

Child Protection Policy

September 2018

This policy has been created using the template as issued by the Southampton Local Safeguarding Children’s Board (October 2016). Further guidance can be found here - <http://southamptonlscb.co.uk/>. Key publications have also been used for including the two new documents for 2018, ‘*Keeping Children Safe in Education*’ (September 2018) and ‘*Working Together to Safeguard Children*’ (July 2018). All procedures and practices at Upper Shirley High have been aligned to this alongside guidance from the Hamwic Trust. The Hamwic Trust also complete reviews, the most recent of which was May 2018. Any additional improvements required resulting from this review have been included within this policy.

Linked policies

This policy should be read in conjunction with:

- Offsite Visit Policy
- Restraint Policy
- Esafety Policy
- Code of Conduct (found in the Staff handbook)
- Whistleblowing Policy
- Safer Recruitment Policy
- Health and Safety Policy
- Substance Use and Misuse Policy
- Behaviour and Relationship Policy

Contents

Purpose	3
Scope	3
Definitions	3
Policy Statement	3

Section 1: Principles and Values

Leadership and management	5
Training	5

Referrals	6
Confidentiality	6
Dealing with allegations against staff	6
Dealing with allegations against students	7

Section 2: Roles and responsibilities within USH

Staff responsibilities	7
Senior Leadership Team responsibilities	8
Governing Body responsibilities	8
DSL responsibilities	8

Section 3: USH child protection procedures

Overview	9
Management	10
Governance	10

Annex 1: Flowchart for child protection procedures	12
Annex 2: Body Map	13
Annex 3: Dealing with disclosures	16
Annex 4: Allegations against staff	18
Annex 5: Managing allegations against other students	19
Annex 6: Briefing sheet for temporary and supply staff	22
Annex 7: What is child abuse?	23
Annex 8: Brook sexual behaviours traffic light tool	32
Annex 9: The PSHE overviews including the Keeping Safe curriculum	35-39
Annex 9: Useful contacts	40

Version	Version 2	Approved by	USH Governing Body
Date last amended	September 2018	Approval date	September 2018
DSL	Aimee Floyd (DHT)	Review date	September 2019

Purpose

The purpose of this policy is to:

- Keep our children safe
- provide all staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities
- ensure excellent practice across the school
- demonstrate our commitment to protecting children.

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 students 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 (update 2018)

Scope

7. The policy relates to all staff, volunteers and governors of Upper Shirley High School 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

8. 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 18 birthday. On the whole, this will apply to students 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. A detailed outline of the different types of abuse can be seen in Annex 7 and Annex 8 outlines guidance regarding sexual behaviour by children and actions.
- **DSL** is the Designated Safeguarding Lead.

Policy statement

9. We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.
10. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.
11. We maintain an attitude of “it could happen here” where safeguarding is concerned.
12. As a school we will educate and encourage students to keep safe through:
 - The content of the curriculum (Annex 9)
 - 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.

Section 1: Principles and Values

13. Children have a right to feel secure and cannot learn effectively unless they do so.
14. All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
15. 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.
16. 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.
17. Whilst the school will work openly with parents as far as possible, the school reserves the right to contact the Southampton MASH team or the police, without notifying parents if this is in the child’s best interests.

Leadership and Management

18. 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.
19. In this school any individual can contact the designated safeguarding lead (DSL) if they have concerns about a young person.

20. **The Designated Safeguarding Lead is Aimee Floyd (Deputy Headteacher). There are five deputy DSLs: David Wilding (who has a delegated responsibility to coordinate the recording and weekly meetings regarding safeguarding issues); Karen Wright (who is also the Designated Teacher for Looked After Children); Sarah Baillie (Head of Year 8); Daniel Hughes (Head of Year 9) and Stuart Woods (Headteacher).** There is a nominated governor, **Sharon Jacobsen** , who will receive reports of allegations against the headteacher and act on the behalf of the governing body
21. As an employer we comply with the “Disqualification under the Childcare Act 2006” guidance issued in September 2018. All staff receive yearly training regarding this and sign to state they have received the training. This is due to the cross phase nature of the JEP and Hamwic Trust.

Training

22. 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 every year for all staff (within the first two days), with separate training to all new staff on appointment (within the first week). All staff submit a signed form to say that have read the key documentation with regards to this policy and training as well as signing they have attended a briefing on Disqualification by Association. Staff will also complete an online training course once every two years regarding the Safeguarding of children. A certificate will be produced and stored by the DSL. Alongside this, all staff are reissued the guidance regarding the Code of Conduct and Whistleblowing as part of the Staff Handbook. They also sign to indicate they have received and read this key information.

