

# Child Protection Policy, Procedures and Guidance



**Approved by:** Trustee Board

**Date:** September 2021

**Signed by:**

**Position:** Chair of Trustees

**Last reviewed:** September 2021

**Next review due:** September 2022

## Monitoring arrangements

This policy will be reviewed at least annually in line with DfE, HSCP, HCC and any other relevant guidance

## **Dealing with allegations against staff**

If a concern is raised about the practice or behaviour of a member of staff within a provision this information will be recorded and passed to the relevant Head of Provision. The Local Authority Designated Officer (LADO) will be contacted and the relevant guidance will be followed.

If the allegation is against the head of provision, the person receiving the allegation will contact the CEO, If the allegation is against the CEO, the person receiving the allegation will contact the LADO or Safeguarding Trustee directly.

## **Dealing with allegations against pupils**

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

### **Legal context**

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

#### Guidance

Hampshire Safeguarding Children Partnership protocols and guidance and their procedures

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

[Keeping Children Safe in Education \(2019\)](#)

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

## **POLICY IMPLEMENTATION**

The Chief Executive is responsible for ensuring the implementation of this policy and that regular reviews take place.

All staff and volunteers have a responsibility to adhere to this policy and will be made aware of this policy as part of their induction, supervision and training.

Failure to act in line with this policy will result in disciplinary action

## **Roles and responsibilities within Inclusion Hampshire school**

### **Staff responsibilities**

All staff will:

- Reassure victims that they are being taken seriously and that they will be supported and kept safe. They shouldn't be given the impression they are creating a problem or made to feel ashamed for making a report
- Know the indicators of abuse and neglect for specific safeguarding issues such as child criminal exploitation and child sexual exploitation
- Be vigilant as multiple safeguarding issues will overlap with one another
- Be aware of the risk factors that increase the likelihood of involvement in serious violence

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 organisation 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 is happening" with regards to safeguarding. No disclosures does not mean that it is not happening, it means that it is not being reported.
- 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
- Ensure that there are a variety of ways for children to report and disclose.
- Be prepared to refer directly to social care, and the police if appropriate, if there is a risk of significant harm and the DSL or DDSL is not available.
- Follow the allegations procedures (Annex 5) if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the HSCP and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to "keep a secret".
- Ensure that the wishes and feelings of the child are listened to, respected and included

- Notify the DSL or DDSL of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of Early Help and be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and DDSL are and know how to contact them.
- Have an awareness of the Child Protection Policy, the Behaviour Policy, the Staff Behaviour Policy (or Code of Conduct), procedures relating to the safeguarding response for children who go missing from education and the role of the DSL

### **Senior Leadership 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 (paragraphs 18 to 23 and 52 *KCSiE 2021*)
- Working with Children's Social Care, support their assessment and planning processes including the school's attendance at conference and core group meetings.
- Carry out tasks delegated by the Trustees 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 organisation.
- Treat any information shared by staff or pupils with respect and follow agreed policies and procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE) and the Hampshire Safeguarding Children Partnership (HSCP) procedures
- Heads will ensure the policies and procedures, particularly those concerning referrals of cases of suspected abuse and neglect, are understood and followed by all staff

### **Trustee body responsibilities**

- Ensure the school has effective safeguarding policies and procedures including a Child Protection Policy, a Staff Code of Conduct, a Behaviour Policy and a response to children who go missing from education.
- Facilitate a whole organisation approach to safeguarding. Safeguarding and child protection is "at the forefront" and underpins all relevant aspects of process and policy development
- Ensure that, where necessary, teaching about safeguarding, including online safety, is adapted for

- vulnerable children, victims of abuse and some children with SEND
  - Ensure HSCP 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 CEO. Allegations against the CEO are dealt with by the Chair of Trustees.
  - 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 trustee for safeguarding is identified

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

**Pre-16 Provision (Inclusion Learning Centre:**

**DSL is Matthew Atkinson and the DDSLs are Ele Murphy and Jane**

**Gardner.**

**Post-16 Provision (Inclusion College):**

**DSL is Marie Greenhalgh and the DDSL is Jane Gardner.**

In addition to the role of all staff and the senior leadership 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 Trustee 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 in each provision, 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 Head of Provision they are visiting.
- Ensure whole organisation 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 organisation outside of the agreed training schedule receive induction prior to commencement of their duties

