



Great Oaks School

Child Protection Policy and Procedures

September 2022



GREAT OAKS Child Protection Policy

based on the Southampton City Council Schools and Education Guidance for developing Child Protection Policy and procedures

GREAT OAKS Child Protection Policy, Procedure and Guidance			
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Contact	gracekent@greatoaks.school	Effective date	September 1st 2022

Schools and Education: Example Child Protection Policy, Procedure and Guidance			
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Sexual violence and sexual harassment between pupil in schools and colleges
<https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges#history> 12

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Purpose

This document is based on guidance from Keeping Children Safe in Education 2022, advice from the Dfe, Southampton City Council and other listed referenced documents. It will highlight and explain the roles and responsibilities of the school and staff at Great Oaks in respect of safeguarding.

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 2022
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101454/Keeping children safe in education 2022.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101454/Keeping_children_safe_in_education_2022.pdf)
- [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](#)
- <https://hipsprocedures.org.uk/> (not exhaustive list: bruising protocol, CERAF exploitation assessment form, harmful practices linked to faith or belief, radicalisation and further safeguarding information)
- <https://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence>
- <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines#history>
- <https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>
- <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Great Oaks follows the DfE advice to support schools and colleges with regards to Child Protection and safeguarding 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 dfe.gov.uk.

During COVID, we followed the DfE’s guidance for when it is necessary to provide Education at home during the covid period that should be used to develop your settings Remote Learning policy that should consider safeguarding and child protection in addition to academic requirements. Where children are being asked to learn online at home the department has provided advice to support schools and colleges do so safely. Education has resumed as normal, however should this become a way of learning again Great Oaks are aware of the steps and adaptations they must make to ensure safety.

Guidance is also provided in the “SCC Guidance for developing safeguarding policies in education” October 2020.

Scope

1. The policy relates to all staff, volunteers, and governors of Great Oaks School, and provides them, in conjunction with the wider Safeguarding policy, 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.
2. Policies can also be found on SharePoint, on the Great Oaks Website and the HIPS website (hipsprocedures.org.uk)
3. The policy effectiveness is regularly monitored by identified Designated safeguarding lead/s and additionally by the nominated governor/s responsible for safeguarding.

Definitions

4. Within this document several phrases are used which can be explained:
 - **Child Protection** is a significant aspect of safeguarding but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.
 - The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents and governors.
 - **Child** refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to pupils of our school; however, the policy will extend to visiting children and students from other establishments. For our children with an education, health and care (EHC) plan, this expands to 25 if they need more support than is available through special educational needs support.
 - **Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers.
 - **Abuse** could mean neglect, physical, emotional or sexual abuse or any combination of these. Additionally it also includes exploitation of any form (sexual and/or criminal) and radicalisation. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are set out within KCSiE 2022 and the schools wider safeguarding policy.
 - **DSL** is the Designated Safeguarding Lead, a specially trained member of the senior leadership team, or their deputy trained to the same standard, appointed into role with job descriptions and set of responsibilities clearly defined.

Policy statement

5. We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.
6. 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.

7. We maintain an attitude of “it could happen here” where safeguarding is concerned.
8. 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.
 - Building trusting relationships with the children to promote key adults.
 - Ensuring that robust, regularly monitored systems are in place to recognise, report and support any concerns regarding children’s safety .
9. It is agreed that when our school receives any safeguarding information from partners that this will be stored as confidential information as a part of a Child Protection file, in line with statutory requirements set out in KCSiE 2022 and the Data Protection Act 2018. It is recognised that on receipt of the information we as a school become the Data Controller and take responsibility as such. This information will be the responsibility of the DSL and will only be shared with those who need to know to be able to follow direction from the DSL to act as a result of it or awareness to report observations regarding a child/ young person, to act in their best interests.

Section 1: Principles and Values

10. Children have a right to feel secure and cannot learn effectively unless they do so.
11. All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
12. 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 this guidance.
13. All staff know that they have a responsibility to safeguard children and recognise that they have a part to play in promoting children’s safety and welfare and reporting and concerns however small they may seem.
14. We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the Child Protection process to safeguard children. 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.
15. Whilst the school will work openly with parents as far as possible, the school reserves the right to contact Children’s social care or the police, without notifying parents if this is in the child’s best interests. We also note that we will receive information from partners shared in the interests of safeguarding children that may be shared without the parents consent and will treat this information confidentially.

