

# Crofton Hammond Infant School

## Child Protection Policy, Procedure & Safeguarding Guidance

June 2022

Review Date: June 2023



## CROFTON HAMMOND INFANT SCHOOL

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# CROFTON HAMMOND INFANT SCHOOL

## CHILD PROTECTION POLICY

### KEEPING CHILDREN SAFE IN EDUCATION – SEPTEMBER 2021

[www.gov.uk/government/publications/keeping-children-safe-in-education--2](http://www.gov.uk/government/publications/keeping-children-safe-in-education--2)

All staff are required to read this document each year to ensure they fully understand the role that they play in safeguarding the children at our school. It is particularly important that Part One of the guidance is read and shared with the staff on an annual basis. It is the responsibility of the Designated Safeguard Leads to ensure that ALL staff who work in school have had the opportunity to read and understand this guidance on a yearly basis. The Designated Safeguard Leads should undertake training every two years, with a yearly update. All staff should receive Safeguarding training on an annual basis. This should be led by an external provider or the Designated Safeguard Lead.

#### **Purpose**

This School fully recognises its responsibility and commitment to safeguard & promote the welfare of children at our school. There is a culture of ‘it could happen here’ in our school. The purpose of this policy is to provide staff, volunteers and governors with the consistent good practice guidance 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.

#### **Context**

We recognise that children have a right to feel secure and cannot learn effectively unless they do so. Parents, carers and other people can harm children either by direct acts or failure to provide proper care or both. Children may suffer **neglect; emotional, physical or sexual abuse or a combination of such types of abuse**. All children have a right to be protected from abuse. Whilst the school will work openly with parents as far as possible, the school reserves the right to contact Children’s Social Care or the Police, without notifying parents if this is in the child’s best interests. We also recognise that our responsibilities apply during periods when children may be learning online at home or absent from school for periods of time.

#### **Aims**

These procedures apply to all staff, governors & volunteers working in the school. The aim of our procedures is to prevent children being abused & to safeguard & promote the welfare of pupils at this school in the following ways:-

- Raise awareness of child protection and safeguarding roles and responsibilities with Staff, Governors and Volunteers.
- Develop, implement and review procedures in our school that enable all staff & volunteers to identify and report cases, or suspected cases, of abuse, including peer on peer abuse.
- Support pupils who have been abused in accordance with their agreed child protection plan
- Support children with additional needs, e.g. through the CAF
- Ensure the practice of safe recruitment in checking and recording the suitability of staff and volunteers to work with children.
- Establish a safe environment in which children can learn and develop.
- Ensure that allegations or concerns against staff are dealt with in accordance with DCSF & local guidance including determining if the matter is a “low level concern”
- work in partnership with other agencies that protect children and reduce risk and engage in partnership working throughout the child protection process to safeguard children

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### Whole Staff Responsibilities

This school recognises that because of their day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:-

- 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 whom they can approach if they are worried about any problems.
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Follow the procedures set out by the Local Safeguarding Children's Board and the Local Authority and take account of guidance issued by the Department for Children, Schools and Families.
- Treat all disclosures with the strictest confidence, as per the 'Information Sharing Advice for Practitioners' (DfE 2015) guidance
- Ensure that parents have an understanding of the responsibility placed on the school and its staff for child protection by setting out its obligations in the school prospectus and that parents are offered a copy of the policy on request.
- Notify parents of our concerns, and provide them with opportunities to change the situation, where this does not place the child at greater risk.
- Notify the allocated Social Worker if there is an unexplained absence of more than two days of a pupil with a child protection plan.
- Develop effective links with Children's Social Care and cooperate as required with their enquiries regarding child protection matters including attendance at Child Protection Case Conferences.
- Liaise with other agencies that support pupils such as Child and Adolescent Mental Health Service, The Locality Team and the Educational Psychology Service through normal referral routes and the CAF process.
- Ensure that there is at least one Designated Safeguard Lead – (DSL).

### Staff should receive specific training on the following safeguarding topics:

- child missing from education
- child missing from home or care
- child sexual exploitation (CSE)
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- so called 'honour-based' violence
- mental health
- peer-on-peer abuse
- private fostering
- preventing radicalisation
- sexting
- teenage relationship abuse
- trafficking

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- understanding the additional vulnerabilities of learners with SEN and disabilities, and how those barriers can be overcome

Children at risk of the above are often the most vulnerable children in school and care should be taken to ensure that the condition of any identified children are carefully monitored and that 'Early Help' is identified where appropriate. Staff should be made aware of the difference between a safeguarding concern and a child in immediate danger or at significant risk of harm. Safeguarding is what we do for all children, whilst Child Protection refers to the procedures we use for children at risk of significant harm or who have been harmed.

