



# **Safeguarding and Child Protection Policy**

2025-26



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## Policy review

As a school, we review this policy at least annually in line with DfE, HSCP and HCC requirements and other relevant statutory guidance.

This document is based on relevant and up to date guidance including Keeping Children Safe in Education 2025, Guide for children and young people: Working Together to Safeguard Children 2026, Hampshire Safeguarding Children Partnership and the NSPCC.

**Date approved by governing body: September 2025**

**Review date: September 2026**

**Updated March 2026** - removed and/or updated out of date links, updated DSL team details, roles and responsibilities, updated the Fabricated or Induced Illness section

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*At Vernham Dean Gillum's, our Christian ethos, centered on the teachings of Jesus, guides our mission to develop compassionate, courageous, and creative citizens for the future. Our three core values—Compassion, Courage, and Creativity—are woven into every aspect of school life. Compassion reflects the love and empathy Jesus showed for all, inspiring us to care for one another. Courage, drawn from Jesus's example on the cross, teaches us to face challenges with resilience and strength. Creativity celebrates each individual's unique way of thinking and acting, just as Jesus did when helping others.*

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## Policy Statement

In accordance with relevant law and guidance this policy details our procedures for safeguarding and child protection. It is applicable to the whole school community.

### The purpose of this policy is:

1. to protect children and young people who receive Vernham Dean Gillum's services from harm. This includes the children of adults who use our services;
2. to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection and safeguarding;
3. to inform parents and guardians how we will safeguard their children whilst they are in our care.

**Safeguarding is everyone's responsibility and, as such, it does not rest with the Designated Safeguarding Lead (DSL) and their deputies to take lead responsibility in all of the areas covered within this policy.**

Safeguarding processes are intended to put in place measures that minimise harm to children. There may be situations that arise where gaps or deficiencies in the policies and processes we have in place will be highlighted. In these situations a review will be carried out in order to help us learn and identify changes needed to the policy, practice and culture of the school.

In addition, we provide pupils with information of who they can talk to outside of school both within the community and with local or national organisations who can provide support or help.

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We

make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to. We maintain an attitude of "it could happen here" where safeguarding is concerned.

As a school, we review this policy at least annually in line with the Department for Education, Hampshire Safeguarding Children Partnership (HSCP), and any other relevant guidance.

This policy should be read alongside:

- our Behaviour Policy
- our Staff Code of Conduct
- our Safer Recruitment Policy
- our Health & Safety Policy
- our Site Security Policy
- our First Aid Policy
- our Supporting Pupils with Medical Conditions Policy
- our Physical Intervention Policy
- our Exclusions policy
- [Working together to improve school attendance - GOV.UK](#)

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## Key Staff and Governors

Strategic Safeguarding Lead: **Ian Hickman (Executive Headteacher)**

Designated Safeguarding Lead: **Holly Bulpitt (Head of School)**

Deputies: **Ian Hickman, Flo Nicoll**

Chair of Governors: **Paul Nicoll**

Safeguarding Governor: **Paul Nicoll**

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## Principles, Values & Responsibilities

We believe that:

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

We recognise that:

- the welfare of children is paramount in all the work we do and in all the decisions we take
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
  - o While affirming the equal right to protection for all children, we recognise that some gender questioning children may face specific vulnerabilities, such as complex mental health needs, psychosocial needs, or co-occurring conditions like autism and/or attention deficit hyperactivity disorder. Therefore, our approach will be cautious and child-centered, ensuring we consider the

child's broad range of individual needs and address wider vulnerabilities, such as the risk of bullying and harassment. We are committed to creating a culture where children feel able to speak out or share their concerns with trusted staff members.

- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.
- all staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm, either in the school or in the community.

Whilst we will work openly with parents as far as possible, we reserve the right to contact Local Authority Children's Social Care or the police, without notifying parents if this is believed to be in the child's best interests.

## How we will keep children and young people safe

### At Vernham Dean Gillum's, we seek to keep children and young people safe by:

- Curating an ethos which helps them feel safe and able to talk freely about their concerns, believing that they will be listened to, respected and valued.
- Appointing a **Strategic Safeguarding Lead, Designated Safeguarding Lead, Deputies**, and a lead governing board member for safeguarding.
- Adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers.
- Developing and implementing an effective online safety policy and related procedures that address a wide range of online harms, including misinformation, disinformation, and conspiracy theories.
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures.
- Recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made.
- Recording, storing and using information professionally and securely, in line with data protection legislation and guidance.
- Ensuring the safety of our pupils in alternative provision settings by obtaining written confirmation of safeguarding checks and reviewing their placement at least half-termly.
- Managing and responding to all forms of Child-on-Child abuse, including bullying, sexual violence and harassment, and controlling behaviour.

### Strategic Safeguarding Lead Responsibilities

*The Strategic Lead (Executive Headteacher) provides high-level oversight and ensures that safeguarding is integrated into the school's long-term strategy and budget.*

- **Culture & Vision:** Ensure that the school's Christian values of Compassion, Courage, and Creativity are the foundation of a proactive safeguarding culture.
- **Resourcing:** Ensure the DSL and deputy team have sufficient time, funding, and administrative support to fulfill their roles effectively.
- **Oversight of Training:** Ensure that the whole-school training program meets statutory requirements and that the DSL team is appropriately qualified and supervised.
- **Whistleblowing & Allegations:** Act as the primary point of contact for concerns regarding the conduct of the Head of School (DSL), ensuring such matters are escalated to the Governing Body and LADO.