Leadership and Management

16. 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.
17. Given the expansion of the school and the explicit need to safeguard children from harm, the school have appointed a Social Worker as the Lead for Safeguarding.
18. In this school any individual can contact the Designated Safeguarding Lead (DSL) if they have concerns about a young person.
19. DSL is **Grace Kent**
20. The deputy DSLs are **Andy Evans, Geraldine Lindsay, Jo Read, Andy Vivian, Tony Parkes, Rory King, Ilda Ourique, Graham Carter, Jo Goodrich.**
21. There is a nominated governor, **Sue Williams**, 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.

Training

22. All staff in our school, including governor and trustees 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 and governors, 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.
23. 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, through attendance at SCC DSL networks or by other means e.g. regular training provided by SCC/ Educare/NSPCC and other providers.
24. 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.
25. Training for all staff includes:
 - Prevent awareness training from the Home Office to understand the risks around radicalisation and vulnerability
 - On-line safety for protecting children from on-line harm and cyber-bullying
 - Statutory reporting duties for Female Genital Mutilation
 - Children Missing Education understanding and reporting
 - Information and examples to develop all staff members understanding of different types of abuse and also issues such as Child Criminal Exploitation, Child sexual exploitation, sexual abuse and harassment between children, use of reasonable force. Additional aspects are covered in our wider safeguarding policy (which should be read

alongside this document) such as health and safety, first aid, intimate care, child employment and performance.

26. Training will also ensure that all staff understand the impact of trauma and ACE's upon a child's development and the links to behaviour as a communicative function.
27. Staff will be made aware through training and the staff code of conduct/behaviour policy of the responsibilities for all teachers within The Teachers' Standards 2012 (which includes headteachers) to safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

Referral

28. 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 Children's Resource Service (CRS) or Children's social care if a child is open to them to inform and discuss. If the DSL is not available or there are immediate concerns, the staff member will refer directly, by taking advice through CRS and informing the Head Teacher, unless the information is an allegation against the Head Teacher.
29. 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.
30. ***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

31. 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, and as indicated in KCSiE 2022.
32. Information will be shared with agencies who we have a statutory duty to share with and individuals within the school who 'need to know' in the best interests of the child.
33. 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 for a "confidential safeguarding discussion" to determine if they hold any safeguarding concerns or understand any health issues that may be affecting attendance and the school's regular sight of a pupil. Decisions made to request a safeguarding discussion will be kept within the school record of concern system with access limited to those who need to know.
34. Parents may be asked to give consent for the school to speak to the GP. However, if the concern is a safeguarding matter the school can contact without contacting the parent for consent for a safeguarding discussion. If this occurs, we will record who made the decision to take this action, when and why in the schools confidential recording systems.
35. All staff are aware that they cannot promise a child to keep a disclosure confidential.

Dealing with allegations against staff

36. If a concern is raised about the practice or behaviour of a member of staff this information will be written down with clear details of what information is known about what happened, who is involved, where and when. This will be handed directly to the Head Teacher **Andy Evans** . 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: Jemma Swann

- Phone: 023 8091 5535/ 07500952037
- E-mail: LADO@Southampton.gov.uk

37. If the allegation is against the Head Teacher, the person receiving the allegation will contact the LADO and then the nominated governor for dealing with allegations against the head teacher directly.

- The process is outlined in Annex 5 of this guidance and in KCSiE 2022. This process 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;*
- *behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or*
- *behaved or may have behaved in a way that indicates they may not be suitable to work with children*

Outcomes of an investigation into an allegation can be substantiated, false, malicious, unfounded and unsubstantiated. If the allegation is substantiated this may lead to further action being taken, for example disciplinary processes being initiated/referrals to DBS and TRA. Please note that unsubstantiated outcomes mean that there is not being enough evidence to prove or disprove the allegation which will need to be considered.