### **DSL responsibilities**

**In this school the Designated Safeguard Leads are Jacky Halton, Headteacher, Ruth Halbauer, the Deputy Headteacher and Suzanne Douglass, Year 1 leader. They are all trained in Child Protection procedures. They will:**

- Ensure that all staff are trained at least annually and that new staff joining have training as soon as possible from the DSL/DDSL
- Ensure that the Governing Body understand their responsibilities under s.175 of the Education Act 2002.
- Ensure that Safeguarding of children is an agenda item at Full Governor Body meetings
- Ensure every member of staff, volunteer and governor knows the name of the designated person (DSL), their role and their contact details
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated person (DSL).
- Keep secure electronic records on CPOMS and ensure that all staff are able to access CPOMS and know how to make useful records of incidents.
- Ensure that copies of child protection records and or records of concern are transferred electronically when a receiving school has CPOMS, or via a secure hard copy (separate from pupil files) when a child leaves the school.
- Ensuring that, where a pupil on a child protection plan, or is a child looked after, leaves the school, their information is transferred to the new school immediately and that the child's Social Worker is informed. Liaise with the Virtual School Headteacher about children who are looked after, specifically with any concerns relating to Safeguarding
- Ensure staff know the difference between a 'concern' and 'immediate danger or at risk of harm'.
- Ensure that all staff are aware of the NSPCC whistle-blowing helpline number on 0800 028 0285
- Ensure that allegations against staff are assessed to determine whether they are a "Low Level Concern (LLC)" or an "allegation" and contact the Local Authority Designated Officer (LADO) for any guidance/advice or follow LLC procedures.

### **Responsibilities of Adults within the school community**

- All adults are required to be aware of and alert to the signs of abuse, including peer on peer abuse.
- If an adult identifies that a child may be in an abusive situation they should record their concerns on CPOMS and report them to the senior designated person (DSL) as soon as practical.
- If a child discloses allegations of abuse to an adult, they will follow the procedures in this policy and cannot promise a child to keep a disclosure confidential.
- If the disclosure is an allegation against a member of staff they will follow the procedures attached to this policy, recording the matter and passing to the DSL

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- If the DSL or DDSL is not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate. We will use the guidance from NPCC to determine when to contact the police
- All Governors are required to have an Enhanced DBS check. There is a nominated safeguarding governor who will take leadership responsibility for safeguarding. The Chair of Governors will receive reports of allegations against the headteacher and act on the behalf of the governing body

### **As a school we will educate and encourage pupils to Keep Safe through:**

- The content of the curriculum where 'safeguarding' is being taught to children as part of our broad and balanced curriculum and where Safeguarding included each year on the School Improvement Plan.
- A school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued
- The "Rights, Respecting Education" agenda
- The creation of a culture which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.
- The inclusion of the new Sex and Relationships Education curriculum as part of our provision for PDL across the school

### **Annual review form**

As a school, we review this policy annually in line with Hampshire Safeguarding Children's Board procedures and the following Local Authority procedures and DCSF guidance.

### **Keeping children safe in Education – Statutory guidance for schools and colleges (September 2021)**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/417715/Archived-Keeping\\_children\\_safe\\_in\\_education.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417715/Archived-Keeping_children_safe_in_education.pdf)

### **Working Together to Safeguard Children (2018)**

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Mandatory reporting of female genital mutilation: procedural information

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

N.B. In cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police. The DSL should also be made aware

Date Approved by Governing Body: **June 2022**

Next review date: **June 2023**

Date of Whole School Refresher Training: **22<sup>nd</sup> October 2021**

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### CHILD PROTECTION PROCEDURES

This school believes that Safeguarding is the responsibility of ALL staff. There is a culture that recognises that abuse can happen here at this school, just as in any other setting. The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interests between the child and parent, the interests of the child must be paramount.

These procedures should be read in conjunction with the flow chart (Annex 2).

#### **If a member of staff suspects abuse e.g. through physical injury etc. they must:**

1. Record their concerns
2. Report it to the Headteacher/Designated Safeguard Lead immediately
3. If there is a requirement for immediate medical intervention, assistance should be called for.
4. An accurate record should be made on CPOMs (which may be used in any subsequent court proceedings), within 24 hours of the disclosure, of all that has happened, including details of:
  - what they have observed and when
  - injuries
  - times when any observations / discussions took place
  - explanations given by the child / adult
  - what action was taken.
5. 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.