All staff also received training in the use of CPOMS – the online tool that Upper Shirley High uses to report any safeguarding concerns. This training is completed for staff with different levels of access: a basic training for all staff so they can log incidents and add actions on those they are involved with and a more detailed training for the safeguarding team who need to access more information and possibly provide reports from the information. A refresher will be given at the start of each year as well as in-depth training for all new staff.

All staff will also have yearly updates regarding the Prevent agenda, Child Sexual Exploitation (CSE), FGM (Female Genital Mutilation) and any other key concerns that have been identified. For 2018, there has been a renewed focus on peer on peer abuse (as reflected in KCSiE, 2018). This was Once every two years, all staff will complete their Channel Awareness training regarding awareness of our role re Prevent. A certificate of training will be produced and stored by the DSL.

Staff who are delivering the PSHE programme, including aspects of the Keeping Safe curriculum, also have some training s required (Annex 9).

Training for the Safeguarding team - The DSL and two of the Deputy DSLs will attend bi-annual training Level 3 training with the Southampton LSCB, with a yearly briefing as well as regular updates to enable them to fulfil their role. The other three Deputy DSLs will complete the Level 2 training from the Southampton LSCB in the same way (*based on KCSiE 2018 guidance*).

In addition to the yearly training that takes place for all staff, specific, more bespoke training is offered to Initial Teacher Trainees and Newly Qualified Teachers as part of their induction. This training looks more closely at some of the key language that forms safeguarding reports and discussions, and shows an awareness that this can be very new for these teachers and at times, upsetting. Space is given to talk through their concerns, as well as a detailed consideration of what staff should look for and how they should speak to students if there is a concern.

23. Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training session. This policy will be updated during the year to reflect any changes brought about by new guidance.

Referral to external agencies

24. Following any concerns raised by staff, the DSL will assess the information and consider if significant harm has happened or if there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact the Southampton MASH team. If the DSL is not available or there are immediate concerns, the staff member will refer directly to the **Southampton MASH team, phoning 02380 833336 (office hours) or 02380 233344 (out of office hours)**.
25. Generally the DSL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.
26. ***N.B.*** *The exception to this process includes cases of known Female Genital Mutilation where there is a mandatory requirement for the teacher to report directly to the police.*

Confidentiality

27. We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Working Together' guidance. All staff have also been given the '7 golden rules of information sharing' as outlined in KCSiE 2018. The language of **necessary, proportionate, relevant and accurate** are used in key discussions and specific guidance has been issued regarding the formal logging of any safeguarding concerns.
28. 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'.
29. All staff are aware that they cannot promise a child to keep a disclosure confidential.

Dealing with allegations against staff

30. If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the Stuart Woods, Headteacher as per the Trust whistleblowing policy that the school adopts. 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

31. If the allegation is against the Headteacher, the person receiving the allegation will contact the Chair of Governors in the first instance, who will contact the LADO directly. This is also outlined in the Whistleblowing policy and forms part of the yearly training for staff.

Dealing with allegations against students

32. If a concern is raised that there is an allegation of a student abusing another student within the school, the 'dealing with allegations against students' guidance will be followed (Annex 5). Peer on peer abuse has formed a key part of the new KCSiE 2018 and is a key part of the training for all staff.

Section 2: Roles and responsibilities within Upper Shirley High School

Staff responsibilities

33. 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 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 on the USH CPOMs online reporting tool as well as respond to any actions that have been requested of them regarding students they support and work with.
- Ensure they are aware of whistleblowing procedures and If the disclosure is an allegation against a member of staff they will follow the allegations' procedures (Annex 5).
- Follow the procedures set out by the LSCB and take account of guidance issued by the DfE.
- Remain vigilant regarding any concerns for all children, but take extra care and attention for students where there may, more likely be, safeguarding concerns (as outlined in KCSiE, 2018)
- Ensure they know who is the Designated Teacher for looked After Children (Karen Wright) and be vigilant in ensuring the needs of these students are being met.
- Support students in line with their Child Protection Plan (as outlined by members of the Safeguarding team).
- Ensure they know who the designated safeguarding lead (DSL) and deputy DSLs are and know how to contact them.
- 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 change the situation.
- Liaise with other agencies that support students and provide early help.

Senior Leadership Team responsibilities:

33. The SLT should also:

- Contribute to inter-agency working in line with guidance (*Working Together, 2018*)
- 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 schools 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 students with respect and follow procedures
- Ensure that allegations or concerns against staff are dealt with in accordance with the Whistleblowing policy.

