Southampton Hospital School

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Child Protection Policy, Procedure and Guidance

Southampton Children's Hospital
School
Child Protection Policy, Procedure and Guidance

SCHS Child Protection Policy, Procedure and Guidance			
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Lead officer	Nell Giles	**Review date**	January 2019
Contact	nell.giles@southamptonhopsitalschool.co.uk	**Effective date**	January 2019

Southampton Hospital School (SHS) Child Protection Statement

SHS believes that all children have the right to be protected from harm and all forms of abuse. We take our responsibility to keep children safe seriously and are fully committed to protecting their wellbeing and promoting their welfare through our approaches, policy and procedures.

Our school is legally defined as a Pupil Referral Unit which provides Alternative Provision for the educational needs of children with medical conditions. We work within a multi-disciplinary environment and as such we actively work to promote, complement and adhere to the University Hospital Southampton Trust's safeguarding practices when working on site at the Hospital. We ensure we are working effectively and efficiently with the Trust and its employees to ensure that children in hospital who are referred to our service are safe and protected. We also work closely with our children's mainstream educational settings (home schools) whilst they are dual registered with us, to ensure that all safeguarding concerns are shared and acted upon promptly and effectively.

Staff at SHS actively promote the concept that safeguarding is everybody's responsibility, ensuring a culture of vigilance, openness and a willingness to act pervades our policy and practice. We never assume that another professional has taken action and will strive to guarantee that all information is shared, recorded and escalated appropriately.

We recognise our moral and statutory responsibility to safeguard all children, however long or brief their stay with us might be. We welcome all children and encourage them to feel safe through our ethos, our curriculum and our clear and effective systems that are in place to deal with concerns, allegations or disclosures. We maintain an attitude of "it could happen here" where safeguarding is concerned. Our school ethos helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

Purpose

The purpose of this policy is to:

- provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- ensure consistent good practice across the school.
- demonstrate our commitment to protecting children.
- outline best practice when working alongside the UHS Trust and NHS staff.

This policy sits alongside a separate policy for safeguarding within the school.

This document is based on guidance from the 2018 Keeping Children Safe in Education legislation.

Keeping Children Safe in Education 2018 highlights the importance of frontline staff in developing the school's policy. As part of the review process, those at SHS who are working with our children will be consulted in the production and review of this policy.

Legal context

There are several acts of parliament and guidance that are pertinent to the Child Protection process but key legislation is both the Children's Act of 1989 and 2004 as well as the Education Act of 2002 which states that Teachers, education professionals, social workers, health professionals, police officers and members of the public have a statutory duty to report any concerns or suspicions that a child has been abused.

There is also Section 175 of the Education Act 2002 which clearly states that the governing body of a maintained school shall make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school." this includes independent schools and academies under section 157 of this Act.

Further guidance

Working Together to Safeguard Children 2018
Keeping Children Safe in Education 2018
Disqualification under the childcare act 2006 (2018)
Sexual violence and sexual harassment between pupils May 2018

This policy relates to all staff, volunteers and governors of SHS, and provides them with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care.

Definitions

Within this document a number of phrases are used which can be explained:

Child Protection is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents and governors.

Child refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to pupils of our school; however, the policy will extend to visiting children and students from other establishments. For our children with an education, health and care (EHC) plan, this expands to 25 if they need more support than is available through special educational needs support.

Parent refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers.

Abuse could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the Schools and Education Guidance for developing Safeguarding Policies document. See Annex 8.

DSL is the Designated Safeguarding Lead

UHS refers to University Hospital Southampton Trust

MASH refers to multiagency safeguarding hub

MAPPA refers to Multi-agency public protection arrangements

The Child's Wishes

All SHS child protection systems and processes operate with the best interests of the child at their heart. Where there is a safeguarding concern, the governing body, proprietors and school leaders will ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Systems are in place for children to express their views and give feedback.

At SHS we ensure the child's wishes are taken into account through:

- Liaising with clinical UHS psychologists
- Providing an ELSA service
- 1:1 and small group teaching as the norm

- An active school council
- Consulting with children when creating policies and procedures around safeguarding
- Providing curriculum and extra-curricular opportunities (eg PSHE, Current Affairs, First Aid) for children to discuss prevalent issues, concerns and contentions around national and global issues
- SHS staff attending MDT meetings with UHS staff, parents and children prior to discharge.

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 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.
We recognise the need to work closely with UHS staff and home school DSLs to share, discuss, escalate and act upon safeguarding concerns, disclosures and information.

Leadership and Management

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this school any individual can contact the designated safeguarding lead (DSL) if they have concerns about a young person.

DSL is Nell Giles and the **deputy DSLs are** Katie Kempsey, Christopher Tait and Alison MacCabe. There is a nominated governor, Sheila Peters, who will receive reports of allegations against the Headteacher and act on the behalf of the governing body.

As an employer we comply with the "Disqualification under the childcare act 2006" guidance reviewed in July 2018. We recognise that school staff are no longer required to declare disqualification by association under the newly revised document. All staff are provided with DfE guidance around Disqualification and updates and briefings are held annually. All staff are fully aware that they must alert SLT immediately if there is a change in their circumstances.

Training

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Training is provided at least annually for all staff, with separate training to all new staff on appointment. All staff sign annually to acknowledge they have attended/read and understood the training. The DSL will attend specific role training at least every two years, plus additional regular updates to enable them to fulfil their role. Any update in national or local guidance will be shared with all staff in briefings, INSET training days and staff meetings. This policy will be updated during the year to reflect any changes brought about by new guidance. SHS staff will attend relevant and necessary UHS safeguarding training where made available to SHS.