- Keep records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk
- Ensure that safeguarding records are transferred accordingly (separate from pupil files) and in a timely fashion when a child transfers school
- Ensure that where a pupil transfers from a provision and is on a child protection plan or is a child looked after, their information is passed to the new school within 5 days 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 HSCP to ensure staff are aware of the latest local guidance on safeguarding
- Develop, implement and review procedures in Inclusion Hampshire that enable the identification and reporting of all cases, or suspected cases, of abuse
- Take lead responsibility online safety
- Work with the mental health leads where safeguarding concerns are linked to mental health
- Promote supportive engagement with parents and carers
- Promote the educational outcomes of children in need by knowing and helping to address issues they're experiencing or have experienced, by:
  - Ensuring staff knows who its cohort of children who currently need a social worker are, understanding their academic progress and attainment, and maintaining a culture of high aspirations for this cohort
  - Supporting staff to provide additional academic support or reasonable adjustments to help children who have or have had a social worker reach their potential, recognising the lasting impact there can be on children's educational outcomes
    - Work with the headteacher and 'relevant strategic leads
    - Understand the importance of information sharing with other schools/colleges on transfer, including in-year transfers
    - Meet any other expectations set out for DSLs in KCSiE 2021

Inclusion Hampshire DSLs have a good understanding of:

- How to identify, understand and respond to specific needs that can increase the vulnerability of children
- Specific harms that can put children at risk
- The important role they play in providing information and support to children's social care in order to safeguard and promote the welfare of children
- The lasting impact adversity and trauma can have on education, behaviour, mental health and wellbeing, and what is needed in responding to this
- The difficulties that children may have in approaching staff about their circumstances and consider how to build trusted relationships that facilitate communication
- Children in need (those with disabilities, or relevant health needs, and young carers), who have specific needs that the DSL should be alert to

## **Inclusion Hampshire Child Protection Procedures**

### **Overview**

The following procedures apply to all staff working at Inclusion Hampshire and will be covered by training to enable staff to understand their role and responsibility.

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

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount.

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

We have reporting systems in place for pupils for reporting peer-on-peer abuse which are well promoted, easily understood and easily accessible. We recognise that peer-on-peer abuse may be taking place, even if not reported.

### **Inclusion Hampshire has a zero-tolerance approach to abuse**

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

1. Make an initial record of the information on the concern log on the Inclusion Hampshire Drive
2. Report it to the DSL immediately
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL is not immediately available
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
  - Dates and times of their observations

- Dates and times of any discussions in which they were involved.
- Any injuries
- Explanations given by the child / adult
- What action was taken
- Any actual words or phrases used by the children

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

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

**Following a report of concerns the DSL must:**

1. Decide whether 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 appropriate. The rationale for this decision should be recorded by the DSL
2. Normally the organisation should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. The child's views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or Deputy) must contact Children's Social Care via the Inter-Agency Referral Form (IARF) making a clear statement of:
  - the known facts
  - any suspicions or allegations
  - whether or not there has been any contact with the child's family

If there is indication that the child is suffering significant harm, a call will also be made to Children's Reception Team (CRT) on 01329 225379.

4. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Children's Social Care of the

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

### **Allegations against adults who work with children**

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

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

Complaints could include:-

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

Concerns could include:-

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

Allegations that may meet the harms threshold: initial response

Inclusion Hampshire will conduct basic enquiries in line with local procedures to establish facts before contacting the local authority designated officer (LADO)

- A case manager (likely the Head(s) or CEO) will lead any investigation
- The case manager should discuss any concerns about the welfare of other children in the community or member of staff's family with the DSL, and make a risk assessment. The DSL may

then need to make a referral to children's social services

- Transferable risk is any behaviour may have happened outside of school, that might make an individual unsuitable to work with children and where appropriate you should carry out an assessment of transferable risk

Allegations that may meet the harms threshold: allegation outcomes

- If appropriate, as another alternative to suspending a member of staff, INclusion Hampshire may consider moving the child to a session where they won't come into contact with the staff member
- No information about the staff member involved can be shared with other staff or parents not directly involved
- For reports found to be 'unsubstantiated, unfounded, false or malicious', the DSL will consider the appropriate next steps
- For reports found to be 'deliberately invented or malicious', Inclusion Hampshire will consider possible disciplinary action in line with its behaviour policy

Details of allegations will be removed from personnel records when allegations are found to be false

### **Allegations that don't meet the harms threshold ('low level' concerns)**

Creating a culture in which all concerns about adults (including where the threshold for an allegation is not met) are shared responsibly and with the right person, and recorded and dealt with appropriately, is crucial.