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

1. Decide whether or not there are sufficient grounds for suspecting significant harm. If there are grounds for concerns they must make a referral to Children's Social Care using an Inter-Agency referral Form or in an emergency contact the team on 01329 225379 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 what the child has said or what has been said they can phone Children's Social Care (CRT) to discuss concerns. To do so will not constitute a child abuse referral and may well help to clarify a situation.
2. If there are not grounds for concerns of significant harm, then the DSL will either actively monitor the situation and may involve the Family Liaison Officer and the ELSA.
3. If a child is in immediate danger, the police will be informed and can take immediate protective action. If it is believed that the child is in imminent danger urgent advice should be sought from Children's Social Care and/or the police. The child can be kept in school if advised to do so by these agencies. The parent should be informed and a decision should be made with Children's Social Care/police about who should do this.
4. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement to making a referral to Children's Social Care if necessary. However, in accordance with DCSF guidance, this will only be done when this will not place the child at increased risk. The child's views should also be taken into account.

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5. 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, and if so when and by whom, the parents should be told about the referral. This is important in cases where the police may need to conduct a criminal investigation. Where appropriate, the DSL should help the parents understand that a referral is in the interests of the child and that the school will be involved in the S 47 enquiry as per the Children Act 1989 or a police investigation.
6. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the HT/DSL should take the child to the Accident & Emergency Unit at the nearest hospital, having first notified Children's Social Care and sought advice about what action Children's Social care and /or the police will take and who and how the parents will be informed, remembering that parents should normally be informed that a child requires urgent hospital attention. If the suspected abuse is sexual then the medical examination should be delayed until Children's Social Care and the police can liaise with the hospital, unless the needs of the child are such that medical attention is the priority. There must at all times be a responsible adult with the child, whether from the school, Children's Social Care or the police, if the parents are not included.

### **In dealing with allegations or suspicions against an adult in the school environment staff, volunteers and Governors should:**

- Report to the Headteacher/DSL any concern about the conduct of other school staff, volunteers, Governors or other adults on the school site.
- Inform the Headteacher as soon as practical if a child makes an allegation against a member of staff, volunteer, Governor or other adult on site (within no more than 24 hours).
- If the allegation is against the Headteacher, the concerns need to be raised with the Chair of Governors, or the nominated Governor for dealing with allegations against the Headteacher (no more than 24 hours).
- In either event the Headteacher or Chair of Governors should contact the Local Authority Designated Officer on 01962 876364.



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### ANNEX 1: ADDITIONAL POLICIES OF CROFTON HAMMOND INFANT SCHOOL RELATED TO SAFEGUARDING

*(Links to Ofsted Briefing for section 5 Inspectors on Safeguarding Children)*

As the Governing Body of Crofton Hammond Infant School, we review the safeguarding policies on an annual basis.

This sheet records the dates when the policies were reviewed by the Governing Body. Staff are expected to have an awareness of the Child Protection Policy, the Behaviour Policy, the Code of Conduct Policy, peer on peer abuse procedures, the safeguarding response for children who go missing from education and the role of the DSL.

<b>Policy</b>	<b>Date reviewed by Governors</b>
Low Level Concerns Policy	October 2022
Health and Safety policy	July 2021
Anti – Bullying Policy	October 2020
Racism – Equalities Scheme	July 2020
Physical Restraint Policy	November 2020
Harassment and discrimination – Equalities Scheme	July 2020
Administration of Medicines Policy	June 2020
First Aid policy	June 2020
Off-Site Education policy	March 2020
Sex Education Policy	February 2020
Internet safety policy	October 2020
School site security policy	July 2021
Safer Recruitment policy <sup>1</sup>	September 2020
Code of Conduct Policy	July 2021
Well-being and Behaviour Policy	May 2022
Issues which may be specific to a local area or population, for example gang activities	N/A at present