Referral

Following any concerns raised by SHS or UHS staff, the DSL will assess the information and consider if significant harm has happened or if there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact children's social care. If the DSL is not available or there are immediate concerns, the staff member will refer directly to children's social care via MASH. Key UHS staff (named nurse, clinical lead) will also be informed and

a referral might be jointly made. If SHS staff are informed of a referral being made by UHS staff, the DSL will share this information with the home school DSL within 24 hours.

Generally the DSL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.

***N.B**. The exception to this process includes cases of known Female Genital Mutilation where there is a mandatory requirement for the teacher to report directly to the police. In these cases, advice can be obtained from the DSL and the DSL must be made aware by the teacher. Key UHS staff and the home school DSL must be informed immediately.*

Confidentiality

We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' 2018 guidance.

Information will only be shared with agencies who we have a statutory duty to share with and individuals within the school who 'need to know'.

Home school DSLs will always be informed of safeguarding concerns through secure systems.

All staff are aware that they cannot promise a child to keep a disclosure confidential.

Dealing with allegations against staff

If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the Headteacher **Nell Giles.** The local authority designated officer (LADO) will be contacted and the relevant guidance will be followed

The LA's Designated Officer is: Sue Sevier

Phone: 023 8091 5535

E-mail: LADO@Southampton.gov.uk

If the allegation is against the Headteacher, the person receiving the allegation will contact the LADO or nominated governor 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 'dealing with allegations against pupils' guidance will be followed. This has been reviewed in line with the 'Sexual Violence and Sexual Harassment Guidance issued by the Government in May 2018.

Section 2: Roles and responsibilities within SCHS

Staff responsibilities

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

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school and the hospital whom they can approach if they are worried about any problems.
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of "it could happen here" with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day.

- If the disclosure is an allegation against a member of staff they will follow the allegations procedures as detailed in this policy.
- Follow the procedures set out by and any updates issued during safeguarding briefings, by bulletin, the LSCB and take account of guidance issued by the DfE. They must also work within and alongside UHS procedures (eg tailgating, infection control, ward security, signing students in and out of hospital buildings) and act in line with related SHS policies such as safeguarding, offsite visits and intimate care.
- Support pupils in line with their child protection plan / personal education plan / EHCP / Early Help Plan / NHS crisis management plan / SHS risk assessment / NHS led risk assessment / home school safeguarding and child protection procedures
- Ensure they know who the designated safeguarding lead (DSL) and deputy DSLs are and know how to contact them.
- Ensure they are aware of key staff in home schools to report to in the absence of the SHS DSL being on site.
- Treat information with confidentiality but never promising to "keep a secret".
- Notify DSL of any child on a child protection plan who has unexplained absence.
- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with, or signpost them to, opportunities to support them.
- Liaise with other agencies that support pupils and provide early help. Teacher standards 2012 clearly set out the responsibilities teachers hold professionally including having regard for the need to safeguard pupils' well-being, in accordance with statutory provisions.
- Ensure the relevant UHS and medical staff within the hospital have been informed and check progress of the referral at appropriate times.
- Notify the DSL if they become aware that a child has not returned to school when discharged.
- Notify the DSL if school children, not on SHS roll, are observed regularly around the hospital (including siblings)
- Notify the DSL if they become aware that a child is on a Child Protection Plan /Child in Need Plan / Child Looked After /has missed significant periods of education due to illness. In each case, the DSL will contact home school to liaise with key staff around the child. The information will also be passed to key UHS staff if they are unaware.
- Share key information with other teaching staff during hand overs and staff briefings.
- Use CPOMS to record concerns after consultation and advice from the DSL.

Senior management team responsibilities:

- Contribute to inter-agency working in line with guidance (working together 2018, KCSiE 2018)
- Working with UHS staff to ensure joint approach to safeguarding is planned, maintained and monitored
- Provide a co-ordinated offer of early help when additional needs of children are identified
- 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 governing body such as training of staff; safer recruitment; maintaining a single central register
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school
- Treat any information shared by staff or pupils with respect and follow procedures, unless there is 'good reason' not to (KCSiE 2018)
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from department for education (DfE), Local safeguarding children board (LSCB) and Southampton City Council (SCC).

Governing body responsibilities

- The school has effective safeguarding policies & procedures including a child protection policy and a staff behaviour policy, behaviour policy, response to children who go missing from education, clear identified role and responsibilities of any trained DSLs. All of which governors should ensure are included in all staff induction.
- Ensure policies are reviewed within the correct timeframe – annually for child protection and safeguarding.
- LSCB is informed of effectiveness of safeguarding and any support/actions required at least annually via the Hamwic and/or SCC safeguarding audit
- Recruitment, selection and induction follows clear and effective safer recruitment practice.
- Allegations against staff are dealt with appropriately by the headteacher.
- A member of the senior staff team is designated as designated safeguarding lead (DSL) and have a clear role and set of responsibilities are set out 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
- There is a nominated governor for allegations against the Headteacher who has undertaken some training for this role.