Inclusion Hampshire promotes an open and transparent culture where all levels of concern are shared and dealt with promptly and appropriately

The term 'low-level' concern does not mean that it is insignificant, it means that the behaviour towards a child does not meet the threshold set out above. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' – that an adult working in or on behalf of the school or college may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and
- does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children;
- having favourites;
- taking photographs of children on their mobile phone;

- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or,
- using inappropriate sexualised, intimidating or offensive language.

Such behaviour can exist on a wide spectrum, from the inadvertent or thoughtless, or behaviour that may look to be inappropriate, but might not be in specific circumstances, through to that which is ultimately intended to enable abuse.

It is crucial that any such concerns, including those which do not meet the harm threshold are shared responsibly with the DSL, and recorded and dealt with appropriately. Ensuring they are dealt with effectively should also protect those working in or on behalf of schools and colleges from potential false allegations or misunderstandings.

### **How to record low level concerns**

- All low-level concerns should be recorded in writing. The record should include details of the concern, the context in which the concern arose, and action taken. The name of the individual sharing their concerns should also be noted, if the individual wishes to remain anonymous then that should be respected as far as reasonably possible.
- Records must be kept confidential, held securely and comply with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR)
- Records will be reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. If a pattern of such behaviour is identified, Inclusion Hampshire's SLT will decide on a course of action, either through its disciplinary procedures or where a pattern of behaviour moves from a concern to meeting the harms threshold, in which case it should be referred to the LADO. Consideration will also be given as to whether there are wider cultural issues within the organisation that enabled the behaviour to occur and where appropriate policies could be revised or extra training delivered to minimise the risk of it happening again.

Staff do not need to be able to determine in each case whether their concern is a low-level concern, or if it is in fact serious enough to consider a referral to the LADO, or meets the threshold of an allegation. Once staff share what they believe to be a low-level concern, that determination should be made by the DSL. The DSL will then decide the appropriate action to take.

### **Allegations Procedure**

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in the organisation, 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**

**This procedure also applies to Low -level concerns**

In dealing with allegations or concerns against an adult, staff must:

- Report any concerns about the conduct of any member of staff or volunteer to the Head of Provision they are in, as soon as possible
- If an allegation is made against the Head of Provision, the concerns need to be raised with the CEO as soon as possible. If the CEO is not available, or the allegation is against the CEO, then the Safeguarding Trustee should be contacted. If they are unavailable then the LADO should be contacted directly.
- There may be situations when the Head of Provision, CEO or Safeguarding Trustee 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 of Provision, CEO or Safeguarding Trustee they will contact the LADO on 01962 876364 or [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk) as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to

In liaison with the LADO, Inclusion Hampshire 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 organisation to follow procedures set out in Part 4 of 'Keeping Children Safe in Education' (2021) and the HSCP procedures.

## Peer on Peer Abuse

### Context

All staff are aware that children can abuse other children (often referred to as peer on peer abuse). This can happen both inside and outside of school or college and online. We also understand that even if no reports are made, it does not mean it is not happening, it may be the case that it is just not being reported.

All our staff understand the importance of challenging inappropriate behaviours between peers, many of which are listed below, that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

Peer on peer abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying);
- abuse in intimate personal relationships between peers;
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);
  - sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence);
  - sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse;  
causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- consensual and non-consensual sharing of nudes and semi nudes images and or videos (also known as sexting or youth produced sexual imagery);
- upskirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; and
  - initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Technology is a significant component in many safeguarding and wellbeing issues, and that children are at risk of online abuse (as well as face to face)

We are aware that children can abuse their peers online through:

- Abusive, harassing, and misogynistic messages
- Non-consensual sharing of indecent nude and semi-nude images and/or videos, especially around chat groups
- Sharing of abusive images and pornography, to those who don't want to receive such content

## **Sexual violence and sexual harassment**

This should read part 5 alongside the DfE's advice on [sexual violence and harassment](#)

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

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

Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other children, adult students and school and college staff are supported and protected as appropriate.