All aspects of managing allegations indicated within annex 5 of this policy and KCSiE 2022 page 86 onwards will be followed including but not limited to:

- Identifying who will be told what and when
- Managing incidents of gossip or rumour or press contact
- A communication strategy including for social media and parents

Advice from the lead agency – LADO, Police, Children's Social care will always be followed.

38. The timeframe for an investigation will depend upon the nature of the allegation, and there are other agencies involved or running investigations alongside the school processes.

Dealing with allegations against pupils

39. 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.

40. 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, Children Services
- 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 of this nature. They are outlined in KCSiE 2022. 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 or inappropriate behaviour that may lead to allegation 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, having completed stakeholder consultation, policy development in linked with the DfE statutory guidance which is statutory from September 2020 and was implemented from Summer 2021.
- 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, or in need of additional support for understanding safeguarding.
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

Allegations pupils against other pupils which are safeguarding issues

Occasionally, allegations may be made against students by others in the school, or from another 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.
- If the allegation includes actions related to protected characteristics.
- Is of a serious nature, possibly including a criminal offence, including radicalisation or another form of exploitation or abuse.
- 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

Criminal Exploitation

- Encouraging others to engage in inappropriate / criminal/extortion activities
- Forcing or encouraging others to make delivery of unknown or known items and use of threats
- Grooming others to act on their behalf or in a manner that is criminal for reward

Radicalisation

- Promoting extremist ideology including sharing of information to others digitally or in hard copy.

Important note: All young people Under 18 are considered as children first and in our school the management of allegations between pupils, or of a pupil will always ensure that history and context are included in decision making together with other relevant agencies.

Procedure:-

- When an allegation is made by a pupil against another student, members of staff should consider whether a pupil is at immediate risk of harm, or the information raises a safeguarding concern, sometimes this will, with known contextual information, be beyond the information shared. If there is a risk of immediate harm to either pupil/s or 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 CRS and/ or police to discuss the case.
- A CPI form might be completed if relevant to the individual situation.
- 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 CRS, 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 (*unless advised by the police to not do so*)
- 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 the allegation has been made about for a period according to the school's behaviour policy and procedures, but this will be made on an individual basis in context and proportionate to the allegation made.
- Where neither Children Services nor the police accept the allegation or 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, and if necessary and proportionate 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

41. 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, and Relationship, Health and Sex Education (RHSE) and application of the behaviour policy and code of conduct

42. Adults are expected to:

- Be aware that this can happen to any person – it is not limited to females but recognise most 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 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/college approach (especially preventative education) is important. In our school we will ensure that we educate our pupils through our PSHE/RSHE programme.
- 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.

43. 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.

44. The DSL will report to children’s social care through contact with CRS, 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 that parent/carer are the alleged perpetrator. The police will advise what information can or should be shared.

45. 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.

46. 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. Our response will be proportionate, time monitored and take individual context and situation into account.

Section 2: Roles and responsibilities within Great Oaks school

Staff responsibilities

47. All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this all staff will:

- Establish and maintain an environment where children feel secure, are encouraged to discuss concerns, and have confidence they will be listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems and 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, to be aware of and alert to the signs of abuse, take responsibility in line with professional standards 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. Be curious as to why something has been said or observed.
- Consider information shared or behaviours observed in a trauma informed (ACE’s) manner.
- 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. These concerns are likely to be wide-ranging and could include concerns about on-line safety, exploitation, neglect, abuse, radicalisation, mental health and well-being or other welfare and safeguarding issues.
- 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 Children safeguarding partnership and guidance issued by the DfE.
- Support pupils in line with their plan – e.g. Child Protection plan, medical individual health plan, EHCP.
- 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, KCSiE 2022)
- Provide a co-ordinated offer of internal support or referral to Children Services when additional needs of children are identified
- Ensure staff are able to work in a trauma informed manner and that linked policies such as behaviour policies support this.
- Working with Children's social care, support their assessment and planning processes including the school's attendance at conference and core group meetings.
- Ensure DSL's can contribute to multi-agency meetings such as MARAC when required.
- Ensure where children are open to Children's social care or Children's First Teams (previously known as Early Help) that the linked Social Workers are informed on the same day or any absence, especially if unexplained.
- Carry out tasks delegated by the governing body such as training of staff; safer recruitment; maintaining a single central register and provide information and activities to enable scrutiny.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school, and to visitors/volunteers.
- 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 Safeguarding children 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/additional external report evidence.
- Recruitment, selection, and induction can be evidenced as following safer recruitment practice.
- Allegations against staff are dealt with by the Head Teacher, in consultation with LADO and appropriate record kept.
- A member of the senior staff team is appointed as designated safeguarding lead (DSL) and 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, including for Prevent, CME and FGM.
- 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, and is able to contact HR advisor and LADO independently of the school where required.