DSL responsibilities *(to be read in conjunction with DSL role description in KCSiE 2018)*

In this school the DSL is Nell Giles (ext 6667 / 07824505021 Mon-Fri)

The deputy DSLs are Katie Kempsey (G3 classroom Mon-Wed ext 3344, Bursledon House ext 6667 Thursday-Friday) / Christopher Tait (Outreach tutor available on 07759483122 Mon-Fri) / Alison MacCabe (G3 classroom Mon, Tues, Thurs, Fri ext 3344)

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

- Take lead responsibility for safeguarding and child protection (including online safety). This should be explicit in the role holder's job description. This person should have the appropriate status and authority within the school to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so, and to contribute to the assessment of children.
- All deputy DSLs will be trained to the same standard as the designated safeguarding lead and the role will be explicit in their job description.
- The ultimate responsibilities and duties and role of the designated safeguarding lead cannot be delegated to the deputy, although specific activities within this role can be.
- Assist the governing body in fulfilling their responsibilities under section 175 or 157 of the education act 2002
- Attend LSCB training for the role every two years and refresh in line with Local Authority and Hamwic Trust expectations under KCSiE every year.
- Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details
- Liaise with DSLs from home schools as appropriate and necessary to ensure children's well-being
- Liaise with key medical staff from UHS as appropriate and necessary to ensure children's well-being
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL
- Ensure that whole school training occurs annually so that staff and volunteers can fulfil their responsibilities and updates are [provided to all when required.

- Ensure any members of staff joining the school outside of this training schedule receive effective induction prior to commencement of their duties that includes policies and procedures specific to the school that are set out in KCSiE 2018 p6
- Keep written records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk. This includes notes locked securely in the school office and the use of CPOMs, which is password protected with allocated and strategic staff access ensured.
- Ensure that copies of safeguarding records are transferred accordingly (separate from pupil files) when a child returns to their mainstream school. This includes CPOMS files that fall under the safeguarding classification and/or conversations between SHS and home school DSLs.
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the child's social worker is informed
- Follow the school, Hamwic and/or SCC policies regarding data retention, erasure and information sharing. The best interests of the child will always remain at the heart of these policies and practices. The DSL will consider if it is appropriate to share information prior to discharge to home school to ensure support for the child and the safety of other pupils and staff.
- Ensure that child protection records/welfare concerns relating to vulnerable children are not destroyed in line with current embargo on destruction under the inquiry into historical sexual abuse.
- Link with the LSCB and SCC to make sure staff are aware of training opportunities and the latest local policies on safeguarding
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Liaise with key staff responsible for safeguarding within the UHS and medical staff at Southampton Children's Hospital.

SHS Outreach Service

- As part of SHS outreach service, children may be referred to SHS by home schools. On receipt of a referral, the Headteacher will assess whether home tuition can be provided in the pupil's home / public space eg library / child's home school. An initial risk assessment meeting will take place with the child, parents and a representative from home school. A tutor may then be assigned to the child, in line with the SHS lone working risk assessment and policy. All outreach children will be dual registered with SHS and home school.
- A home school agreement must be signed by the child's parent or carer, agreeing to the conditions specified within it. In relation to safeguarding, a parent or agreed responsible adult must be present in all sessions at all times. The child must be appropriately dressed.
- Parents will be provided with information as to SHS safeguarding and child protection policy and procedures.
- A service level agreement is signed by home school and SHS head teachers that outlines safeguarding responsibilities and procedures whilst children are dual registered.
- All outreach tutors are aware of the need to report safeguarding concerns immediately to SHS DSL, including instances of non-attendance. Home school referrer and/or DSL will be informed by SHS DSL of any concerns.
- Tutors meet weekly with SHS DSL to discuss ongoing safeguarding concerns and issues around individual children. SHS DSL will report to home school DSL as appropriate.
- Tutors provide a weekly report of attendance to home school.

Prevent

The Prevent duty became law back in 2015. This is a duty on all schools and registered early years providers to have due regard to preventing people being drawn into terrorism. In order to protect children in our care, we must be alert to any reason for concern in the child's life at home or elsewhere. This includes awareness of the expression of extremist views. British values are a set of values introduced to help keep children safe and promote their welfare – as is the duty of all providers following the EYFS; specifically, to counter extremism. SHS upholds the definition of extremism and radicalisation defined in KCSIE 2018 when designing an appropriate curriculum.

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity The process, which operates across England and Wales, forms a key part of the Government's Prevent strategy which aims to stop people becoming terrorists or supporting any form of terrorism.

All staff receive PREVENT training annually. New staff will also receive PREVENT training when starting at SHS. If staff are concerned that a child is being drawn into extremist ideology or terrorism, they are expected to discuss this with the DSL who may get further advice from the Local Authority. They can also raise concerns by contacting:

- The non-emergency police number, 101
- The Local Authority, 023 8083 3336
- The Anti-Terrorist Hotline, 0800 789 321

Female Genital Mutilation

FGM (taken from Mandatory Reporting of female genital mutilation: procedural information, Home Office, 2015) Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act1 introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth (see section 2.1a for further information).

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

Equality

At SHS, we are committed to protecting all children equally and aim to eradicate all discrimination and barriers for children, following the protected characteristics of the Equalities Act 2010. It is unlawful for a school to discriminate against a pupil or prospective pupil by treating them less favourably because of their:

- sex
- race
- disability

• health
• religion or belief
• sexual orientation
• gender reassignment
• pregnancy or maternity

Although the Act does not bear directly on such issues as racist or homophobic bullying by pupils, SHS are committed to treating ALL bullying seriously and equally. Racial and homophobic incidents are recorded separately to general behavioural issues and appropriate consequences, re-education and support is put in place.

At SHS, we recognise that some children are additionally vulnerable because of the impact of previous experiences, a medical condition, their level of dependency, communication needs or other issues. We will work in partnership with children, young people, their parents, carers, and other agencies, including UHS staff, to promote young people's welfare.

Teaching children to keep safe

We are committed to educating children to identify how to keep safe and their right to be safe, share information and identify adults they can trust. We do this through: -

• The content of our curriculum for example PSHE, Science, IT

• A range of age appropriate discussion and topics focussing on safety including how to avoid risks in the locality, keeping safe in the home, anti- bullying, e-safety, drug awareness, personal space and appropriate touching, etc. We use NSPCC materials to aid and guide discussion, reflection time and ELSA support (where appropriate).