Governing body responsibilities

34. The Governing Body should also:

- The school has effective safeguarding policies and procedures including a child protection policy and a staff behaviour policy
- LSCB is informed annually about the discharge of duties via the safeguarding audit ☐ Recruitment, selection and induction follows safer recruitment practice.
- Allegations against staff are dealt with by the Headteacher.
- A member of the senior staff team is designated as designated safeguarding lead (DSL) and have this recorded in their job description
- Staff have been trained appropriately and this is updated in line with guidance
- Any safeguarding deficiencies or weaknesses are remedied without delay
- They have identified a nominated governor for allegations against the Headteacher (at Upper Shirley High, this is the Chair of Governors – John Barfoot, as outlined in the Whistleblowing policy).

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

In this school the DSL is Aimee Floyd. The deputy DSLs are David Wilding, Karen Wright, Daniel Hughes, Sarah Baillie and Stuart Woods.

35. In addition to the roles as outlined for staff and senior management team, the DSL will:

- Assist the governing body in fulfilling their responsibilities under section 175 or 157 of the Education Act 2002
- Attend initial training for the role and refresh this every year (Level 3 as delivered by the Southampton LCSB). By attending the initial refresher training and then demonstrating evidence of continuing professional development thereafter with regular updates.
- Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details (including mobile number)
- 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 (including key information on lanyards for any visitors)
- Ensure that whole school training occurs annually so that staff and volunteers can fulfil their responsibilities, using any new publications from the DfE as a guide as well as examples of best practice
- Ensure any members of staff joining the school outside of this training schedule receive induction prior to commencement of their duties
- Ensure that all staff are using CPOMs to record any safeguarding concerns and monitor these regarding what is written and ensuring that the actions outlined take place and the impact assessed
- Chair the weekly Safeguarding meetings (Friday at 8am) and half termly review these and their RAGing
- Keep written records of child protection concerns securely and separately from the main student file and use these records to assess the likelihood of risk
- Ensure that copies of safeguarding records are transferred accordingly (separate from student files) when a child transfers school, both written and on CPOMs
- Ensure that where a student 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
- 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.
- Work with the Head of Personal Development regarding the 'Keeping Safe' education that students receive as part of the Personal, Social and Health Education. This includes many aspects of personal safety and the outlines of the key topics and year groups they are taught to can be found in Annex 9.
- Ensure that students who may require more specific education regarding 'Keeping Safe' receive more bespoke support, possibly delivered by external agencies such as No Limits, DASH or Dr Barnardos (particularly in relation to CSE).

Upper Shirley High Child protection procedures

Overview

35. 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.

36. 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.
37. 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:

38. Make an initial record of the information on a plain piece of paper and report it to one of the DSLs immediately.
The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or headteacher are not immediately available.
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.
39. All this information must be recorded on CPOMs, including the uploading of any scanned written notes that record what has taken place. These notes must be recorded on a clean piece of paper and must be legible.
40. Further information can be found in Annex 3 of this policy regarding how to support students through a disclosure.

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

41. 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
42. 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.
43. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact the Southampton MASH team (and make a clear statement of:
 - a. the known facts
 - b. any suspicions or allegations
 - c. whether or not there has been any contact with the child's family.

44. If the DSL feels unsure about whether a referral is necessary they can phone the MASH to discuss concerns.
45. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the early help process.
46. The DSL must confirm any 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.
47. If a child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify MASH of the occurrence and what action has been taken.
48. Where there are doubts or reservations about involving the child's family, the DSL should clarify with MASH 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.
49. When a student is in need of *urgent* medical attention and there is suspicion of abuse the DSL or Headteacher should take the child to the accident and emergency unit at the nearest hospital, having first notified MASH. The DSL should seek advice about what action MASH will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.
50. All information and actions must be added to the CPOMs record and follow dates used as required.