DSL responsibilities *(to be read in conjunction with DSL role description in KCSIE 2022)*

In this school the DSL is *Grace Kent*

1. **The deputy DSLs are Andy Evans, Geraldine Lindsay, Jo Read, Andy Vivian, Tony Parkes, Rory King, Ilda Ourique, Graham Carter, Jo Goodrich.**
2. 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, including to ensure context is considered including any siblings/shared families.
 - Ensure that there is an internal process to alert social workers of any pupil absence for children open to children’s social care arrangements.
 - Ensure that when a child moves education setting, in year or at transition points that copies of Child Protection and child welfare concerns records are transferred in a timely

manner in line with SCC Retention and transfer of records policy when a child transfers school in accordance with GDPR, and school processes.

- 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.
- 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: Great Oaks child protection procedures

Overview

3. 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. We ensure that all volunteers / visitors new to school undertake safeguarding training with the DSL and are given our safeguarding leaflet. Posters of the safeguarding team are displayed in school.
4. 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.
5. 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:

6. Make an initial, accurate record of the information – this is recorded on CPOMs, if a written record has been made this will be stored in secure CP records and uploaded to CPOMs as quickly and efficiently as possible.
7. Report it to the DSL / Head Teacher immediately.
8. 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.
9. Make an accurate, factual 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

10. The records must be signed and dated by the author. Then stored securely as per school procedure in line with GDPR. In our school this is by: CPOMs, plus any documentation is uploaded to CPOMs and paper copies stored securely in a locked filing cabinet in a named folder for each student as needed.

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

11. Decide whether there are sufficient grounds for suspecting significant harm in which case a referral must be made to CRS/ police/ or the social worker if a case is open.
12. 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 CRS. 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 CRS 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 considered but the decision-making rests with the professional and should be recorded.
13. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact the Children's Resource Service 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?



Use the following guidelines:



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.

14. If the DSL feels unsure about whether a referral is necessary, they will phone the CRS to discuss concerns.
15. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the Children's First support or follow other guidance from CRS/police.
16. The DSL must confirm any referrals via the online form to the CRS , within 24 hours, as requested or advised, including the actions and decisions that have been taken by whom and any impact of the actions and decisions. The online referral is made to CRS which will provide children's social care with the supplementary information required about the child and family's circumstances [The Children's Resource Service \(southampton.gov.uk\)](https://www.southampton.gov.uk).
17. 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.
18. 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 through contact with CRS or the social worker.
19. 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. Then record the information.
20. 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/CRS. 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.
21. If the disclosure relates to extremism and falls under Prevent concerns, then the DSL will make a referral to Prevent, they will then determine if a gateway assessment is required and what action is needed moving forward. This referral process is as set out in the guidance for

Safeguarding policy published by SCC on Young Southampton and emailed to all schools Heads and DSLs.

Management

22. The DSL will ensure a report is provided to all Child Protection and Child in Need planning meetings, and where possible will provide an appropriate in attendance for each meeting also.

All staff receive training on induction and at least annually – non compliance with safeguarding and Child Protection responsibilities will be dealt with through disciplinary procedures. This would be conducted by the Headteacher with HR advice.