• 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.

• For specific children identified, ELSA sessions and support will be offered for self-harm, bullying, drug awareness, gang pressures, etc.

• Close work with UHS colleagues including clinical psychologists, occupational therapists, paediatricians, psychiatrists, play leaders, nursing staff and youth workers. This can include joint sessions with children and parents and appropriate medical professionals. It can also include curriculum opportunities, for example weekly cookery and food nutrition sessions delivered alongside UHS therapy staff.

Safety and online safety risks

In order to safeguard all our children, we have the appropriate virus software and filters on all computers and children are not permitted to access social media or You Tube in school to limit their exposure to risks. Online dangers and strategies to keep themselves safe, are taught within our Technology and PSHE curriculums, in addition to whole school and key stage assemblies and guidance to parents, including outreach students, where appropriate. The online safety curriculum focuses on three categorised risk areas: content, contact and conduct. Children are regularly taught, across the curriculum, that if they do something wrong, it's better to tell before it gets any worse. The impact of this curriculum is evaluated annually with a specific sampling focus on ensuring that pupils with medical needs, SEN and/or D are protected well against radicalisation, grooming and online bullying. SHS works alongside UHS staff in Bursledon House to create policies and procedures relevant and pertinent to this particular setting. Children are actively involved with designing policies, procedures, display materials and curriculum content. The content of Current Affairs, PSHE sessions and on-line safety days are also designed to promote safety on-line.

Attendance and Children Missing from Education

Although it ultimately remains the responsibility of parents to inform home schools of admission dates, discharge dates and how attendance of their child is likely to be affected by medical conditions and treatments, SHS has a strong commitment to improving and supporting children's school attendance and safeguarding children at risk of missing education. This applies in particular to children who have a long term or chronic medical condition that may affect attendance at their home school. We also work closely with home schools and UHS staff to ensure all parties

and stakeholders (including parents and carers) are in constant communication with each other regarding attendance and how current treatment schedules, school reintegration programmes and discharge plans will impact upon attendance at home school. We ensure all SHS staff are vigilant in terms of the importance of reporting attendance and discharge information to the SHS attendance officer, home schools and other involved professionals including EWOs where relevant. This applies to in-patients within the hospital and children receiving outreach tutoring. SHS will endeavour to contact home schools on or shortly after discharge to ensure schools are aware of when to expect children to return to school either full time or as part of a reintegration plan. This may not always be possible if UHS has not provided this information to SHS or if children are discharged during school holidays. If SHS or UHS has concerns that a child has not arrived back at school as expected, the home school and/or relevant Local Authority will be contacted and this information shared, tracked, recorded and reviewed as appropriate.
For children who attend school in Southampton, the CME Officer is Tina Selby: 023 8083 3666. CME officers for other Local Authorities are available through the school office.

Elective Home Education

When children are referred to SHS who are being electively home educated, SHS will contact the relevant Local Authority officer to inform them of the child's temporary registration with SHS. They will also be informed when the child is discharged. Parents' consent for this contact will always be sought as part of the school referral process.

Commitment to Early help

The Early Help Assessment (EHA) is designed to assist practitioners in a range of settings to assess the needs of families, children and young people. It replaces the Universal Help Assessment (UHA), formerly the Common Assessment Framework (CAF). The EHA can be used by schools, health, housing or prevention and early help services across Southampton. It can also be used to coordinate more complex early help provision including intensive family support such as Families Matter.
Any child may benefit from early help, but all school staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

The underlying principles of the Early Help Assessment are:

- To allow the practitioner to assess the needs of the whole family and to support the development of an Early Help Plan.
- To facilitate the assessment of all family members and allow family members to identify their level of need and measure progress themselves. This approach models the outcome star and strengthening family's approach, which is also used by services in Southampton.
- To enable an holistic assessment of the whole family's needs, which should not focus on the policy or statutory obligations of a single service.
- It is a transferable document and can be shared between agencies, where family consent has been given.

We are committed to assisting families in need of Early Help through referrals. Leaders are vigilant about, and give due consideration to, the risks that homelessness, domestic abuse, child criminal exploitation, child sexual exploitation present to a child's welfare. Leaders ensure that children required to give evidence in criminal courts or those who have a parent in prison are safeguarded.

Section 3: SHS Child Protection Procedures

Overview

- The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility.
- The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being abused.
- The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount.

If a member of staff suspects abuse or they have a disclosure of abuse made to them they must:

- Make an initial record of the information (this should be signed and dated, and if appropriate a specific time included)
- Report it to the DSL or deputy DLS / headteacher immediately, non-availability of a DSL should not delay information sharing, for example through MASH / social worker
- The DSL / headteacher will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL / headteacher are not immediately available. If the child is an inpatient, the relevant ward sister or consultant should be consulted immediately so that medical checks and interventions can be arranged
- Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:

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

The original records must be signed and dated by the author and placed in a secure file which is kept locked in the school office. It must also be recorded on CPOMs with a notification sent immediately to the DSL. The DSL must mark it as read and record any further actions taken.

Following a report of concerns from a member of staff, 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 through MASH
- Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to children's social care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.

- If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact the Multi Agency Safeguarding Hub (and make a clear statement of):
    - the known facts
    - any suspicions or allegations
    - whether or not there has been any contact with the child's family.