Management

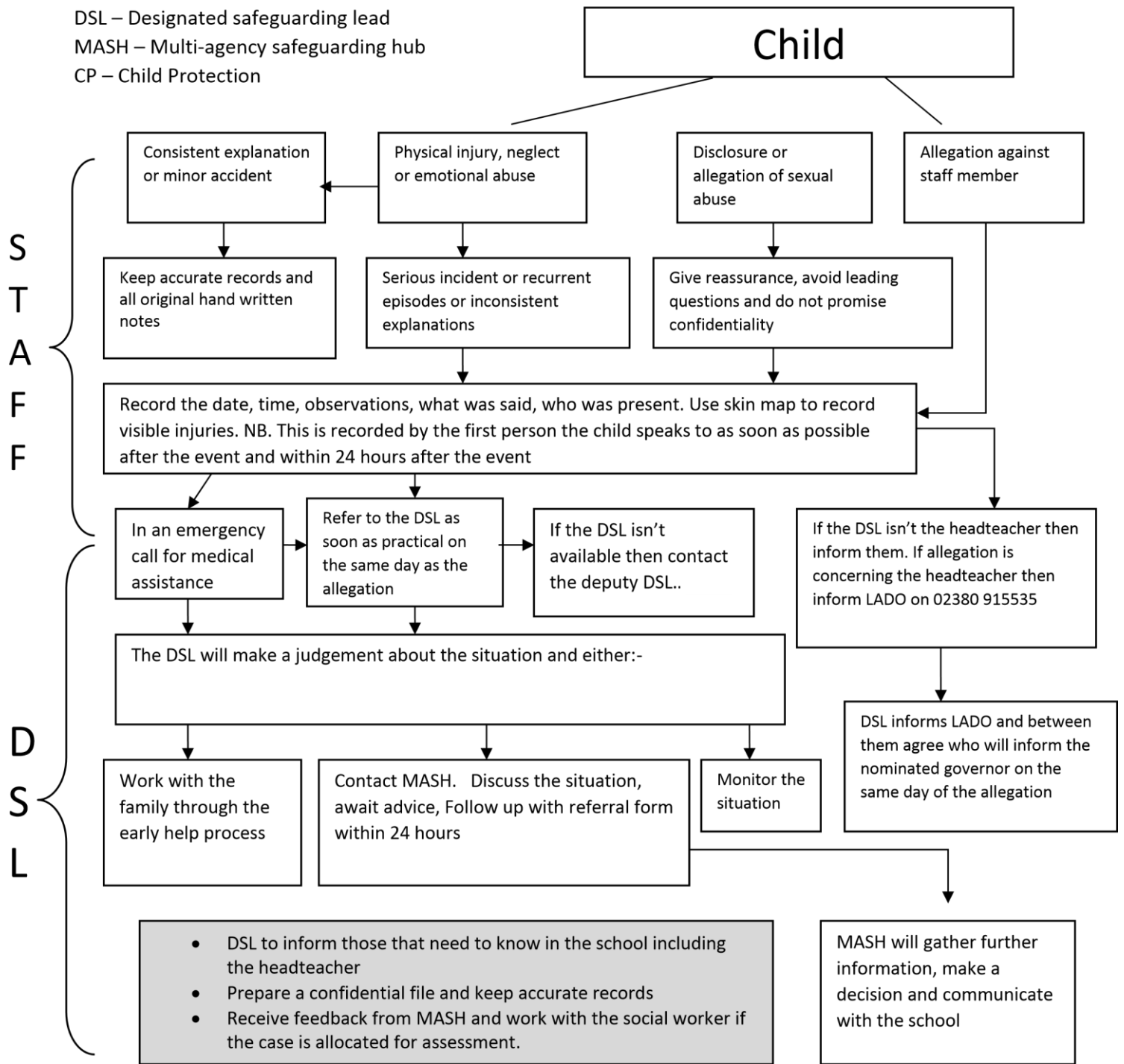
51. If it is identified that a member of staff has not acted in accordance with the policy, disciplinary action will be taken in accordance with the Hamwic Disciplinary policy.

Governance

52. As a school, we review this policy at least annually in line with Department of Education, LSCB and SCC and other relevant statutory guidance.

Annex 1: Flowchart for child protection procedures

DSL – Designated safeguarding lead
 MASH – Multi-agency safeguarding hub
 CP – Child Protection



Annex 2: 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.