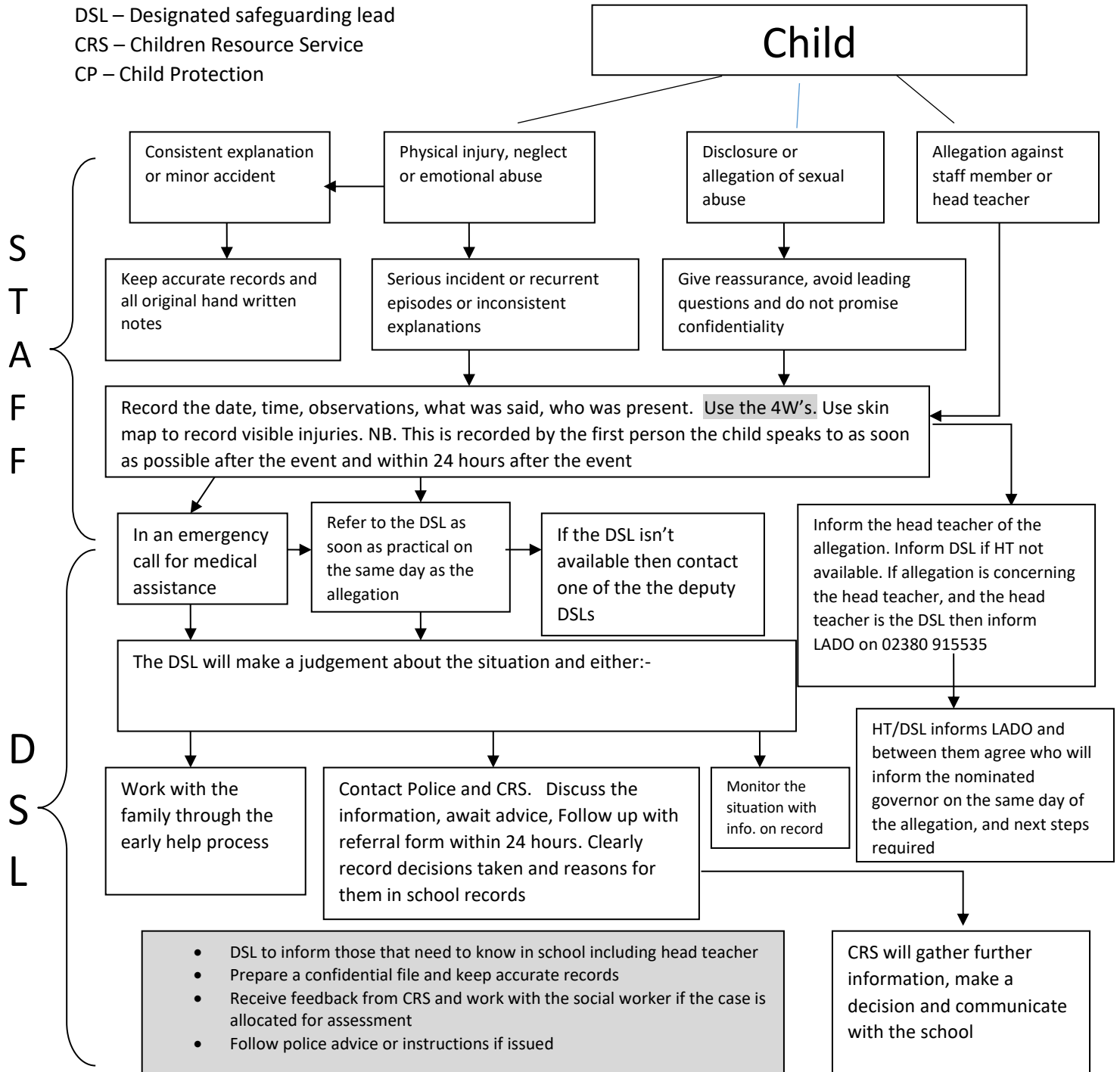
Governance

71. 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 policies.

72. 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. This is reported to the governing body in a standing agenda item but will not break confidentiality or include individual cases but is likely to include monitoring of safer recruitment practice, checking of the effectiveness of systems, training record compliance, actions identified to improve the effectiveness of safeguarding.