## **Policy**

We believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in Inclusion Hampshire 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 (2021)

We are clear that peer on peer 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 organisation approach to safeguarding & child protection
- Providing training to staff

- Providing a clear set of values and standards, underpinned by the 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:**

- Children making a report of peer on peer abuse will be taken seriously, kept safe and be well supported.
- If the report includes an online element staff will be mindful of the Searching, Screening and Confiscation: advice for schools (DfE 2018) guidance.
- Staff taking the report will inform the DSL or their Deputy as soon as practicably possible but at least within 24 hours.
- Staff taking a report will never promise confidentiality.
- Parents or carers will normally be informed (unless this would put the child at greater risk).
- If a child is at risk of harm, is in immediate danger, or has been harmed, a referral will be made to Children's Social Care (01329 225379).

### **Risk Assessment:-**

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

The Risk assessment will consider;

- The victim, especially their protection and support.
- The alleged perpetrator, their support needs and any discipline action.
- All other children at the organisation.
- 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 organisation's approach to supporting and protecting pupils.

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

- The wishes of the victim.
- The nature of the incident including whether a crime has been committed and the harm caused.
- Ages of the children involved.
- Developmental stages of the children.

- Any power imbalance between the children.
- Any previous incidents.
- Ongoing risks.
- Other related issues or wider context.

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

- Manage internally
- Early Help
- Refer to Children's Social Care
- Report to the police (generally in parallel with a referral to Social Care)

**Ongoing Response:**

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

- Inclusion Hampshire will liaise with the referring school and take any disciplinary action against the alleged perpetrator in line with behaviour and discipline in schools.
- Inclusion Hampshire recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

**For further details on how we work to prevent peer on peer abuse and bullying, refer to Inclusion Hampshire Behaviour Policy.**