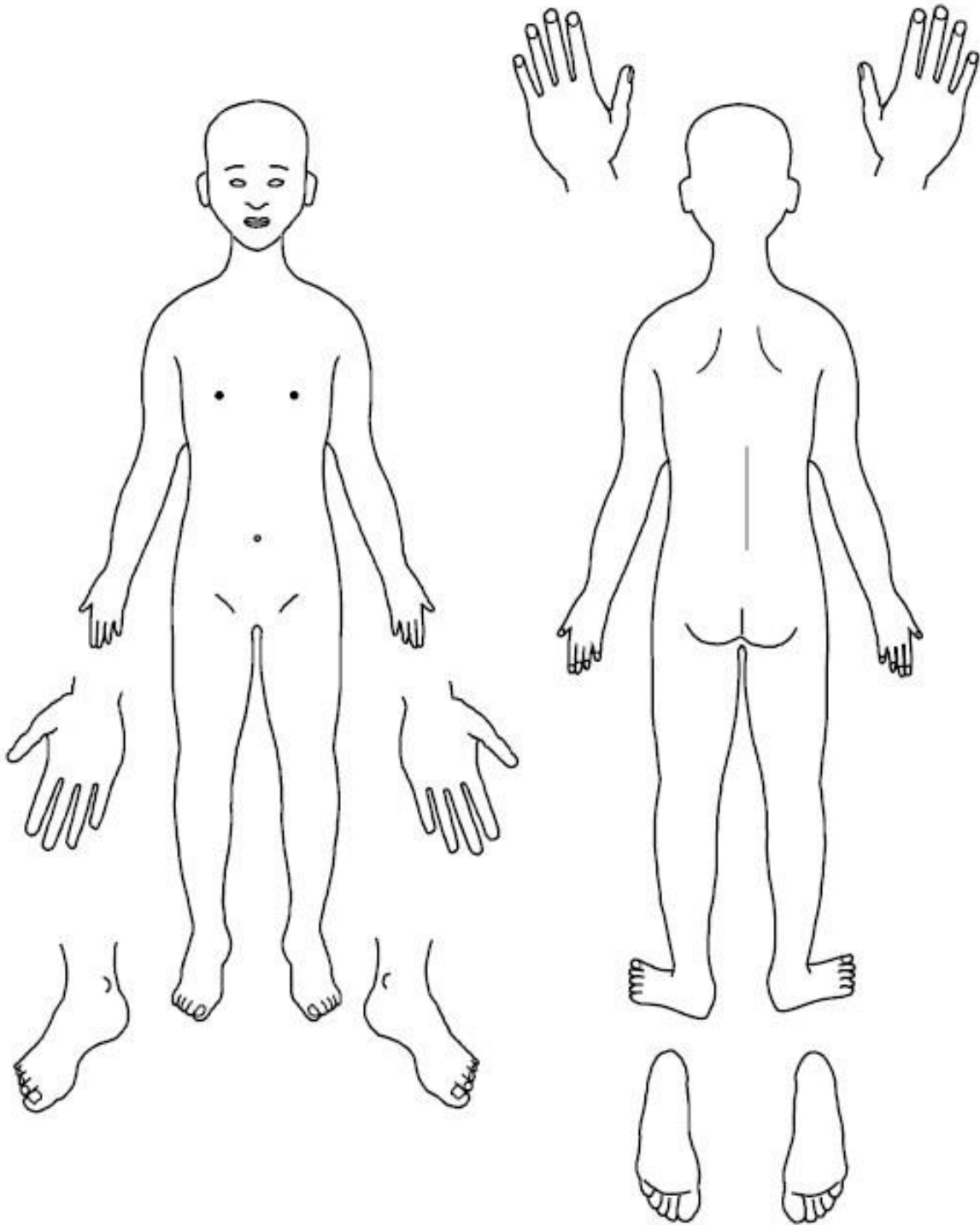
***At no time should an individual teacher/member of staff or school take photographic evidence of any injuries or marks to a child's person, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Social Care direct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

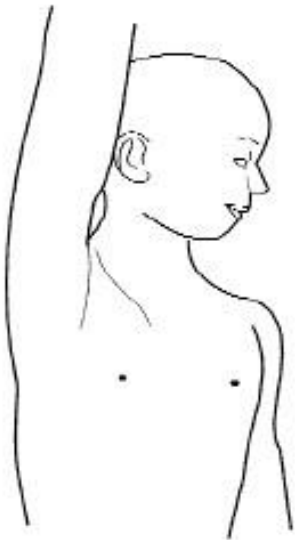
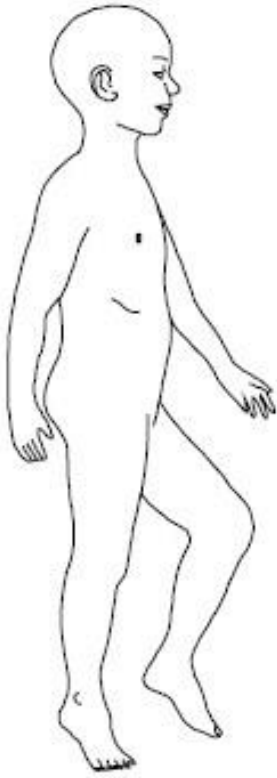
A copy of the body map should be kept on the child's concern/confidential file.



Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____



Any additional
information:

Annex 3: Dealing with disclosures

Further guidance re-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. It is important to remember that safeguarding issues can be more likely for children with SEND and that these children may struggle to communicate what has happened.

If there is anything that needs to be clarified, please find the DSL, Aimee Floyd or any of the deputies. Talk it through. Remember to trust your instinct. If you think there may be an issue, talk about it and the DSL team can help by discussing it. Ultimately, all staff have the right to make a referral to the police or MASH 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.

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 student, 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 student 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?' or use scenarios from TV programmes that students may attach their thoughts to. Such questions may invalidate your evidence (and the child's) in any later prosecution in court

- Do not criticise the alleged perpetrator; the student may care about him/her, and reconciliation may be possible
- Do not ask the student 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 student that it will be a senior member of staff
- Do not assume anything.

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. Ensure these notes are uploaded to CPOMs.
- 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 the 4 key words in information sharing: necessary, proportionate, accurate and relevant. These should guide the information that you chose to include.

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?

Follow up by DSL and SLT - What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

If anyone has concerns that the disclosure has not been acted upon appropriately, they can inform the safeguarding governor of the school and/or may ultimately contact the MASH team.

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 (Section 17) plans or Child Protection (Section 47) 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 4: 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**

The process is clearly outlined in the school's Whistleblowing policy that can be found in the HR section of policies on 'Pool'. If staff are unsure of what they should do next, and would like to discuss this with someone outside of school, they can phone the NSPCC helpline on 0800 0280285 or email help@nspcc.org.uk.

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 their line manager, 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 Chair of Governors as soon as possible
- 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 the MASH team 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' (2018) and the LSCB procedures.

Annex 5: Managing allegations against other students

KCSIE (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 and has been further refined since the last KCSIE document. In most instances, the conduct of students towards each other will be covered by the school's Behaviour and Relationship 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. These may also be linked to specific vulnerable groups of students who are more likely to suffer peer on peer abuse. This may include girls, students with SEND and students who are LGBTQ.

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))

At Upper Shirley High, 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 students by:-

- Providing a developmentally appropriate PSHE syllabus (Annex 9) 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 students identified as being at risk
- Developing robust risk assessments and providing targeted work for students identified as being a potential risk to other students.

Allegations against other students 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 student, some of the following features will be found.

If the allegation:-

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

- Is of a serious nature, possibly including a criminal offence
- Raises risk factors for other students in the school
- Indicates that other students 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
- All aspects of bullying (including cyber bullying)

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 student against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the 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. This should be added to CPOMS (necessary, proportionate, relevant and accurate)
- The DSL should contact the MASH team 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 MASH, 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 students' files (CPOMS)
- It may be appropriate to exclude the student being complained about for a period of time according to the school's behaviour policy and procedures
- Where neither the MASH team nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual 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 6: Briefing sheet for temporary and supply staff

Briefing sheet for temporary and supply staff

For supply staff and those on short contracts in Upper Shirley High School (USH)

While working in USH, you have a duty of care towards the children/students/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). In our school:

- Aimee Floyd is the DSL (Deputy Headteacher, located upstairs in the Deputy's Office)
- The Deputy DSLs are David Wilding, Karen Wright, Daniel Hughes, Sarah Baillie and Stuart Woods. Please ask someone in the Main Office to help you find one of the deputies if the DSL is not available.

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. Remember the '7 golden rules of information sharing' including the four key words when deciding what should be included in your statement: necessary, proportionate, relevant and accurate. The DSL will then decide whether this should be referred to the MASH team.

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

Annex 7: What is child abuse?

What is child abuse?

The following definitions are taken from '*Working together to safeguard children*' July 2018. In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation

What is abuse and neglect?

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

Physical abuse

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

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they

communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse

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

Neglect

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

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

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

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 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 designated person/child protection co-ordinator.

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.

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

Indicators of emotional abuse Developmental issues

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

Behaviour

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

- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

Social issues

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

Emotional responses

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

Physical abuse

The nature of physical abuse

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

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

Indicators of physical abuse / factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks

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

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

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

You should be concerned if the child or young person:

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

Sexual abuse (Annex 8 also gives further information regarding sexual behaviour)

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, and people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

Characteristics of child sexual abuse:

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

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

Indicators of sexual abuse

Physical observations

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

Behavioural observations

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

Children Missing in Education Indicators:

- have been taken out of school by their parents and are being educated outside the school system e.g. home education;
- have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
- have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,
- have been permanently excluded.