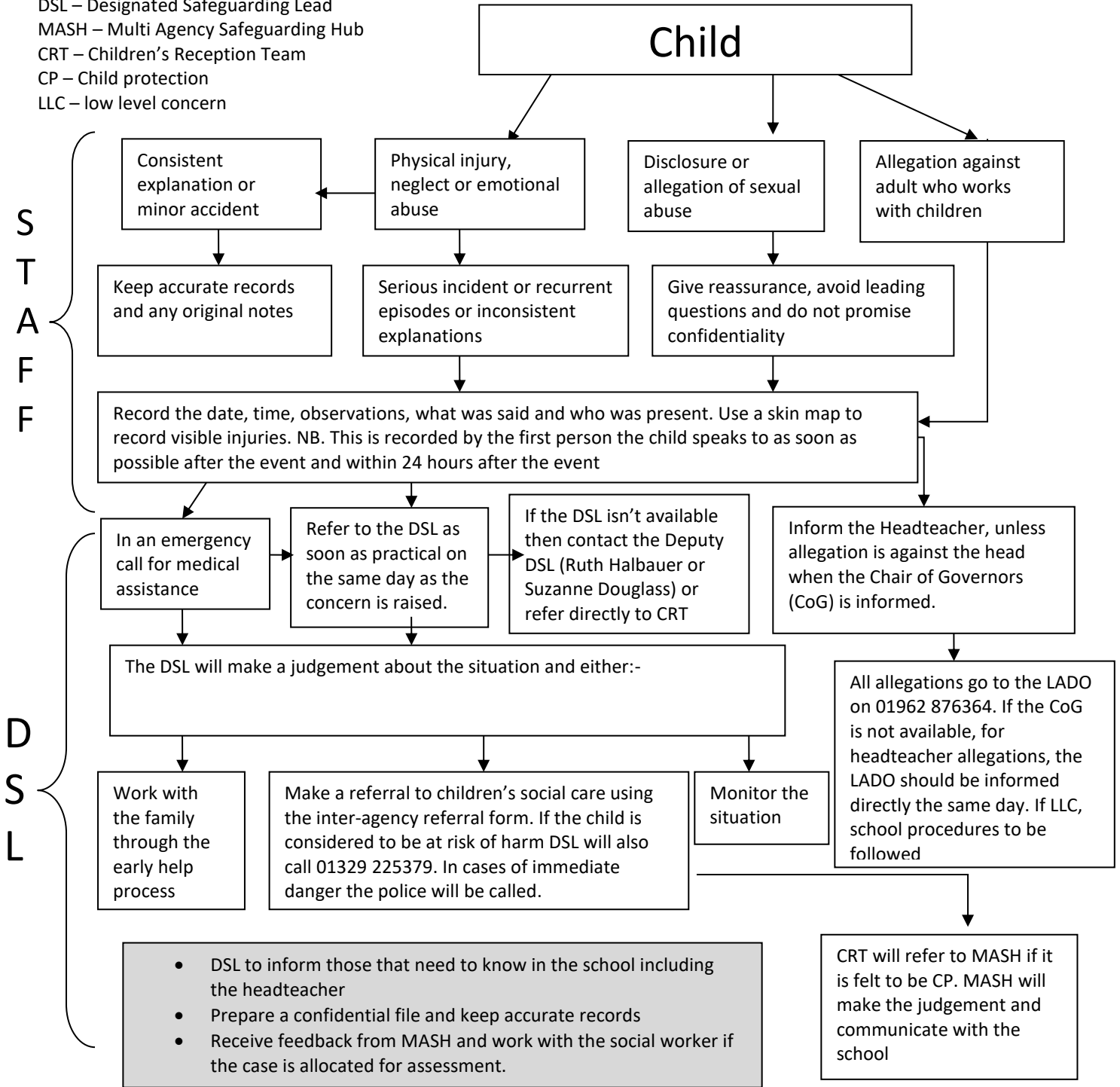
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<sup>1</sup> Safer recruitment is not listed on pg 7 of the Ofsted briefing document, but has been included for ease of reference

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## ANNEX 2: FLOWCHART FOR CHILD PROTECTION PROCEDURES

DSL – Designated Safeguarding Lead  
 MASH – Multi Agency Safeguarding Hub  
 CRT – Children’s Reception Team  
 CP – Child protection  
 LLC – low level concern