- If the DSL feels unsure about whether a referral is necessary, they can phone the MASH to discuss concerns.
- If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the early help process.
- The DSL should follow advice given through MASH which may include confirming referrals in writing to the MASH, within 24 hours, including the actions that have been taken. The written referral should be made using the MASH referral form which will provide children's social care with the supplementary information required about the child and family's circumstances. If the DSL is not satisfied, they should pursue for reconsideration with MASH or escalate to a manager.
- If a child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify children's social care of the occurrence and what action has been taken.
- If a teacher has reported that an act of FGM has occurred, the teacher must refer the information to the police directly. The DSL can advise and should be made aware. If it is suspected that an act of FGM may have occurred/be about to occur the DSL should also contact MASH.
- 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.
- When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DSL / Headteacher should take the child to the accident and emergency unit at the nearest hospital or if they are a current inpatient, ask the ward sister / consultant to arrange for immediate medical checks and interventions. The DSL or relevant member of UHS staff should notify children's social care immediately. Neither party should just assume the other has acted and it is the DSL's responsibility to ensure the appropriate action has in face been taken. The DSL should seek advice about what action children's social care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

Ensuring effective information sharing with UHS safeguarding team

SHS staff are not employed by UHS, yet work closely with UHS employees as part of their everyday duties. Therefore, it is imperative that SHS and UHS staff work together to ensure a culture of safety is established and maintained for the children we work with. The Headteacher will meet regularly with UHS safeguarding personnel and review current safeguarding and child protection procedures. The child protection and safeguarding policies and procedures of each institution are available to all staff regardless of their employer. The leadership of both institutions actively encourages sharing of information that will help to safeguard the physical and emotional wellbeing of the children under our care. If SHS staff have concerns about a child's safety or the actions of an UHS employee, they should follow the procedures laid out in this policy and should also ensure that the relevant UHS staff have been informed. The school DSL should always be informed, and a secure record kept, if a concern has been passed or shared with a UHS employee. The main contacts within UHS are:

For Children, all new referrals and queries call: 8409

For Adults, queries call 6500 and all new referrals can be made electronically via Apex

Members of the Safeguarding Team:

Karen Mcgarthy Named Nurse for Safeguarding Children	**Ext 8409**
Sharon Smithson Named Nurse for Safeguarding Adults	**Ext 6500**
Berny Webster Children's Safeguarding Clinical Nurse Specialist	**Bleep 1684**
Rachel Maguire Children's Safeguarding Clinical Nurse Specialist	**Bleep 1028**
Ann Rodwell Adult's Safeguarding Clinical Nurse Specialist	**Bleep 1059** **Mobile 07810850257**
Donna Stafford Adult and Children's Safeguarding Facilitator	**Bleep 1451 or** **Mobile 07393798525**
Caroline Hodgson Children's Safeguarding Facilitator	**Bleep 2064 or** **Mobile 07393762043**
Richard Darch Adults Safeguarding Facilitator	**Bleep 1059** **Mobile 07810850257**

For Out of Hours:

Children:

Southampton: 02380 823344

Hampshire: 0300 5551378

Adult:

