



Bembridge CE Primary School
'Learning to love God, one another and ourselves'

Child Protection Policy and Procedures

Signed: Sandra Grocock Date: November 2020
(Head Teacher)

Signed Gordon Kendall Date: _____
(Chairman Board of Governors)

Approved FGB 1/2/21

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Date of CPLO Training/Refresher: December 2019

Date of Whole School Training: October 2018

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Policy Statement

The Governing Body of Bembridge CE Primary School recognise their 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 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.

Specific guidance is available to staff within the procedure documents.

Definitions

Within this document ‘**Safeguarding**’ is defined in the Children Act 2004 as:

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

Our safeguarding practice applies to every child.

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 volunteers and Governors.

Child refers to all young people under the age of 18. 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 and foster carers.

Abuse is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm. It 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.

Neglect is a form of abuse and 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.

Sexting (also known as youth produced sexual imagery) is the sharing of sexual imagery (photos or videos) by children.

Aims

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

Principles and values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender, race, ability, sexuality, religion, culture or language 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 the community 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, the school reserves the right to contact Children's Social Care or the Police, without notifying parents if this is in the child's best interests.

Leadership and Management

We have established clear lines of accountability, training and advice to support the child protection process and individual staff within that process.

In this school any individual can contact the designated Safeguarding Lead(DSL) or the deputy DSL if they have concerns about a young person.

The **DSL** is **Mrs Sandra Grocock** with the deputy being **Mrs Clemma Yardley**. There is a nominated Safeguarding Governor who is **Mrs Deb Abell** who will take leadership responsibility for safeguarding. The chair of governors **Mr Gordon Kendall** will act as the 'case manager' in the event that an allegation of abuse is made 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 2020.

Training

All staff at Bembridge CE Primary School are expected to be aware of the signs and symptoms of abuse and be able to respond appropriately. Training is provided to the whole school every three years and with regular, at least annually, updates with separate training to all new staff on appointment. The DSL and Deputy DSL will attend initial training for their role and then refresh this every two years 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 they are not clear if the threshold is met, then the DSL will call children's social care and if necessary the police. If the DSL or their deputy is not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate. Any staff member can make a referral directly to Children's Social care. If anyone other than the DSL makes the referral they should inform the DSL as soon as possible.

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 the parents may place the child at further risk.

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

Post Referral

If after a referral the child's situation does not appear to be improving, the DSL (or the person that made the referral) should press for re-consideration to ensure that their concerns have been addressed, and that the child's situation improves.

If early help is appropriate the DSL should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.

If early help or other support is appropriate the case should be kept under constant review and consideration given to a further referral to MASH if the child's situation does not appear to be improving.

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.
- Timely information sharing is essential to effective safeguarding
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children
- The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk
- The government's [information sharing advice for safeguarding practitioners](#) DfE July 2018 includes 7 'golden rules' for sharing information, and will support staff who have to make decisions about sharing information
- If staff are in any doubt about sharing information, they should speak to the designated safeguarding lead (or deputy)

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 to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

Dealing with allegations against staff, governors or volunteers

If a child, parent or staff member should raise concerns about the practice or behaviour of a member of staff or volunteer this information will be recorded and passed to the head teacher **Mrs Sandra Grocock**. The Local Authority Designated Officer will be contacted and the relevant guidance will be followed

If the allegation is against the head teacher, the LADO should be contacted directly so that they can liaise with the governing body's nominated governor.

All staff and volunteers should feel able to raise concerns about practice or behaviour and potential failures in the safeguarding regime of the school, and that such concerns will be taken seriously by the senior leadership team. Protected disclosure (whistleblowing) procedures are in place for such concerns to be raised (IOW Council Whistleblowing Policy July 2019).

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally.

Dealing with allegations against pupils

In most instances the conduct of pupils towards each other will be covered by the school's Behaviour Policy. Some allegations may be of a serious nature that they may raise safeguarding concerns. These allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is also likely that incidents dealt with will involve older pupils and their behaviour towards younger pupils or those who are vulnerable.