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

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### LOW LEVEL CONCERNS REPORT FORM – CROFTON HAMMOND INFANT SCHOOL

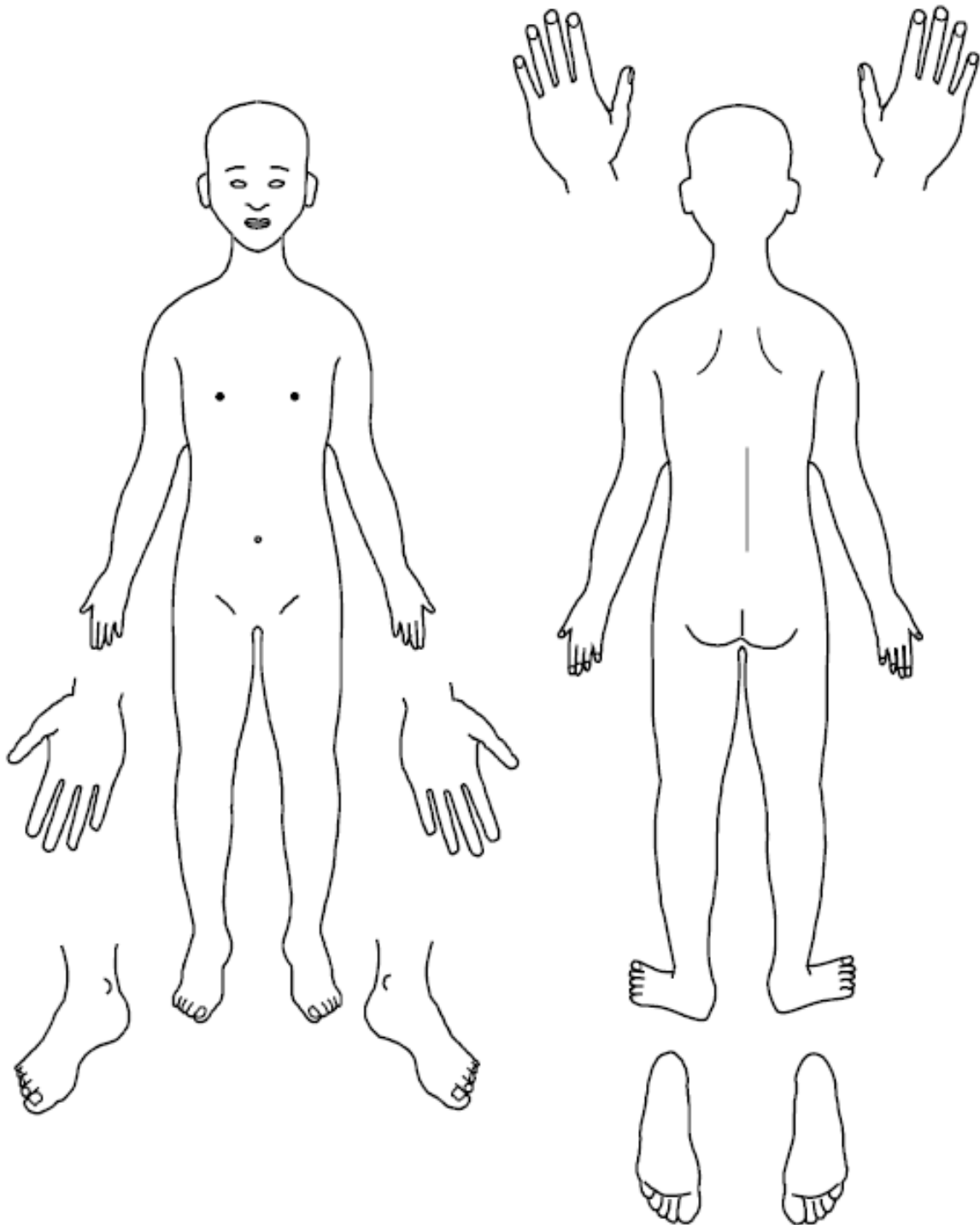
Your Details		
Name (optional)		
Role		
Date and time of completing this form		
Details of individual (including yourself for self-reporting) whom the concern is about		
Name		
Role		
Relationship to the individual reporting e.g. manager, colleague		
Date and time of Incident		
Details of concern		
<p><b>Please include as much detail as possible. Think about the following:</b>                      What behaviour and/or incident are you reporting?                      What exactly happened?                      Why does the behaviour and/or incident worry you?                      Why do you believe the behaviour and/or incident is not consistent with our Staff Code of Conduct?</p>		
Details of any children or young people involved		
Names(s)		
Next Steps		
<b>Are you willing to meet with the Headteacher and DSL to discuss your concern?</b> Please circle as appropriate.	Yes	No
<b>Please state any other information that you feel is relevant to the processing of this concern.</b>		
Signature		

Name:

Designation:

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ANNEX 4: SKIN MAP



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

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

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

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Any additional information:

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## ANNEX 5: DEALING WITH DISCLOSURES

### **All staff should:**

A member of staff who is approached by a child should maintain a positive attitude and try to reassure them. They should not 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 preferred communication method.

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

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

#### Receive

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

#### Reassure

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

#### Respond

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

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### Report

- Share concerns with the DSL as soon as possible and record the details using CPOMS.
- 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 social care department directly.

### Record

- If possible, make some very brief notes at the time, and use them to record the incident on CPOMS as soon as possible
- 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 or marks where appropriate. This can be found in Annex 4 or on CPOMS
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'.

### Remember

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it.

### Review (led by DSL)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

### **What happens next?**

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened after 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 dealt with effectively or that the child remains at risk, they should initially ask the DSL to reconsider ensuring that the risks are understood. If this does not result in a satisfactory outcome, or the DSL rationale appears to miss the risk to the child, then the Whistleblowing procedures of the school should be followed. If the DSL is unhappy with the response from Children Social Care, they should consider following the HSCP escalation protocol.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed the 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.

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### ANNEX 6: ALLEGATIONS ABOUT ADULTS WHO WORK WITH CHILDREN

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

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

Complaints could include: -

- Breaches of the code of Conduct
- 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.

Lower Level Concerns LLC's, which do not reach the allegations harm threshold (or complaints criteria) should be dealt with under the school LLC procedure as outlined in the LLC policy.