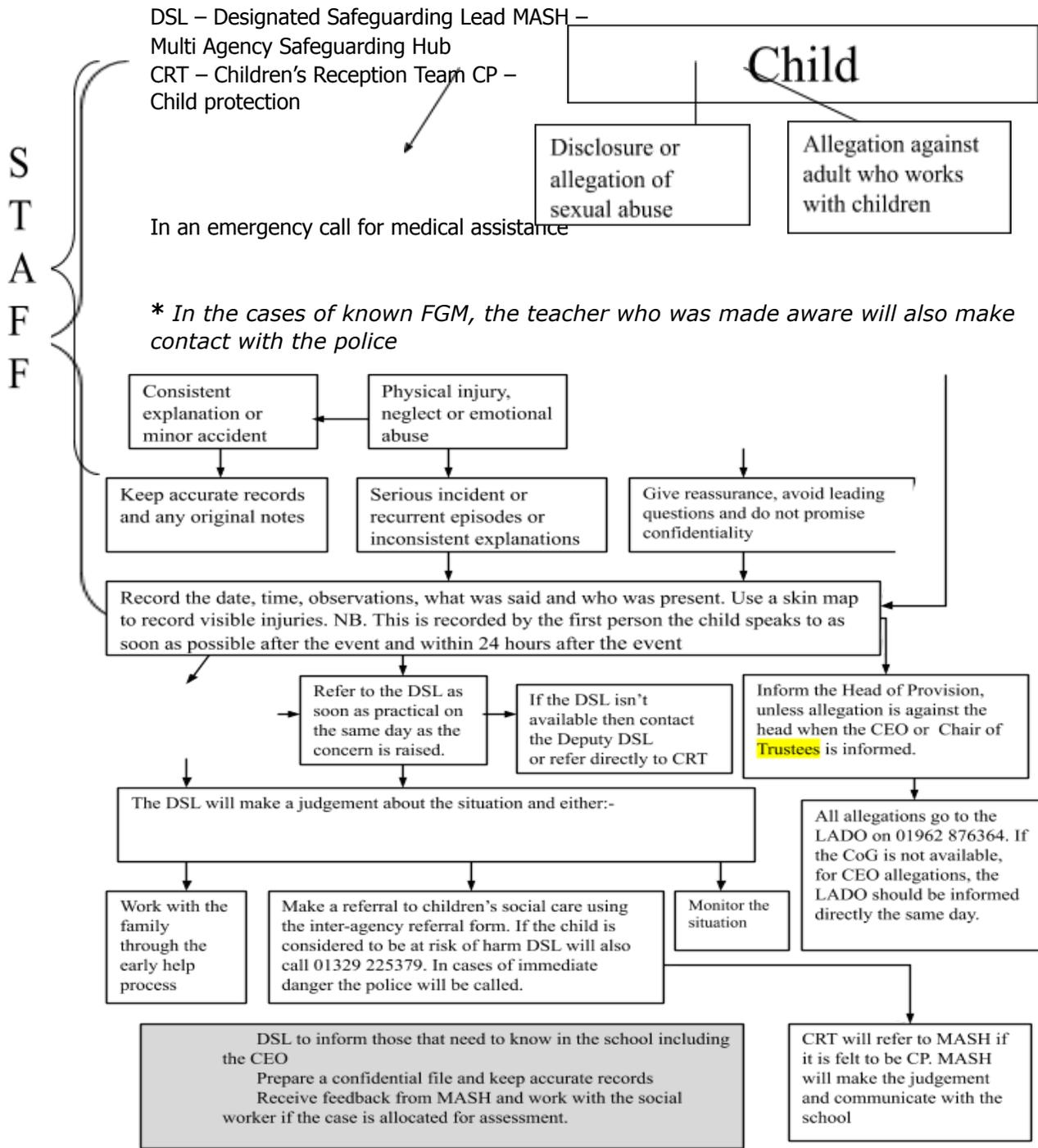
References: – KCSiE

(DfE 2021)

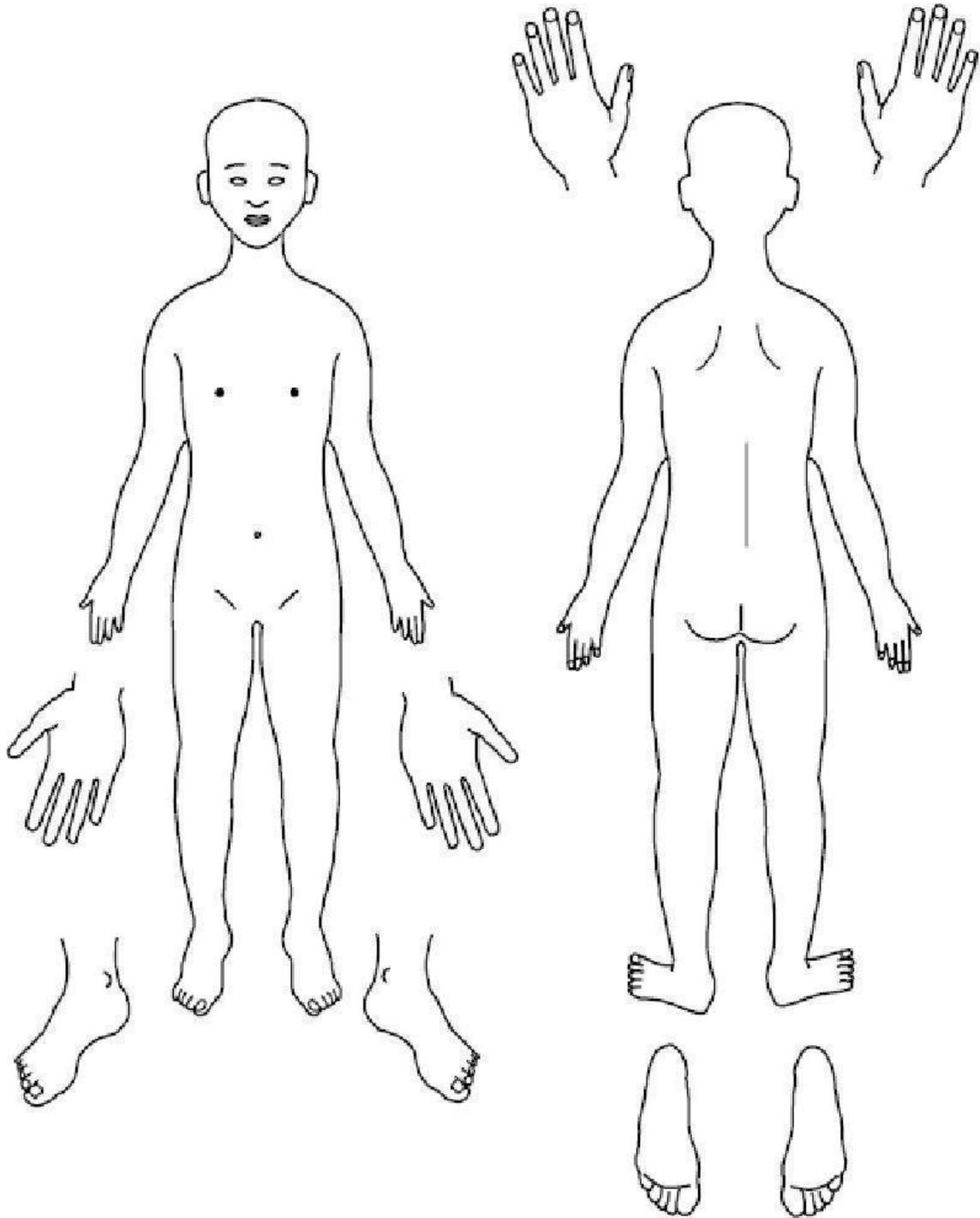
Sexual Violence and Sexual Harassment between Children in Schools and Colleges (DfE 2018)