USH will view absence as both a safeguarding issue and an educational outcome issue. We may take steps that can result in legal action for attendance, or a referral to children's social care, or both.

If a child is 'Missing in Education' this will be reported to the Eliza Johnson in Southampton Local Education. Further guidance can be found in "Children Missing Education, statutory guidance for local authorities" September 2016 <http://www.gov.uk/government/publications/school-attendance>

Mandatory reporting of FGM (Female Genital Mutilation)

- From 31 October 2015, teachers now have a **legal duty** to report any cases of Female Genital Mutilation (FGM), to the police. In a change to the [FGM Act 2003](#), they will have to report any 'known' cases of FGM where, in the course of their professional duties, they either:

Indicators of FGM:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

Further information can be found in *Mandatory Reporting of Female Genital Mutilation – procedural information* (October 2015) (<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>)

Breast Ironing:

Breast ironing, also known as breast flattening, is the pounding and massaging of a pubescent girl's breasts using hard or heated objects to try to stop them developing, or to make them disappear entirely.

Breast ironing is typically carried out by the girl's mother with the belief that she is:

- Protecting her daughter from sexual harassment and / or rape;
- Preventing the risk of early pregnancy, which would tarnish the family name;
- Preventing her daughter from being forced into marriage, so she will have the opportunity to continue with her education.

Signs to look out for:

- Periods of absence from school.
- Soreness in the breast area (due to the pounding or heated objects).
- Strapping around the torso

Child Sexual Exploitation:

Child Sexual Exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in

some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.

- Sexual exploitation involves varying degrees of coercion
- Intimidation
- Enticement, including unwanted pressure from peers to have sex.
- Sexual bullying including cyberbullying and grooming.

However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Keeping Children Safe in Education (2018)

Indicators can include:

- Going missing for periods of time or regularly coming home late
- Regularly missing school or education or not taking part in education
- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infections
- Mood swings or changes in emotional wellbeing
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour

At USH, we educate all staff in signs and indicators of sexual exploitation. We use the SERAF and associated guidance to identify students at risk and we share this information with the MASH team or appropriate agencies.

Further information can be found at:

[http://www.barnardos.org.uk/what we do/our projects/sexual exploitation.htm](http://www.barnardos.org.uk/what_we_do/our_projects/sexual_exploitation.htm)

<http://paceuk.info/>

<https://ceop.police.uk>

Extremist Behaviour –Prevent

From 1 July 2015 all schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies.

The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The Prevent strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat faced from those who promote it;
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- work with sectors and institutions where there are risks of radicalisation that need to be addressed.

Any concerns raised will be passed to one of the DSLs in school who will refer to MASH (Multi Agency Safeguarding Hub) and the police. The referral needs to include:

- identifying individuals at risk;
- assessing the nature and extent of that risk;
- developing the most appropriate support plan for the individuals concerned.

Annex 8: Brook sexual behaviours traffic light tool

Behaviours: 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.

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

Behaviours: age 13 to 17

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

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

<p>Green behaviours</p> <ul style="list-style-type: none"> • solitary masturbation • sexually explicit conversations with peers • obscenities and jokes within the current cultural norm • interest in erotica/pornography • use of internet/e-media to chat online • having sexual or non-sexual relationships • sexual activity including hugging, kissing, holding hands • consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability 	<p>Amber behaviours</p> <ul style="list-style-type: none"> • 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 	<p>Red behaviours</p> <ul style="list-style-type: none"> • exposing genitals or masturbating in public • preoccupation with sex, which interferes with daily function • sexual degradation/humiliation of self or others • attempting/forcing others to expose genitals • sexually aggressive/exploitative behaviour • sexually explicit talk with younger children • sexual harassment • non-consensual sexual activity • use of/acceptance of power and control in sexual relationships • genital injury to self or others • sexual contact with others where there
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<ul style="list-style-type: none"> • choosing not to be sexually active 	<ul style="list-style-type: none"> • joining adult- only social networking sites and giving false personal information • arranging a face to face meeting with an online contact alone 	<ul style="list-style-type: none"> • is a big difference in age or ability • sexual activity with someone in authority and in a position of trust • sexual activity with family members • involvement in sexual exploitation and/or trafficking • sexual contact with animals receipt of gifts or money in exchange for sex
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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-behaviour-traffic-light-tool> for further information