Examples of safeguarding issues against a pupil could include:

Physical Abuse

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

Emotional Abuse

Blackmail or extortion
Threats and intimidation

Sexual Abuse

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

Sexual Exploitation

Encouraging others to engage in inappropriate sexual behaviour (e.g. having an older boyfriend/girlfriend, associating with unknown adults)
Photographing or videoing other children performing indecent acts

If a concern is raised that there is an allegation of peer on peer abuse members of staff should:

- Consider whether the complaint raises a safeguarding concern and if so the DSL should be informed

- A factual record should be made of the allegation
- The DSL will contact Children’s Social care to discuss the case.
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate
- If the allegation indicates that a potential criminal offence has taken place Children’s Social Care will ensure that the police become involved.
- Parents of both the pupil of whom the allegation has been made and the alleged victim, should be informed and kept updated on the progress of the referral.
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils.
- It may be appropriate to exclude the pupil whom an allegation has been made against according to the exclusion policy and procedures.

Legal context

Section 175 of the [Education Act 2002](#), which places a duty on schools and local authorities to safeguard and promote the welfare of pupils

[The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children

Guidance

This policy is based on the Department for Education’s statutory guidance [Keeping Children Safe in Education \(2020\)](#) and [Working Together to Safeguard Children \(2018\)](#),

[Isle of Wight Safeguarding Children Partnership protocols and guidance and their procedures](#)

[Dealing with allegations of abuse against teachers and other staff 2012](#)

[Disqualification under the childcare act 2006 \(2016\)](#)

which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM [FGM Act 2003](#)

[Mandatory Reporting Guidance \(2016\)](#)

Annual review

As a school, we review this policy annually in line with DfE, IOWSCP and IWCC guidance. We will ensure that we have an up-to-date Child Protection Policy that is known to everyone working in the school and the governing body. We will publish our policy on the school’s website so that it is easily accessible to parents and carers. Paper copies are available when requested from the school office.

Date reviewed by Governing Body : January 2021

Date of DSL Training: December 2019

Date of Whole School Training: October 2018

Roles and responsibilities within Bembridge CE Primary School

Staff Responsibilities

All staff will read and understand part 1 and Annex A of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education 2020](#), and review this guidance at least annually.

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.
- Be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation
- Recognise that abuse, neglect, or other adverse childhood experiences, can have an impact on the mental health, behaviour and education of children.
- 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.
- Staff will also report to the DSL any additional concerns, disclosures or observations after the initial referral, not assuming that a referral in itself will protect children.
- Follow the allegations procedures (Annex 5) if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the IOWSCP and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan, to include CiN and LAC plans.
- Treat information with confidentiality but never promising to "keep a secret".
- Notify the DSL or Deputy DSL of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of Early Help and be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and Deputy DSL are and know how to contact them.
- Have an awareness of the Child Protection Policy; the Behaviour Policy; the Staff Behaviour Policy (or Code of Conduct); peer on peer abuse procedures; 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 2020*)
- Working with Children's Social Care, support their assessment and planning processes including the school's attendance at all statutory and safeguarding meetings (child protection conferences, core group meetings, looked after children reviews and high-risk strategy 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) KCSiE 2020 and the Isle of Wight Safeguarding Children Partnership (IOWSCP) 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 response to children who go missing from education.
- Ensure IOWSCP 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 Sandra Grocock. The Deputy DSL is Clemma Yardley

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

- Refer cases to social care, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.
- Assist the Governing Body in fulfilling their safeguarding responsibilities set out in legislation and statutory guidance.
- Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.
- Ensure every member of staff knows who the DSL and the Deputy 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 that those staff that need to know, are aware of those children who have experienced, or are experiencing abuse in order to promote their educational outcomes and provide the appropriate support.
- Ensure whole school training occurs regularly with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably.
- Ensure any members of staff joining the school outside of the agreed training schedule receive induction prior to commencement of their duties.
- Keep records of child protection concerns securely and separately from the main pupil file and use these records to support in assessing 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, including in-year transfers.
- 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 IOWSCP 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 2020

The Headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers are informed of our systems which support safeguarding, including this policy, as part of their induction
- Communicating this policy to parents when their child joins the school and via the school website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly.
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate

Bembridge CE Primary School Child Protection Procedures

Overview

These procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility. Additional information which is specific to particular roles within the school is included within the Annex. It is important that staff are aware of all the content even if it does not apply to them.

The aim of our procedures is to prevent children from being abused, and to safeguard and promote the welfare of pupils at this school in the following ways:

- Raise awareness of child protection and safeguarding roles and responsibilities with staff and governors.
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Support pupils who have been abused in accordance with their agreed child protection plan.
- Support children with additional needs through early help and external agencies.
- Ensure the practice of safe recruitment in checking and recording the suitability of staff and volunteers to work with children.
- Establish a safe environment in which children can learn and develop.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE), IOWSCP and Isle of Wight County Council.