Southampton: 02380 833003

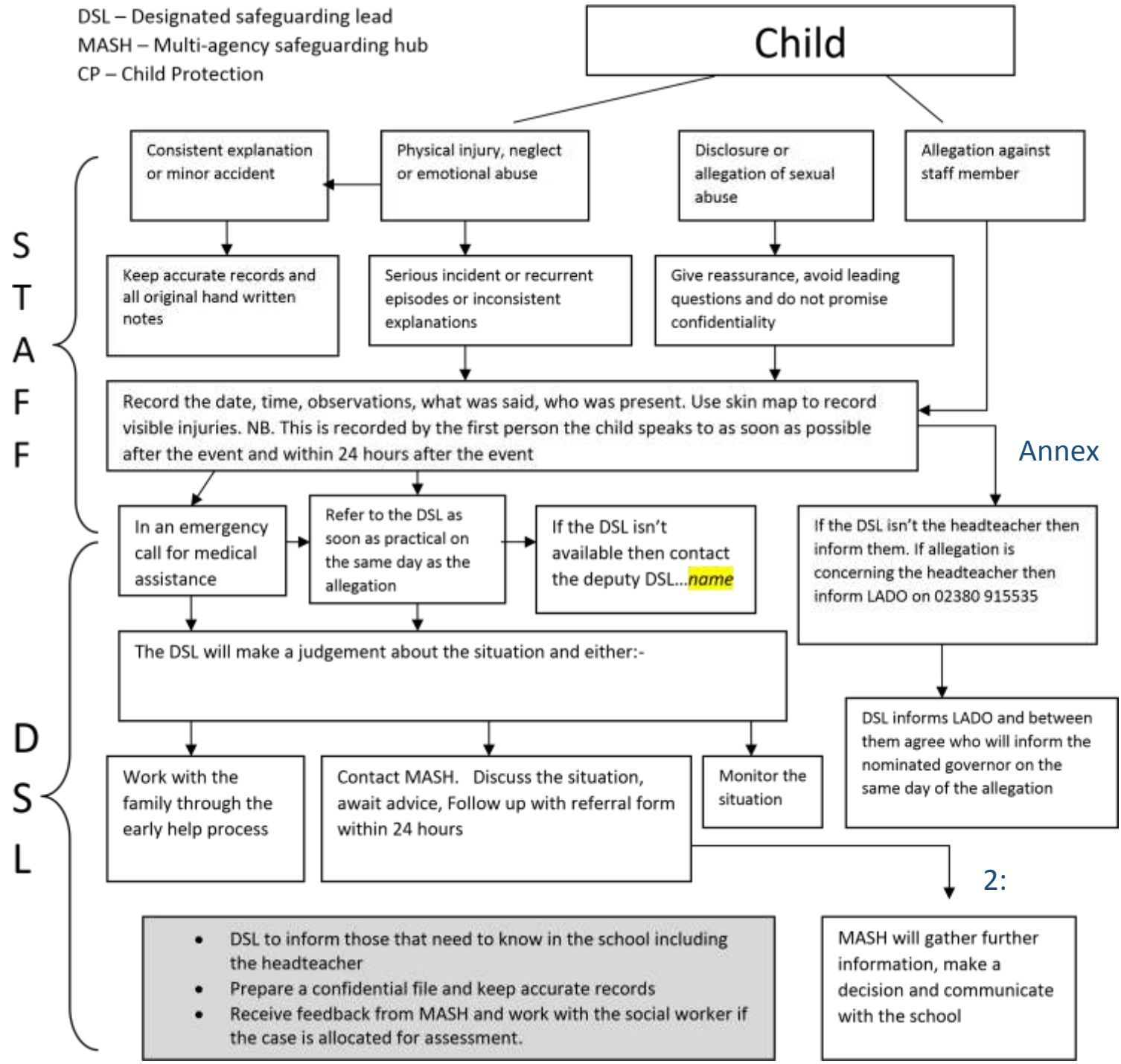
Management

Non-compliance will be appropriately dealt with according to the school's Discipline Policy

Governance

As a school, we review this policy at least annually in line with Department of Education, LSCB and SCC and other relevant statutory guidance.
The review of the policy and procedures involves front line staff as recommended in KCSiE 2018
In addition to its own monitoring, the governing body receives an annual report regarding the effectiveness of safeguarding, including child protection within the school from the Headteacher in addition to the annual HAMWIC safeguarding review and audit

Annex 1: Flowchart for child protection procedures



Recording Form

Recording Form

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

Details of concern (where? when? what? who? behaviours? use child's words)			
Actions taken			
Date	**Person taking action**	**Action taken**	**Outcome of action**

Name: _____ **Designation:** _____

Copied to: _____

Annex 3: Body Map

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

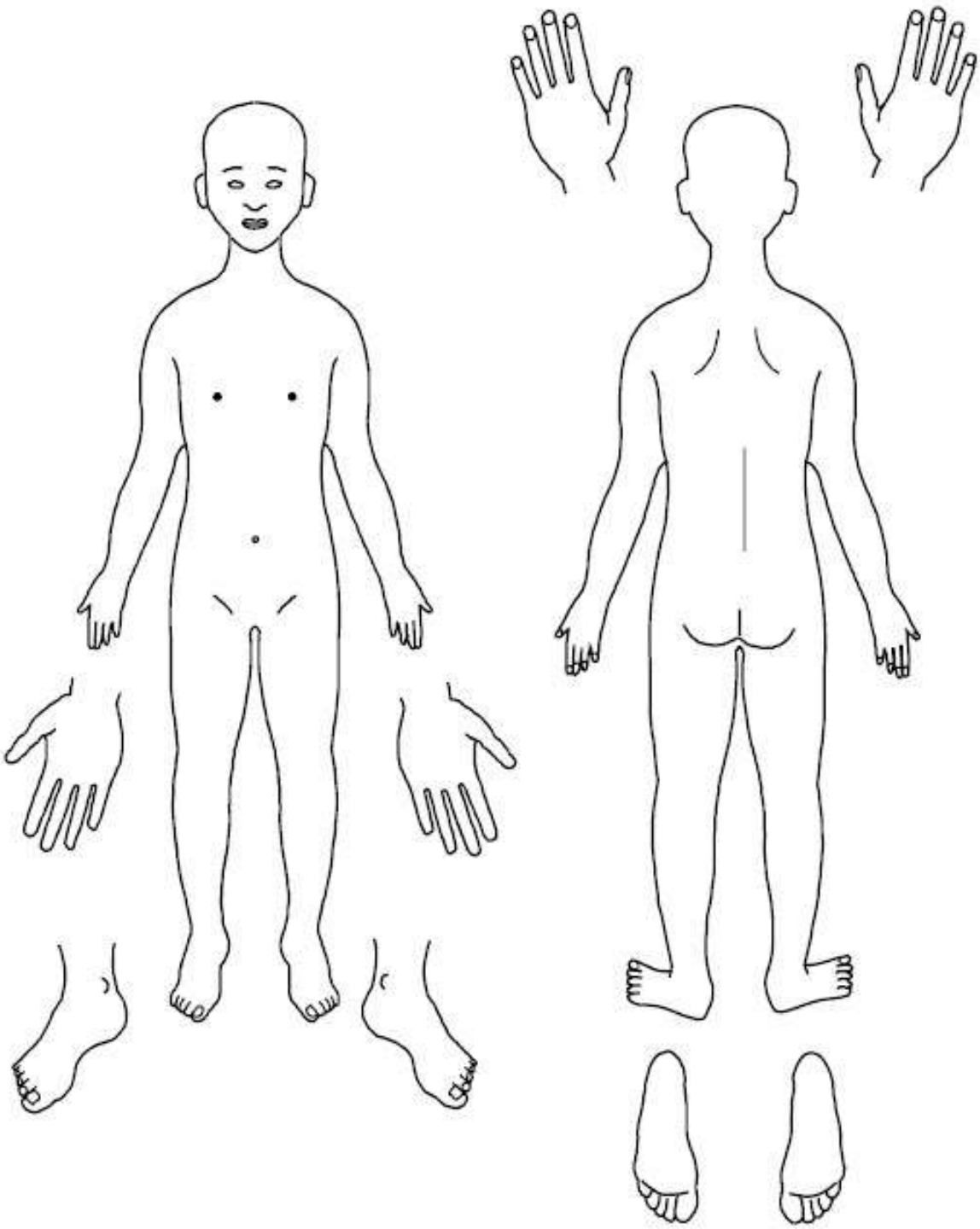
***At no time should an individual teacher/member of staff or school take photographic evidence of any injuries or marks to a child's person, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Social Care direct or child's social worker if already an open case to social care.**