**Flowchart for child protection procedures**



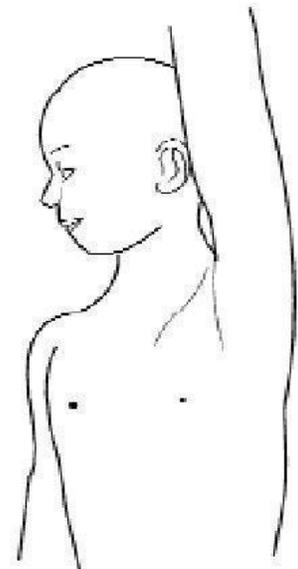
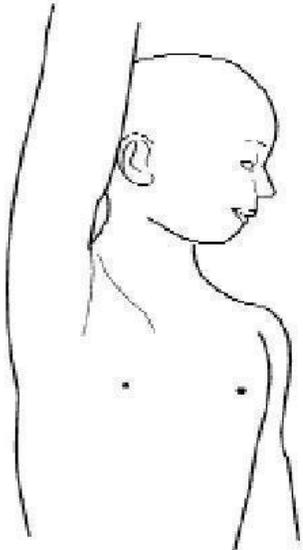
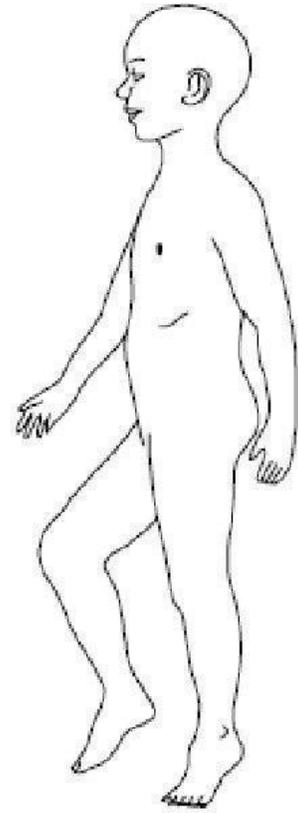
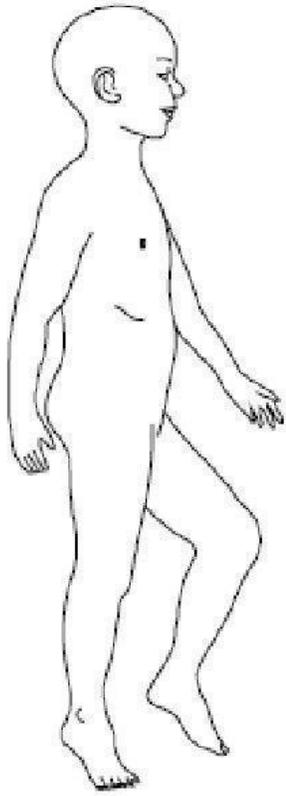
**Sfiin map**



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

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

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



Any additional information:

## **Dealing with disclosures**

### **All staff should:**

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

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

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

### **Guiding principles, the seven R's**

#### **Receive**

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

#### **Reassure**

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

#### **Respond**

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not ask the child why something has happened.

- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

## **Report**

- Share concerns with the DSL as soon as possible by speaking to them directly
- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children's services department directly

## **Record**

- If possible make some very brief notes at the time, and then up as soon as possible on the concern log - make a separate document if lengthy
- 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
- Reassure victims that they are being taken seriously and that they will be supported and kept safe. They shouldn't be given the impression they are creating a problem or made to feel ashamed for making a report
- 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 area 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. For some staff, use of an employee based counselling service may be appropriate.