Annex 1: Flowchart for child protection procedures

DSL – Designated safeguarding lead
 CRS – Children Resource Service
 CP – Child Protection



If the disclosure is related to Extremism/ radicalisation concerns then the local Prevent referral pathway will be followed as set out in the guidance for safeguarding policies for education settings.

Annex 2: Recording Form

Recording Form

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

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

Name of person completing record: _____ **Role:** _____

Staff involved:

Date information shared (if different from above):

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

Annex 3: Body Map

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:

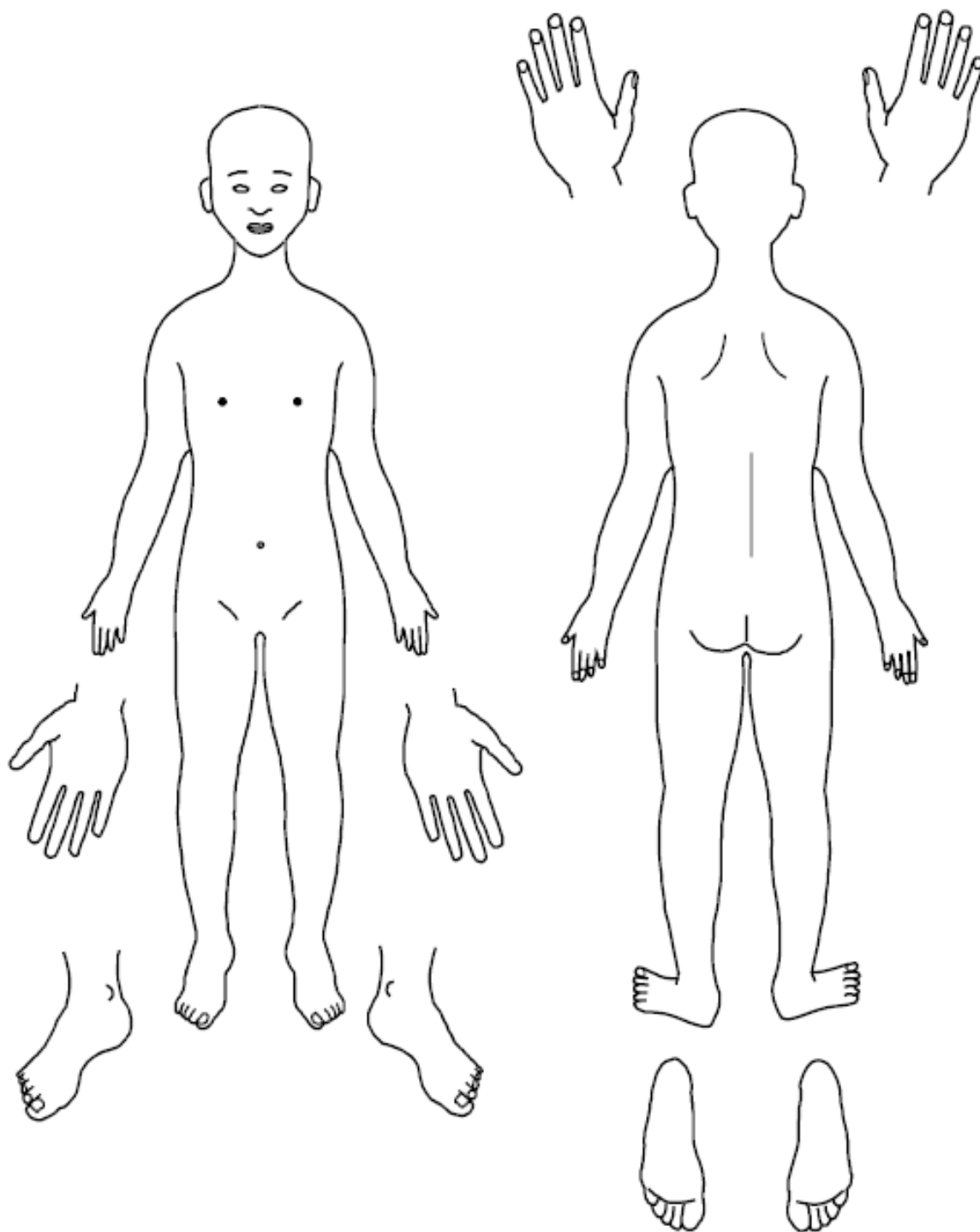
- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site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

Name of Child: _____ DOB: _____ Class: _____





Any additional information:

Date and time of recording: _____ Person completing record: _____

Annex 4: 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 SEND, 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 Children's 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 I'm 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 DSL, 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, accurate 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'
- If a DSL / deputy is not available or contactable know how to contact CRS for advice.