All staff are aware that very young children, those with disabilities, special needs or with language deficit/English as a second language may have more difficulty in communicating concerns or feelings. They may be more likely to communicate concerns with behaviours rather than words and it is necessary to question injury to children who have limited mobility. Additionally, staff will question the cause of significant knocks and bumps in children, which will include children (for example younger siblings) visiting the site as well as those who are pupils.

Child Protection Procedures

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:

- Make a brief accurate verbatim record of the concerns (if a disclosure) or the evidence that has led to the concerns using the child's language, do not interpret.
- This report is given to the DSL immediately who will store the record securely and separate from the main pupil records.
- 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. A medical examination may need to be completed as part of a S.47 enquiry therefore unless emergency care is needed the decision to seek medical help needs to be considered as part of the strategy discussion.
- Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:

- Dates and times of their observations
- Dates and times of any discussions in which they were involved
- Any injuries
- Explanations given by the child / adult
- What action was taken
- Any actual words or phrases used by the child
- The records must be signed and dated by the author.

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:

- Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children’s Social Care and the police if it is in keeping with the National Police Chiefs Council [“When to call the Police”](#) guidance. The rationale for this decision should be recorded by the DSL
- 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 have an impact on 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 as appropriate.
- 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 [0300 300 0901](#).

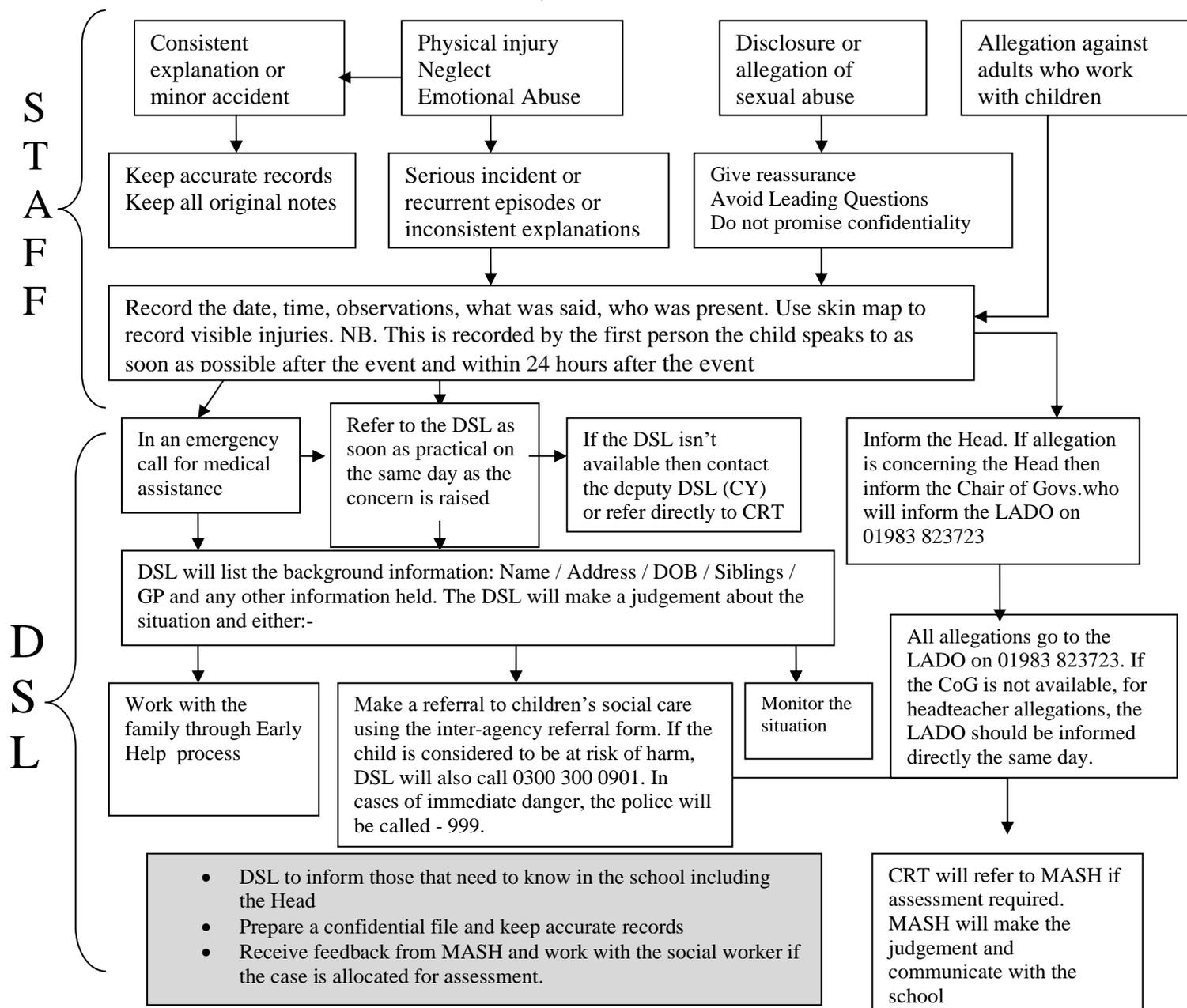
- If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Children’s Social Care of the occurrence and what action has been taken.
- When a pupil needs *urgent* medical attention and there is suspicion of parental abuse causing the 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.
- If there is not a risk of significant harm, the DSL will decide if a referral for child in need support is required, either actively monitor the situation or consider the Early Help process.

