternatives are kept up to date	
Ensure that there are safeguarding induction processes for new staff, staff relocated to the school, and volunteers	
Ensure that new staff, staff relocated to the school, and volunteers understand the staff code of conduct	
Ensure that any volunteers have been individually risk-assessed	
Ensure that each vulnerable child has an easily transferable record of why they are vulnerable, a copy of the EHCP and/or CIN or CP Plan, the name of their social worker and contact details, for LAC children the name of the relevant Virtual School Head	
Ensure there is a record of which staff are onsite daily	
Ensure that the SCR is up to date with any relocated staff or volunteers and the checks that have been made	
Ensure that your safer recruitment processes are clear and adhered to, for example, be aware of anyone unknown to the school offering themselves as a volunteer	
Ensure that staff are aware that there may be an impact of the mental health of pupils, parents and staff or volunteers; and what support may be available	
Consider what to do if there are no IT staff available	
Ensure that the school has an online teaching and learning policy which considers safeguarding risks	

Interim DfE Safeguarding Guidance: Actions required

Ensure that pupils, parents and staff know how to raise any safeguarding issues that may arise during any online learning	
Ensure that SLT has a plan for how any bereavements may be handled, including obtaining any support services (not otherwise shared) [See charity websites, for example, Winston's Wish, Grief Encounter, Childhood Bereavement Network or Hope Encounter.	