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

Exact site of injury on the body, e.g. upper outer arm/left cheek.
Size of injury - in appropriate centimetres or inches.
Approximate shape of injury, e.g. round/square or straight line.
Colour of injury - if more than one colour, say so.
Is the skin broken?
Is there any swelling at the site of the injury, or elsewhere?
Is there a scab/any blistering/any bleeding?
Is the injury clean or is there grit/fluff etc.?
Is mobility restricted as a result of the injury?
Does the site of the injury feel hot?
Does the child feel hot?
Does the child feel pain?
Has the child's body shape changed/are they holding themselves differently?
Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and record

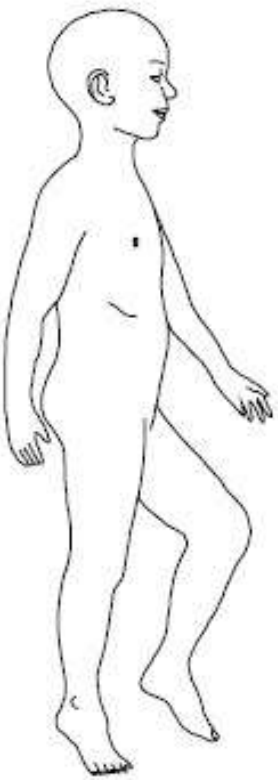
A copy of the body map should be kept on the child's concern/confidential file.

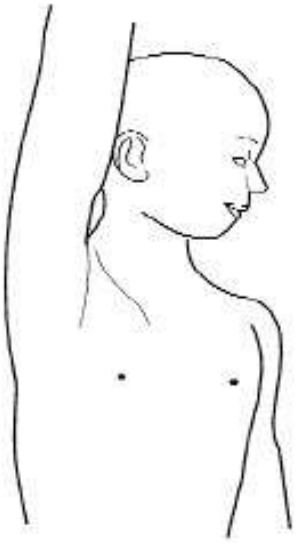


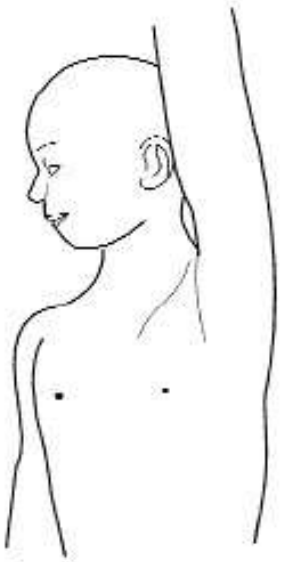
Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____







Any additional information:

Annex 4: Dealing with disclosures

Dealing with disclosures

All staff should:

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

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

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home. **Guiding principles, 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, person's 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 are 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. This also applies to relevant members of staff with safeguarding responsibilities within UHS as detailed in section 3 of this policy.

If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the children's services department.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases, additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

Children may become subject to Child in Need plans or Child Protection plans. This will always involve multiagency working around the child / family. All agencies are required to provide written reports for each meeting. Our school may also send a representative to the meeting to share this report and hear the wider picture.

Annex 5: Allegations against staff

Allegations against staff

Procedure

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school has:

behaved in a way that has harmed a child, or may have harmed a child;

possibly committed a criminal offence against or related to a child; or

behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children

This also applies to UHS staff and volunteers within the hospital setting.

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

Report any concerns about the conduct of any member of staff or volunteer to the Headteacher or the DSL as soon as possible

If an allegation is made against the Headteacher, the concerns need to be raised with the LADO or nominated governor as soon as possible

If it is regarding a UHS member of staff or volunteer, UHS safeguarding personnel must also be contacted as detailed in section 3 of this policy.

Once an allegation has been received by the Headteacher or nominated governor they will contact the Local Authority Designated Officer on 02380 915535 as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.

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.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in 'keeping children safe in education' (2016) and the LSCB procedures.

Annex 6: Managing allegations against other pupils: Model policy and procedure

Managing allegations against other pupils

Model policy & procedure

DfE guidance keeping children safe in education (2018) says that 'governing bodies should ensure that there are procedures in place to handle allegations against other children'. The guidance also states the importance of minimising the risks of peer-on- peer abuse. In most instances, the conduct of students towards each other will be covered by the school's behaviour policy. Some allegations may be of such 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 under this policy will involve older students and their behaviour towards younger students or those who are vulnerable. DfE guidance issued in May 2018 "Sexual Violence and sexual harassment between children in schools and colleges" recognises that this could happen to anyone and therefore the guidance must be followed. Staff will receive training in this area.

The safeguarding implications of sexual activity between young people

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. In our society generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Key specific considerations will include:

The age, maturity and understanding of the children;

Any disability or special needs of the children;

Their social and family circumstance;

Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;

Any evidence of pressure to engage in sexual activity;

Any indication of sexual exploitation;

There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy

Taken from “The Safeguarding Implications of Events Leading to the Closure of Stanbridge Earls School – A Serious Case Review” (2015)

Policy:-

At SCHS 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 students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school’s behaviour policy.