- Where children leave the school the DSL will ensure that their child protection file is transferred to the new school as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and a confirmation of receipt should be obtained.
- The DSL will be proactive in requesting any child protection information for any new pupil joining the school.
- The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interests between the child and an adult, the interests of the child must be paramount.

These procedures should be read in conjunction with the flow chart (Annex 1).

Flowchart for Child Protection Procedures

DSL – Designated Safeguarding Lead
 MASH – Multi Agency Safeguarding Hub
 CRT – Children’s Reception Team
 CP – Child Protection
 CAST – Children’s Assessment and Safeguarding Team



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

Recording form

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

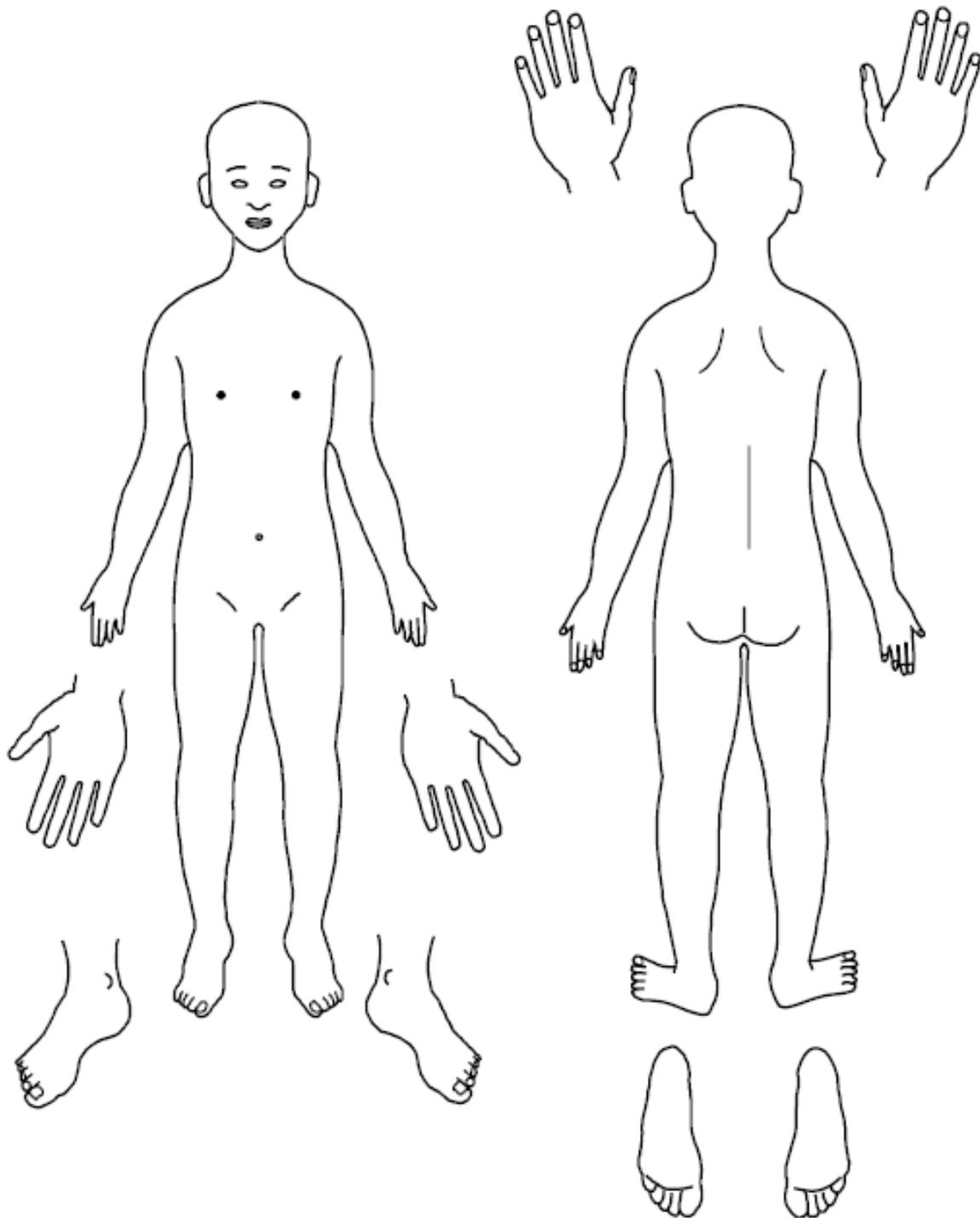
Details of concern (where? when? what? who? behaviours? use child's words)