#### **Procedure for Allegations that meet the harm threshold.**

This procedure should be used in all cases when it is alleged a member of staff, supply staff, volunteer, Governor, or another adult who works with children has either:

- **behaved in a way that has harmed a child, or may have harmed a child; or**
- **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; or**
- **behaved or may have behaved in a way that indicates they may not be suitable to work with children.**

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

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

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



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In line with our referral process:

- Staff will report any concerns about the conduct of any member of staff, supply staff or volunteer to the headteacher as soon as possible.
- If an allegation is made against the headteacher, the concerns need to be raised with the Chair of Governors as soon as possible. If the Chair of Governors is not available, then the LADO should be contacted directly.
- There may be situations when the headteacher or Chair of Governors will want to involve the police immediately, if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- Once an allegation has been received by the headteacher or Chair of Governors, they will contact the LADO on 01962 876364 or [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk) as soon as possible and before carrying out any investigation into the allegation.
- Inform the parents of the allegation unless there is a good reason not to

In liaison with the LADO, the school will determine how to proceed and if necessary, the LADO will refer the matter to Children's Social Care and/or the police.

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

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in chapter 4 of 'Keeping Children Safe in Education' (2021) and the HSCP procedures.

### **Supply Staff**

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

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

### **Lower Level Concerns (LLCs)**

The LLC policy is part of the whole school approach to safeguarding. The purpose of the policy is to encourage an open and transparent culture, which enables the school or College to identify concerning, problematic or inappropriate behaviour at an early stage. It should also empower staff to share LLCs with the DSL. LLCs will be managed independently by the school or college under internal procedures.

Examples of LLCs include, but is not limited to:-

- being over friendly with children;
- having favourites;

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- 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.

The LLC policy will:-

- Ensure that staff are clear about what constitutes appropriate behaviour, and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others;
- Empower staff to share any low-level safeguarding concerns with the DSL
- Address unprofessional behaviour and support the individual to correct this at an early stage.
- Provide a responsive, sensitive and proportionate handling of such concerns when they are raised.
- Help identify any weakness in the school or colleges safeguarding system.

In line with the LLC policy:-

- All LLCs will be shared responsibly with the DSL, recorded in writing and dealt with in an appropriate and timely manner.
- All LLCs will be reviewed, so that potential patterns of concerning, problematic or inappropriate behaviour can be identified.
- If LLCs are found to be escalating and are reaching the harm threshold, A referral will be made to the LADO.

*If there is any doubt about the level at which behaviour needs to be addressed, LADO advice will be taken.*

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### **ANNEX 7: SEXUAL VIOLENCE AND SEXUAL HARRASSMENT BEWTWEEN CHILDREN IN SCHOOLS AND COLLEGES**

HSCP are currently working on a peer-on-peer protocol and once this is published the policy will be updated to take account of any relevant additions and to adapt to the age and developmental stage and understanding of young children

#### **Peer on Peer Abuse - Model Policy**

##### **Context**

This policy is about how staff should respond to all reports and concerns of child-on-child sexual violence and sexual harassment, including those that have happened outside of school or college premises, and or online. All staff are advised to maintain an attitude of “It could happen here”

Schools and colleges not recognising, acknowledging or understanding the scale of harassment and abuse, and /or downplaying some behaviours relating to abuse can lead to a culture of unacceptable behaviour, an unsafe environment and in a worst case scenario a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

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 can adversely affect their educational attainment as well as their emotional well-being. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and offline (both physically and verbally) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. It is also important to recognise that some perpetrators may themselves also be victims.

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

##### **Policy**

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

This policy is underpinned by the principle that there is a zero-tolerance approach to sexual violence and sexual harassment. We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.

We will minimise the risk of peer-on-peer abuse by: -

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### **Prevention:**

- Taking a whole school approach to safeguarding and child protection
- Providing training to staff
- Providing a clear set of values and standards, underpinned by the school's behaviour policy and pastoral support system, and by a planned programme of evidence-based content delivered through the curriculum
- Engaging with specialist support and interventions.

### **Responding to reports of sexual violence and sexual harassment:**

- Children making a report of sexual violence or sexual harassment will be taken seriously, kept safe and be supported.
- Understanding that our initial response to a report from a child is incredibly important and can encourage or undermine the confidence of victims of sexual violence and harassment to report or to come forward in the future.
- 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 disciplinary action.
- All other children at the school.
- The victim and the alleged perpetrator sharing classes and space at school.

The risk assessment will be recorded and kept under review. Where there has been other professional intervention and/or other specialist risk assessments. These professional assessments will be used to inform the school's approach to supporting and protecting pupils.