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 wherever possible will also send a representative to the meeting to share this report and hear the wider contextual picture to ensure we can apply the any specific safeguarding procedures with good understanding of the context. If a meeting falls in a school holiday period the following arrangements are in place and shared with the LA.

Annex 5: 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;*
- *behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or*
- *behaved or may have behaved in a way that indicates they may not be suitable to work with children KCSiE 2022.*

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 (02380 915535) and then the 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' (2022) and the SCSP and HIPS procedures.

All aspects of managing allegations indicated within KCSiE 2022 will be followed including but not limited to:

- Identifying who will be told what and when
- Managing incidents of gossip or rumour or press contact
- A communication strategy including for social media and parents

Advice from the lead agency – LADO, Police, Children's Social care will always be followed.

Outcomes of an investigation into an allegation can be substantiated, false, malicious, unfounded and unsubstantiated. If the allegation is substantiated this may lead to further action being taken for example

disciplinary processes being initiated/referrals to DBS and TRA. Please note that unsubstantiated outcomes mean that there is not being enough evidence to prove or disprove the allegation which will need to be considered.

Annex 6: Briefing sheet for temporary and supply staff

Briefing sheet for temporary, supply staff - and those on short contracts in Great Oaks school

While working in Great Oaks school, you have a duty of care towards the children/pupils/students here. This always means that 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) [Grace Kent](#) or Deputy DSL [Andy Evans](#), [Geraldine Lindsay](#), [Jo Read](#), [Andy Vivian](#), [Tony Parkes](#), [Rory King](#), [Graham Carter](#), [Ilda Ourique](#), [Jo Goodrich](#).

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 will need to report under the mandatory reporting duty directly to the police if known FGM is disclosed to you, take advice from the DSL within the setting first unless to do so would delay the referral.
- Write an account of the conversation immediately, as close to verbal exchange 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, on SharePoint .

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

Annex 7: 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 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. Harm that is inflicted outside of the family unit is referred to as Extra-Familial harm KCSiE 2022.

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.

NOTE: Please ensure that staff also understand educational neglect, and how exploitation can occur in a range of forms uniquely or cross types such as criminal, sexual, emotional exploitation.

Indicators of abuse

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.

(It can also include failure to support the child's educational development eg education neglect from parents/carers. Professional or organisations)

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 neglected, 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. Use your school system to report your concern in writing.

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

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.

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

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

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 (CSE).

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.

Sexual abuse can be perpetrated by both men and women.

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>What is a green behaviour?</p> <p>Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices.</p>	<p>What is an amber behaviour?</p> <p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.</p>	<p>What is a red behaviour?</p> <p>Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur.</p>
<p>What can you do?</p> <p>Green behaviours provide opportunities to give positive feedback and additional information.</p>	<p>What can you do?</p> <p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p>	<p>What can you do?</p> <p>Red behaviours indicate a need for immediate intervention and action.</p>

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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.

<p>Green behaviours</p> <ul style="list-style-type: none"> • holding or playing with own genitals • attempting to touch or curiosity about other children's genitals • attempting to touch or curiosity about breasts, bottoms or genitals of adults • games e.g. mummies and daddies, doctors and nurses • enjoying nakedness • interest in body parts and what they do • curiosity about the differences between boys and girls. 	<p>Amber behaviours</p> <ul style="list-style-type: none"> • preoccupation with adult sexual behaviour • pulling other children's pants down/skirts up/trousers down against their will • talking about sex using adult slang • preoccupation with touching the genitals of other people • following others into toilets or changing rooms to look at them or touch them • talking about sexual activities seen on TV/online. 	<p>Red behaviours</p> <ul style="list-style-type: none"> • persistently touching the genitals of other children • persistent attempts to touch the genitals of adults • simulation of sexual activity in play • sexual behaviour between young children involving penetration with objects • forcing other children to engage in sexual play.
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Behaviours: age 5 to 9 and 9 to 13