## Annex 6

# Broofi sexual behaviours traffic light tool

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 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 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 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 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

## Behaviours: age 13 to 17

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

### What is a green behaviour?

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

### What can you do?

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

### Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

### What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be

of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

### What can you do?

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

### Amber behaviours

- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress,
- withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental,

or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there
- is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

**Sexual Violence and Sexual Harassment between Children Risfi and Needs Assessment Template**

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

**EXAMPLE assessment**

<b>Broofi Traffic Light Assessment</b>	<b>What are the risfis? Who might be harmed &amp; how?</b>	<b>Action</b>	<b>Action by Who?</b>	<b>Action by wh</b>
<p><b>Red Behaviour:</b> Forcing other children to engage in sexual activity. Subject is a male child. A female child has been taken into the boys' toilets. Subject has exposed himself, grabbed the girl by the wrist and forced her to touch his genitals.</p> <p>Subject is under the age of criminal responsibility. Subject has no known CP history There have been no previous concerns about the Subject.</p>	<p>All pupils in the class may be forced or coerced into sexual activity. Early indication is that female pupils may be more at risk.</p>	<p>Key members of staff with supervisory responsibility have been briefed by the DSL and will increase monitoring at break times. Subject will be escorted to the toilet.</p>	<p>DSL Staff AB, CD &amp; EF ELSA</p>	<p>From Immediate effect</p>
	<p>Other children within the community</p>	<p>Subject's parents Informed re: Incident &amp; behaviour and the risk plan put in place. Made aware of referral to CSD. Agreement for</p> <ul style="list-style-type: none"> <li>• Referral to CAMHS</li> <li>• Increased monitoring &amp; toilet supervisor</li> <li>• Keep safe work.</li> </ul>	<p>DSL</p>	<p>01/02/19</p>
		<p>Referral to Children's social care</p>	<p>DSL</p>	<p>01/02/19</p>
		<p>Victims parents informed, and child's views gained. Child offered keep safe work.</p>	<p>DSL</p>	<p>01/02/19</p>
		<p>Referral to CAMHS</p>	<p>DSL</p>	<p>02/02/19</p>
		<p>Safeguarding measures to be reviewed.</p>	<p>DSL &amp; Key Staff members</p>	<p>09/02/19</p>
		<p>Keep safe work to be completed. Combination of whole class and targeted work to be carried out</p>	<p>ELSA</p>	<p>23/02/2019</p>

	<p>Community Impact Assessment LOW The parents of the Subject and the victim are satisfied that the school is taking all necessary safeguarding measures to manage the risk. There are no indications at this stage for community</p>	<p>DSL and SLT to be aware of any community noises about the incidents.</p>	<p>DSL and SLT</p>	<p>05/04/2019</p>
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<b>Broofi Traffic Light Assessment</b>	<b>What are the risks? Who might be harmed &amp; how?</b>	<b>Action</b>	<b>Action by Who?</b>	<b>Action by when</b>
<b>Red Behaviour:</b>				
Red Behaviour:				
Amber Behaviour:				

## **Whistleblowing in a safeguarding context**

While Inclusion Hampshire 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 whistle blowing policy and should be read in conjunction with the full 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 Inclusion Hampshire, the Head of Provision is the senior manager on site each day and responsible for all staff. If you are concerned that any member of staff within the provision is not following safeguarding processes or behaving in a way that is placing children at risk, you should in the first place make the Head of Provision aware.

If your concern is about the Head of Provision then you would raise this with the CEO by phone or by email. If the CEO is unavailable or the concern is about the CEO, then the Safeguarding Trustee should be contacted. Contact details are on the Whole Inclusion Hampshire Drive in a file named 'Trustee Contact Details'.

If you would prefer to raise your concerns outside of the Inclusion Hampshire then you are able to contact the NSPCC whistleblowing line on 0800 028 0285 or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk) for national organisations or make contact with the Local Authority Designated Officers (LADOs) on 01962 876364 or [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk)

If you believe that a member of the school staff is harming a child (an allegation) and this has been reported as above and no action has been taken, then you are able to contact the Local Authority Designated Officers (LADOs) on 01962 876364 or [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk)

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

**Briefing sheet for temporary and supply staff**

**For supply staff and those on short contracts in Inclusion Hampshire.**

While working at an Inclusion Hampshire site, you have a duty of care towards the children/learners 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 designated safeguarding lead (DSL) or Deputy DSL (DDSL):

**Pre-16 Provision (Inclusion Learning Centre): DSL is Matt Atkinson, the DDSL's are Ele Murphy & Jane Gardner.**

**Post-16 Provision (Inclusion College): DSL is Marie Greenhalgh and the DDSL is Jane Gardner.**

This is not an exhaustive list but you may have become concerned as a result of:

- Observing a physical injury, which you think may have been non-accidental.
- Observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for.
- Observing behaviour that leads you to be concerned about a child or young person.
- a child or young person telling you that they have been subjected to some form of abuse.