Prevention

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

- Providing a developmentally appropriate PSHE syllabus which develops students understanding of acceptable behaviour and keeping themselves safe
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued
- Delivering targeted work on assertiveness and keeping safe, to those pupils identified as being at risk

- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

Allegations against other pupils, which are safeguarding issues

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that, to be considered a safeguarding allegation against a pupil, some of the following features will be found.

If the allegation:-

Is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil

Is of a serious nature, possibly including a criminal offence

Raises risk factors for other pupils in the school

Indicates that other pupils may have been affected by this student

Indicates that young people outside the school may be affected by this student

Examples of safeguarding issues against a student could include:

Physical Abuse

Violence, particularly pre-planned

Forcing others to use drugs or alcohol

Emotional Abuse

Blackmail or extortion

Threats and intimidation

Sexual Abuse

Indecent exposure, indecent touching or serious sexual assaults

Forcing others to watch pornography or take part in sexting

Sexual Exploitation

Encouraging other children to engage in inappropriate sexual behaviour (For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)

Photographing or videoing other children performing indecent acts

Procedure:-

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances
- The DSL should contact the multi-agency safeguarding hub to discuss the case
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate
- If the allegation indicates that a potential criminal offence has taken place, once referred to the multi-agency agency safeguarding hub, the police will become involved
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

Annex 7: Briefing sheet for temporary and supply staff

Briefing sheet for temporary and supply staff

For supply staff and those on short contracts in SCHS

While working in SHS , 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 Nell Giles, Headteacher, and can be found in the school office (ext. 6667) In the case of Nell Giles' absence, the deputy DSLs are Katie Kempsey (G3 classroom Mon-Wed ext 3344, Bursledon House ext 6667 Thursday-Friday) / Christopher Tait (Outreach tutor available on 07759483122 Mon-Fri) / Alison MacCabe (G3 classroom Mon, Tues, Thurs, Fri ext 3344)

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. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

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

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

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

Remember, if you have a concern, discuss it with the DSL, Nell Giles.

Annex 8: What is child abuse?

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 on-line, by so-called honour-based violence, forced marriage or female genital mutilation.

KCSiE 2018 sets out definitions and indicators to look for:

All school staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Abuse: a form 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

Physical abuse: a form of abuse which 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 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 from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

Neglect: 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, for example, 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 caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Specific safeguarding issues

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:
• bullying (including cyberbullying);
• physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
• sexual violence and sexual harassment;
• sexting (also known as youth produced sexual imagery); and
• initiation/hazing type violence and rituals.

Indicators of abuse
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 are worried a child is being abused 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.

Annex 9: Brook sexual behaviours traffic light tool

Brook sexual behaviours traffic light tool

Behaviours: age 0 to 5

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

What is a green behaviour?	What is an amber behaviour?	What is a red 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.	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.	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?	**What can you do?**	**What can you do?**
Green behaviours provide opportunities to give positive feedback and additional information.	Amber behaviours signal the need to take notice and gather information to assess the appropriate action.	Red behaviours indicate a need for immediate intervention and action.
Green behaviours	**Amber behaviours**	**Red 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.	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.	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.

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?	What is an amber behaviour?	What is a red 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.	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.	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?	**What can you do?**	**What can you do?**
Green behaviours provide opportunities to give positive feedback and additional information.	Amber behaviours signal the need to take notice and gather information to assess the appropriate action.	Red behaviours indicate a need for immediate intervention and action.
Green behaviours 5-9	**Amber behaviours 5-9**	**Red 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	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	frequent masturbation in front of others sexual behaviour engaging significantly younger or less able children forcing other children to take part in sexual activities simulation of oral or penetrative sex sourcing pornographic material online

Green behaviours 9-13	Amber behaviours 9-13	Red behaviours 9-13
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	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	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-traffichttps://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-toollight-tool for further information

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

Family Planning Queensland, Australia.

Behaviours: age 13 to 17

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

What is a green behaviour?	What is an amber behaviour?	What is a red 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.	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.	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?	**What can you do?**	**What can you do?**
Green behaviours provide opportunities to give positive feedback and additional information	Amber behaviours signal the need to take notice and gather information to assess the appropriate action.	Red behaviours indicate a need for immediate intervention and action.
Green behaviours	**Amber behaviours**	**Red 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	accessing exploitative or violent pornography uncharacteristic and riskrelated 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	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

Annex 10: Useful contacts

Key Personnel	Name (s)	Telephone No.
DSL	**Nell Giles**	**02381206667** **Mobile: 07824505021**
Deputy DSLs	**Katie Kempsey** **Alison MacCabe** **Christopher Tait**	**02381203344** **02381203344** **07759483122**

School's named "Prevent" lead	**Nell Giles**	**02381206667** **Mobile: 07824505021**
Nominated governor for safeguarding	**Sheila Peters**	**XXXX**
Chair of governors for allegations against staff	**David Newman**	**XXXX**
Children's referral team MASH		**023 8083 3336** **Out of hours: 023 8023 3344**
Police		**101 or in emergencies 999**
Safeguarding advisors / local authority designated officers **(LADOs)**	**Sue Servier**	**Phone: 023 8091 5535** **E-mail: LADO@Southampton.gov.uk**
School designated teacher for Looked After Children Southampton Virtual Headteacher	**Nell Giles**	**02381206667** **Mobile: 07824505021** **XXXX** **thevirtualschool@southampton.gov.uk**
Southampton CME officer	**Tina Selby**	**023 8083 3666**
UHS safeguarding lead	**Karen**	**Est 8409**

Children's service lead SCC	**Hilary Brooks**	**023 8083 4899**
Hamwic Education Trust CEO	**Robert Farmer**	**023 8078 6833**