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

<p>What is a green behaviour?</p> <p>Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices.</p>	<p>What is an amber behaviour?</p> <p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.</p>	<p>What is a red behaviour?</p> <p>Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur.</p>
<p>What can you do?</p> <p>Green behaviours provide opportunities to give positive feedback and additional information.</p>	<p>What can you do?</p> <p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p>	<p>What can you do?</p> <p>Red behaviours indicate a need for immediate intervention and action.</p>
<p>Green behaviours 5-9</p> <ul style="list-style-type: none"> • feeling and touching own genitals • curiosity about other children's genitals • curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships • sense of privacy about bodies • telling stories or asking questions using swear and slang words for parts of the body 	<p>Amber behaviours 5-9</p> <ul style="list-style-type: none"> • questions about sexual activity which persist or are repeated frequently, despite an answer having been given • sexual bullying face to face or through texts or online messaging • engaging in mutual masturbation • persistent sexual images and ideas in talk, play and art • use of adult slang language to discuss sex 	<p>Red behaviours 5-9</p> <ul style="list-style-type: none"> • frequent masturbation in front of others • sexual behaviour engaging significantly younger or less able children • forcing other children to take part in sexual activities • simulation of oral or penetrative sex • sourcing pornographic material online

Green behaviours 9-13	Amber behaviours 9-13	Red behaviours 9-13
<ul style="list-style-type: none"> • solitary masturbation • use of sexual language including swear and slang words • having girl/boyfriends who are of the same, opposite or any gender • interest in popular culture, e.g. fashion, music, media, online games, chatting online • need for privacy • consensual kissing, hugging, holding hands with peers 	<ul style="list-style-type: none"> • uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing • verbal, physical or cyber/virtual sexual bullying involving sexual aggression • LGBT (lesbian, gay, bisexual, transgender) targeted bullying • exhibitionism, e.g. flashing or mooning • giving out contact details online • viewing pornographic material • worrying about being pregnant or having STIs 	<ul style="list-style-type: none"> • exposing genitals or masturbating in public • distributing naked or sexually provocative images of self or others • sexually explicit talk with younger children • sexual harassment • arranging to meet with an online acquaintance in secret • genital injury to self or others • forcing other children of same age, younger or less able to take part in sexual activities • sexual activity e.g. oral sex or intercourse • presence of sexually transmitted infection (STI) • evidence of pregnancy

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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.

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

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Annex 9: Useful contacts

Key Personnel	Name (s)	Telephone No./ contact
DSL	Grace Kent	Gracekent@greatoaks.school 02380 767 660 – ext 202
Deputy DSL(s)	Andy Evans Jo Read Geraldine Lindsay Andy Vivian Tony Parkes Rory King Ilda Ourique Graham Carter Jo Goodrich	andyevans@greatoaks.school joread@greatoaks.school geraldinelindsay@greatoaks.school andyvivian@greatoaks.school tonyparkes@greatoaks.school roroking@greatoaks.school grahamcarter@greatoaks.school ildaourique@greatoaks.school jogoodrich@greatoaks.school GREAT OAKS – 02380767660
School's named "Prevent" lead	Grace Kent	
Nominated safeguarding governor for allegations against Head teacher	Sue Williams	
Children's referral team CRS	CRS	Telephone number for professionals: 02380 833004 Online referral form: http://www.southampton.gov.uk/health-social-care/children/child-social-care/child-protection.aspx
Out of hours social care		02380 23 3344
Police		101 or in emergencies 999
Safeguarding advisors / local authority designated officers (LADOs)	Jemma Swann	lado@southampton.gov.uk 02380 915535/ 07500952037
School nurse	Sandra Forsdyke	
Children's First Team manager	Lesley Weeks	Referral: http://www.southampton.gov.uk/health-social-care/children/child-social-care/child-protection.aspx