Annex 9 – PSHE
 overviews
 including the
 Keeping Safe
 curriculum

Year 7

	TOPIC
1	What is PSHE?
2	What is my cultural identity?
3	How am I unique?
4	How do I learn?
5	How safe am I? (roads)
6	How safe am I (mobile phones)
7	What is Bullying?
8	How is Bullying changing?
9	How can I stop Bullying?
10	“It’s only banter!”
11	Can I resist Peer Pressure?
12	Why are we no longer friends?
13	How do I represent USH?
14	What is my community?
15	What is the makeup of the UK?
16	Is our anthem representative?
17	Who runs the Country?
18	What is Britishness?
19	What rights do I have?
20	Children in Poverty
21	What do I care about?
22	Should I give to charity?
23	How can I help the world?
24	
25	Are you a spender or a saver?
26	How do you budget?
27	Can I work out a budget?
28	What is DRAB?
29	What is DR ABC?
30	Can I use basic first aid?
31	Do I use the right fuel?
32	How am I changing?
33	
34	How do I cope?
35	

Annex 9 – PSHE
 overviews
 including the
 Keeping Safe
 curriculum

Year 8

	TOPIC
1	How prejudiced are you?
2	Is Britain racist?
3	What is prejudice?
4	How can I stop hate crime?
5	Exploring Sexuality (Fit 3 parts only)
6	
7	What makes someone great?
8	Who is the greatest Briton?
9	Why am I great?
10	
11	Who is the greatest Briton?
12	Who is the greatest Briton?
13	What are my long-term goals?
14	Where am I going?
15	What are my skills?
16	What subjects do I enjoy?
17	Are we still friends?
18	Which emoji should I use?
19	What is a healthy diet?
20	Are you a secret eater?
21	Will energy drinks help?
22	What are drugs?
23	Are Illegal drugs really that bad for you?
24	
25	What about legal highs?
26	What message am I sending out about who I am?
27	
28	How can I pay for things?
29	Help, I have run out of money!
30	
31	What is media?
32	Can you trust what you read?
33	Can you trust what you see?
34	What will your digital footprint look like?
35	

Annex 9 – PSHE
 overviews
 including the
 Keeping Safe
 curriculum

Year 9

	TOPIC
1	What are you expecting?
2	How should I learn?
3	How do I get the best at home?
4	Do I need a license to highlight?
5	Is my information correct?
6	How can I use information?
7	How is Southampton run?
8	Where can I go for help?
9 - 10	How can you protest?
11	Using social media for good
12	How can I change things?
13	Sex in the 21 st Century world
14	How does a relationship develop?
15	Contraception
16	What might go wrong?
17	The reality of relationships
18	Is your relationship healthy?
19 - 22	When do I become an adult?
23- 24	Role models
25	How do I see myself?
26	Is what I see real?
27	How do I keep a healthy mind?
28	How do I manage stress in a positive way?
29	
30	How do I deal with conflict?
31	What problems are there locally?
32	Is there proof of a problem?
33	Do I have valid evidence?

Annex 9 – PSHE
 overviews
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 Keeping Safe
 curriculum

Year 10

	TOPIC
1	What am I suited to?
2	How do I complete application forms?
3	What is a CV?
4	Creating a CV
5	What message am I sending out?
6	Interviews
7	Extremism
8	Islamophobia
9	Religious stereotyping
10	Homophobia
11	Gender
12	Preventing Prejudice
13	E-Cig/ Shisha (RS)
14	Gateway Drugs
15	Legalisation of Cannabis
16	NVS
17	Binge Drinking (RS)
18	Gambling/Debt (RS)
19	Can I save a life? Organ and blood donation
20	
21	Should we test on animals?
22	
23	Is abortion murder?
24	
25	How is the UK Governed?
26	What party should I support?
27	How do parties campaign?
28	Voting and elections

Annex 10: Useful contacts

Key Personnel	Name (s)	Telephone No.
DSL	Aimee Floyd	Ext 214/ 07951602326
Deputy DSL(s)	David Wilding Karen Wright Stuart Woods Daniel Hughes Sarah Baillie	Ext 288 Ext 2
School's named "Prevent" lead	David Wilding	
Nominated governor / chair of governors	Sharon Jacobsen	
Children's referral team	MASH	mash@southampton.gov.uk 023 8083 3336
Out of hours social care	Emergency	023 8023 3344
Police	PCSO Adey Griffiths 07392289914	101 or in emergencies 999
Safeguarding advisors / local authority designated officers (LADOs)	Sue Sevier	Phone: 023 8091 5535 E-mail: LADO@Southampton.gov.uk
School nurse	Janet Barfoot	07766902685