Actions taken			
Date	Person taking action	Action taken	Outcome of action

Name:
Copied to:

Designation:

Skin Maps



Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____



Any additional information

Dealing with Disclosures

All staff should:

- always act where there are concerns.
- seek advice and refer to the DSL – do not promise complete confidentiality.
- do not investigate but do listen and reassure.

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

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

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

Guiding principles, the seven R's

Receive

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

Reassure

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

Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'Did he touch your private parts?' or 'Did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

Report

- Share concerns with the designated safeguarding lead as soon as possible

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

Record

- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- 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 HSCP 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.

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.

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 LSCP 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 about quality of care or practice can mostly be managed independently by the school under internal procedures.

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.
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

When considering allegations of suitability, (the fourth criteria above) the LADOs would consider the following situations:

- Parents of children who are placed on a CIN plan or are receiving Early Help;
- Arrests for offences against adults;
- Presentation to other professionals around mental health, domestic abuse and/or substance misuse;
- Extreme political or religious viewpoints which could be considered Hate Crime;
- Concerns about behaviour in their private lives which may impact on children

The LADO criteria for intervention in any of these situations will be assessed against the likelihood and impact of transferable risk to children.

All staff, governors and volunteers working in schools are expected to pass on any concerns about the safety of children.

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

- Report any concerns about the conduct of any member of staff or volunteer to the Head teacher 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 Head Teacher or Chair of Governors they contact the local authority designated officer (LADO) on 01983 823723 or email LADO@iow.gov.uk as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries. They should also contact their HR Advisor to make them aware of the allegation and contact with HR should not be delayed in the absence of discussion with the LADO.
- Inform the parents of the allegation unless there is a good reason not to

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

When receiving information from outside agencies about school staff, the LADO will assess the potential for transferable risk, and make disclosure to the school where there is a likelihood of transferable risk to children and there is a pressing need.

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' (2020) and the IOWSCP procedures.

Supply Staff

While supply staff are not the employee of the school, it is still required that the school report the allegation to the LADO.

If the matter requires an internal investigation, this will be carried out by the school in liaison with a HR rep (acting as the employer) from the supply agency.

Sexual violence and sexual harassment between children in schools

Peer on Peer Abuse

Context

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

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

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 (2020)**

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 and if necessary to the police.

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

Actions 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 school would seriously harm the education or welfare of the victim (and potentially other pupils).
- Where a criminal investigation into sexual assault leads to a conviction or caution, the school will, if it has not already, consider any suitable sanctions in light of the behaviour policy, including consideration of permanent exclusion.
- The victim, alleged perpetrator and other witnesses 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 policy.
- 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 2020)

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

Briefing Sheet for Temporary and Supply Staff

For supply staff and those on short contracts in Bembridge CE Primary School

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

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 **Mrs Sandra Grocock** or in her absence, **Mrs Clemma Yardley**

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 that they have been subjected to some form of abuse.
- observing adult behavior that leads you to be concerned about their suitability to work with children or young people.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL as soon as possible and no longer than 24 hours later. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

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

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

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

If your concern involves the DSL or a member of the senior staff, contact the LADO on 01983 823723 or the NPSCC whistleblowing line on 0800 028 0285

Remember, if you have a concern, report it.