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

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

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

Inclusion Hampshire 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 office in Chineham or behind the front desk in Hook or on the Inclusion Hampshire web site.

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

## **Annex 10 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, peer on peer abuse, child criminal exploitation (CCE) and child sexual exploitation (CSE)

To support the local context, all staff have access to the Hampshire safeguarding children partnership (HSCP) threshold chart.

### **What is abuse and neglect?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

### **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

### **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

## **Indicators of abuse**

### **Neglect**

#### **The nature of neglect**

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

#### **Neglect can include parents or carers failing to:**

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

#### **NSPCC research has highlighted the following examples of the neglect of children under 12:**

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if You're Worried a Child is Being Abused* DfE 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the DSL.

### **Indicators of neglect**

**The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't feed it to yourself. The HSCP neglect toolkit provides a more detailed list of indicators of neglect and is available to all staff**

#### **Physical indicators of neglect**

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

#### **Behavioural indicators of neglect**

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

### **Emotional abuse**

#### **The nature of emotional abuse**

Most harm is produced in *low warmth, high criticism* homes, not from single

incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove. Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself. Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

## **Indicators of emotional abuse**

### **Developmental issues**

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

### **Behaviour**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

### **Social issues**

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

## **Emotional responses**

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

## **Physical abuse**

### **The nature of physical abuse**

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (annex 3) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

### **Indicators of physical abuse / factors that should increase concern**

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

**In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most**

**of all, concern should be increased when:**

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (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.

Child Sexual exploitation (CSE) is seen as a separate category of sexual abuse. Indicators of CSE can be found in Inclusion Hampshire's safeguarding policy.

**Characteristics of child sexual abuse:**

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

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

**Indicators of sexual abuse Physical observations**

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases

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

### **Behavioural observations**

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
  - Poor trust or fear concerning significant adults
  - Regressive behaviour,
  - Onset of wetting, by day or night; nightmares
  - Onset of insecure, clinging behaviour
  - Arriving early at school, leaving late, running away from home
  - Suicide attempts, self-mutilation, self-disgust
  - Suddenly drawing sexually explicit pictures
  - Eating disorders or sudden loss of appetite or compulsive eating
  - Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
  - Become worried about clothing being removed
  - Trying to be 'ultra-good' or perfect; overreacting to criticism.

**Useful contacts**

Key Personnel	Name (s)	Email.
Inclusion Learning Centre (ILC) DSL	Matt Atkinson	<a href="mailto:matthew.atkinson@inclusionhampshire.org.uk">matthew.atkinson@inclusionhampshire.org.uk</a>
Inclusion College (IC) DSL	Marie Greenhalgh	<a href="mailto:marie.greenhalgh@inclusionhampshire.org.uk">marie.greenhalgh@inclusionhampshire.org.uk</a>
Deputy DSL(s)	Ele Murphy (ILC)  Jane Gardner (ILC & IC)	<a href="mailto:ele.murphy@inclusionhampshire.org.uk">ele.murphy@inclusionhampshire.org.uk</a>  <a href="mailto:jane.gardner@inclusionhampshire.org.uk">jane.gardner@inclusionhampshire.org.uk</a>
Inclusion Hampshire CEO and trained DSL	Cheryl Edwards	<a href="mailto:cheryl.edwards@inclusionhampshire.org.uk">cheryl.edwards@inclusionhampshire.org.uk</a>
Inclusion Hampshire named "Prevent Lead"	Cheryl Edwards	<a href="mailto:cheryl.edwards@inclusionhampshire.org.uk">cheryl.edwards@inclusionhampshire.org.uk</a>
Nominated Safeguarding Trustee	Jane Pratt	<a href="mailto:trustee.safeguarding@inclusionhampshire.org.uk">trustee.safeguarding@inclusionhampshire.org.uk</a>
Chair of Trustees	Amanda Minshull-Beech	<a href="mailto:trustee.chair@inclusionhampshire.org.uk">trustee.chair@inclusionhampshire.org.uk</a>
Children's Reception Team		01329 225379
Out of hours social care		0300 555 1373
Police		101 or in emergencies 999

Safeguarding advisors / Local Authority Designated Officers (LADOs)	Barbara Piddington Fiona Armfield Mark Blackwell	HCC Safeguarding Unit 01962 876364
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