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

- The wishes of the victim.
- The nature of the incident including whether a crime has been committed and the harm caused.
- Ages of the children/young people involved.
- Developmental stages of the children/young people.
- Any power imbalance between the children/young people.
- Any previous incidents.
- On-going risks.
- Other related issues or wider context.

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

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

### **Ongoing Response:**

- **All** concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. Records should be reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified and addressed.
- The DSL will keep the risk assessment under review.
- 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 during that investigation.
- The DSL will consider how best to keep the victim and perpetrator apart on school premises and transport where appropriate.
- Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, the school will take suitable action. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view, that allowing the perpetrator to remain in the same school or college would seriously harm the education or welfare of the victim (and potentially other pupils and students).
- Where a criminal investigation into sexual assault leads to a conviction or caution, the school or college will, if it has not already, consider any suitable sanctions in light of their behaviour policy, including consideration of permanent exclusion. Where the perpetrator is going to remain at the school or college, the principle of keeping the victim and perpetrator in separate classes where possible would be maintained and continued. Consideration would be given to the most appropriate way to manage potential contact on school and college premises and transport. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.
- The victim, alleged perpetrator and other witnesses (children and adults) will receive appropriate support and safeguards on a case-by-case basis.
- When ongoing support is required by the victim, the victim should be asked whether they would find it helpful to have a designated trusted adult to talk about their needs. The choice of any such adult should be made by the victims (as far as reasonably possible) and this choice should be supported.
- The school will take any disciplinary action against the alleged perpetrator in line with behaviour and discipline in the school.
- The school recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

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### **Unsubstantiated, unfounded, false, or malicious reports**

- If a report is determined to be unsubstantiated, unfounded, false or malicious, the designated safeguarding lead should consider whether the child and/or the person who has made the allegation is in need of help or may have been abused by someone else and whether this is a cry for help. In such circumstances, a referral to children's social care may be appropriate.
- If a report is shown to be deliberately invented or malicious, the school or college, should consider whether any disciplinary action is appropriate against the individual who made it as per their own behaviour policy.

### **Physical Abuse**

While a clear focus of peer-on-peer abuse is linked to sexual abuse and harassment, physical assaults and initiation violence and rituals from pupils to pupils can also be abusive.

These are equally not tolerated and, if it is believed that a crime has been committed, will be reported to the police.

The principles from the anti-bullying policy will be applied in these cases, with recognition that any police investigation will need to take priority.

#### References:

- KCSiE (DfE 2021)
- Sexual Violence and Sexual Harassment between Children in Schools and Colleges (DfE 2021)

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### ANNEX 8: SEXUAL VIOLENCE AND SEXUAL HARRASSMENT BETWEEN CHILDREN RISK AND NEEDS TEMPLATE

*HSCP are currently working on a peer-on-peer protocol and once this is published the policy will be updated to take account of any relevant additions and to adapt to the age and developmental stage and understanding of young children*

Presenting behaviours	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
<p><b>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>	All pupils in the class may be forced or coerced into sexual activity. Early indication is that female pupils may be more at risk.	Key members of staff with supervisory responsibility have been briefed by the DSL and will increase monitoring at break times. Subject will be escorted to the toilet.	DSL Staff AB, CD & EF ELSA	From Immediate effect	ü01/02/2020. Increased monitoring & toilet supervision in place
	Other children within the community	Subject's parents Informed re: Incident & behaviour and the risk plan put in place. Made aware of referral to CSD. Agreement for <ul style="list-style-type: none"> <li>• Referral to CAMHS</li> <li>• Increased monitoring &amp; toilet. supervisor</li> <li>• Keep safe work.</li> </ul>	DSL	01/02/20	ü01/02/20 Contract of agreement has been signed by the parents to include increased. monitoring, toilet supervision and keep safe work.
		Referral to Children's social care	DSL	01/02/20	ü01/02/20 Children & Family Assessment to be completed by CAST
		Victims parents informed, and child's views gained. Child offered keep safe work.	DSL	01/02/20	üParents are satisfied with the school's actions & safeguarding measures so far. Child & family want child to remain in the same class. Keep safe work accepted.
		Referral to CAMHS	DSL	02/02/20	Referral made. ACTION – follow up with CAMHS as to the status

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					of referral after 10 working days if not heard before
		Safeguarding measures to be reviewed.	DSL & Key Staff members	09/02/20	No additional concerns raised. ACTION - Review plan again in one weeks' time
		Keep safe work to be completed. Combination of whole class and targeted work to be carried out	ELSA	23/02/2020	OUTSTANDING Work planned and due to be delivered w/c 16/02
	Community Impact Assessment LOW The parents of the Subject and the victim are satisfied that the school is taking all necessary safeguarding measures to manage the risk. There are no indications at this stage for community unrest. This will be kept under review.	DSL and SLT to be aware of any community noises about the incidents.	DSL and SLT	05/04/2020	
	Media Media and communication team to be informed if community impact assessment risk increases	SLT to contact HCC communication team if required. Monitor during term	SLT	05/04/2020	
	Information Sharing. All information sharing has been completed in line with the school's CP and GDPR policies.	Relevant information to be recorded on each child's CP file as required.			
	Social Media There are no currents risks from community use of social media. This will be kept under review.	Monitoring of social media during the term	Key staff	05/04/2020	



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Presenting Behaviour	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions

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### ANNEX 9: ONLINE SAFETY

As a school it is essential that we safeguard children from potentially harmful and inappropriate online material.