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 Isle of Wight Safeguarding Children Partnership (IOWSCP) [threshold chart](#).

The NSPCC website also provides useful additional information on types of abuse and what to look out for: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect>

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 [IOWSCP Neglect Strategy](#) is used to provide a more detailed summary of neglect and the local thresholds for referrals.

Radicalisation (The Prevent Duty, June 2015): refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. During that process it is possible to intervene to prevent vulnerable people being drawn into terrorist-related activity. Protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. An individual's engagement with the programme is entirely voluntary at all stages.

Child Sexual Exploitation (Child Sexual Exploitation Feb 2017): involves the exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming. However it is important to recognise that some young people who are being sexually exploited do not exhibit any external signs of the abuse.

Child Criminal Exploitation (County Lines): Criminal Exploitation of children is a geographically widespread form of harm that is a typical feature of County Lines criminal activity; drugs networks or gangs groom or exploit children or young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in County Lines are 'missing' episodes, where the victim may have been trafficked for the purpose of transporting drugs and a referral to the national referral mechanism should be considered. Like other forms of abuse and exploitation, County Lines exploitation:

- Can affect any child or young person under the age of 18
- Can affect any vulnerable adult over the age of 18 years
- Can still be exploitative even if the activity appears consensual

- Can involve force and or enticement based methods of compliance and is often accompanied by violence or threats of violence.
- Can be perpetrated by individuals or groups, males or females and young people or adults.
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation.
- Whilst age may be the most obvious this power imbalance can also be due to a range of other factors including; gender, cognitive ability, physical strength, status and access to economic or other resources.
- **Female Genital Mutilation:** FGM compromises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long lasting harmful consequences. There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found via multi-agency practice guidelines.

If staff have a concern they should activate the usual school safeguarding reporting procedures. Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there is a statutory duty upon that individual to report it to the police. Unless the teacher has good reason not to, they should still consider and discuss any such case with the DSL and involve children's social care as appropriate.

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 can be difficult to spot but is the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing.

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

Indicators of physical abuse / factors that should increase concern

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

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

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

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted

- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

Sexual abuse

The nature of sexual abuse

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

Sexual exploitation is seen as a separate category of sexual abuse.

Characteristics of child sexual abuse:

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

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

Indicators of sexual abuse

Physical observations

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

Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults

- Regressive behaviour,
- Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Annex 9

Brook sexual behaviours traffic light tool

Behaviours: age 0 to 5

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

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

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

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies,
- doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

What can you do?

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

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

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

Print date: 01/10/2015 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.
Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Behaviours: age 5 to 9 and 9 to 13

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

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

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

Green behaviours 5-9

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

Green behaviours 9-13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

What can you do?

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

Amber behaviours 5-9

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

Amber behaviours 9-13

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours 5-9

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children

- forcing other children to take part in
- sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

Red behaviours 9-13

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

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

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

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

Whistleblowing in a safeguarding context Annex 10

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 **Bembridge CE Primary** school, the headteacher **Sandra Grocock** 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 email (g.kendall@bembridgeceprimary.co.uk)

If you would prefer to raise your concerns outside the school environment 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 Isle of Wight 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 action has been taken, or the member of staff you have concerns about is the headteacher, then you are able to contact the Local Authority Designated Officers (LADOs) on 01983 823723 or LADO@private.iow.gov.uk

If you believe that a child is being abused by individuals outside the school, you should make a referral to Children's Social Care by calling 0300 300 0901 (office hours) or 0300 555 1373 (outside of office hours)

Annex 11

Useful Contacts

Key Personnel	Name (s)	Telephone No.
DSL	MRS SANDRA GROOCOCK	01983 872668
Deputy DSL	MRS Clemma Yardley	01983 872668
Named Governor for Safeguarding / Chair of Governors	Mrs Deb Abell Mr Gordon Kendall	01983 872668
Multi Agency Safeguarding Hub	Professionals line	0300 300 0117 email: iowcsprofessional@hants.gov.uk
Out of hours Social Care	Professionals line	0300 300 0901
Police		101 or in emergencies 999
Local Authority Designated Officer (LADO)	(LADO)	01983 823723 Email: lado@iow.gov.uk
School Nurse	Claire Joy	01983 821380
Early Help hub manager	Carly Bain	01983 823171
DFE – telephone helpline for extremism		020 7340 7264
NSPCC	If worried about a child	0808 8005000
	Local office	01634564688