A comprehensive approach to online safety empowers staff to protect and educate pupils, students, and colleagues in their use of technology is outlined in detail with our online safety policy.

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- **content:** being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- **contact:** being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes'.
- **conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- **commerce** - risks such as online gambling, inappropriate advertising, phishing and or financial scams. If we feel pupils, students or staff are at risk, we will report it to the Anti-Phishing Working Group (<https://apwg.org/>).

We ensure that online safety is a running and interrelated theme when devising and implementing policies and procedures.

We will consider how online safety is reflected as required in all relevant policies and embedded across all areas of the curriculum, included in teacher training and within the role and responsibilities of the designated safeguarding lead as well as discussions with parents.

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## ANNEX 10: WHISTLEBLOWING

### **Whistleblowing in a safeguarding context**

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

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

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

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

Within Crofton Hammond Infant School, the headteacher Jacky Halton is the senior manager and responsible for all staff. If you are concerned that any member of staff within the school is not following safeguarding processes or behaving in a way that is placing children at risk, you should in the first place make the headteacher aware.

If your concern is about the headteacher, you should raise this with the Chair of Governors via the Clerk to Governors.

If you would prefer to raise your concerns outside the school environment you are able to contact the NSPCC whistleblowing line on 0800 028 0285 or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk) for national organisations or make contact with Hampshire County Council.

If you believe that a member of the school staff is harming a child (an allegation) and this has been reported to the headteacher and no action has been taken, or the member of staff you have concerns about is the headteacher, then you are able to contact the Local Authority Designated Officers (LADOs) on 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 the school, you should make a referral to Children's Social Care by calling 0300 555 1384 (office hours) or 0300 555 1373 (outside of office hours)

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### ANNEX 11: BRIEFING SHEET FOR TEMPORARY AND SUPPLY STAFF

#### **For supply staff and those on short contracts in Crofton Hammond Infant School**

While working in Crofton Hammond Infant School, you have a duty of care towards the children and young people 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 Jacky Halton and can be found at Crofton Hammond Infant School.

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 child 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
- Observing adult behaviour that leads you to be concerned about their suitability to work with children or young people.

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

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

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

If your concern involves the DSL or a member of the senior staff, contact the LADO on 01962 847364 or the NPSCC whistleblowing line on 0800 028 0285

**Remember, if you have a concern, report it.**

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### ANNEX 12: 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, through honour-based violence, forced marriage or female genital mutilation. 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:

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- 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)
- ensure access to appropriate medical care or treatment.

Neglect 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.

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### Indicators of neglect

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

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- 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. However, 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 4) 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



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- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

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

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

### **You should be concerned if the child or young person:**

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

### Sexual abuse

#### **The nature of sexual abuse**

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

Sexual exploitation is seen as a separate category of sexual abuse. Indicators of CSE can be found in the schools 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

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- 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.

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### ANNEX 13: USEFUL CONTACTS

Key Personnel	Name (s)	Telephone No.
DSL	Jacky Halton	01329 663733
Deputy DSL(s)	Ruth Halbauer Suzanne Douglass	01329 663733
School's named Prevent lead	Jacky Halton	01329 663733
Schools Mental Health Lead	Ruth Halbauer	01329 663733
Nominated Safeguarding Governor	Stefanie Read	Via Clerk to Governors
Chair of Governors	Philip Hodges	07725 597068 <a href="mailto:Phil25h@hotmail.com">Phil25h@hotmail.com</a>
Children's Reception Team		01329 225379
Out of hours social care		0300 555 1373
Police	Use NPCC guidance	101 or in emergencies 999
Safeguarding advisors / Local Authority Designated Officers (LADOs)	Barbara Piddington Fiona Armfield Mark Blackwell	HCC Safeguarding Unit 01962 876364 <a href="mailto:Child.protection@hants.gov.uk">Child.protection@hants.gov.uk</a>
School Nursing Team	Chat Health	07507 332 417
Children's Service Department, District Service Manager	Martyn Beales	<a href="mailto:martyn.beales2@hants.gov.uk">martyn.beales2@hants.gov.uk</a>