- **Strategic Reporting:** Provide regular, high-level reports to the Governing Body on the effectiveness of safeguarding practice, trends in "Low-Level Concerns," and the impact of the school's "Early Help" offer.

## Designated Safeguarding Lead (DSL) Responsibilities

*The DSL (Head of School) takes lead responsibility for safeguarding and child protection at an operational level. They are supported by a team of Deputy DSLs.*

- **Case Management:** Lead on the management of child protection referrals, liaising with local authorities (Hampshire/Wiltshire MASH) and the police.
- **Advice & Support:** Act as a source of expertise for all staff on matters of safeguarding, providing "professional curiosity" and guidance on individual cases.
- **Record Keeping:** Maintain the security and accuracy of safeguarding files (CPOMS), ensuring clear chronologies and evidence of professional decision-making.
- **Information Sharing:** Lead on the transfer of safeguarding records when pupils move schools and ensure that relevant information is shared internally on a "need-to-know" basis to support educational outcomes.
- **Online Safety Oversight:** Monitor filtering and monitoring reports, ensuring that any online harms are identified and addressed immediately.

## All Staff Responsibilities

*Safeguarding is the responsibility of everyone. All staff must maintain a mindset of "it could happen here."*

- **Early Identification:** Be alert to the signs of abuse and neglect, including indicators of mental health problems or domestic abuse.
- **Reporting:** Record all concerns on CPOMS within 24 hours (or immediately in person if the child is at risk of significant harm).
- **Trusted Relationships:** Build safe, open relationships with pupils so they know they can talk and will be listened to.
- **Professional Curiosity:** Look beyond a child's initial behavior or attendance patterns to understand potential underlying safeguarding risks.
- **Attendance Awareness:** Proactively notify the DSL of any pupil whose attendance drops below 90% or who has 3 consecutive days of unexplained absence.
- **Compliance:** Read at least Part One of KCSiE 2025 and follow the Staff Code of Conduct at all times.

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## Confidentiality

- We recognise that effective information sharing is a vital component of safeguarding and promoting the welfare of children. All matters relating to child protection are treated with the highest level of confidentiality.
- Information will be shared in accordance with our legal obligations under the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. These legal frameworks are not barriers to sharing information for safeguarding purposes but provide a clear basis for doing so, particularly when a failure to share would put a child at risk.
- In line with the DfE's 'Information Sharing Advice for Practitioners' guidance, we will share information when there is a clear safeguarding purpose and when it is necessary, proportionate, and relevant. This

will be done with agencies that have a statutory duty for child protection, and internally on a 'need to know' basis.

- It is a fundamental principle of our policy that staff cannot promise a child that a disclosure will be kept confidential. We will be open and honest with children and their families about why information needs to be shared, unless doing so would place the child at further risk of harm. The safety and welfare of the child will always be our primary concern.
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## Definitions

- **Safeguarding** involves promoting the welfare of children and protecting them from harm. This includes providing support as soon as issues arise, protecting children from maltreatment (both in-person and online), preventing harm to their health and development, ensuring they are raised in safe environments, and taking action to achieve the best outcomes for all children.
  - Safeguarding is a proactive process aimed at preventing harm and creating safe environments.
  - It is a broader concept than child protection, which focuses on responding to harm that has already occurred or is likely to occur.
  - Safeguarding is the responsibility of all staff, volunteers, and leaders in educational settings.
  - Staff need to be aware of factors that can make children more vulnerable to harm, such as special educational needs, disabilities, mental health challenges, or being in kinship care.
- **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.
- **Contextual safeguarding**, which has been developed by Dr. Carlene Firmin at the University of Bedfordshire's Contextual Safeguarding Network, recognises that as young people grow and develop they are influenced by a whole range of environments and people outside of their family. For example in school or college, in the local community, in their peer groups or online. Children and young people may encounter risk in any of these environments. Sometimes the different contexts are inter-related and can mean that children and young people may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people and help to keep them safe. It's an approach that's often been used to apply to adolescents, though the lessons can equally be applied to younger children, especially in today's changing world.
- 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 governors and parents when acting in a voluntary capacity within the school.
- **Child** refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to pupils of our school; however the policy will extend to visiting children and students from other establishments
- **Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers.

**Abuse** is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill-treatment that is not physical, as well as the impact of witnessing ill-treatment of others. This can be particularly relevant in relation to the impact of all forms of domestic abuse. Children can be abused in a family, in an institutional or community setting, by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or by another child or children (Child-on-Child abuse).

**Child-on-Child Abuse:** We recognise that children can be abused by their peers, both online and offline. This can include, but is not limited to, bullying (including cyberbullying), sexual violence and harassment, and controlling or coercive behaviour. All staff have a responsibility to be alert to the signs of Child-on-Child abuse and to respond appropriately, in line with the school's procedures.

Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. **Domestic abuse** can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

- [Domestic Abuse Act 2021 - GOV.UK](#)
- [Domestic abuse support and information | Health and social care | Hampshire County Council](#)
- [Domestic abuse awareness and information - Wiltshire Council](#)
- [Operation Encompass](#)

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

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

**Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education and is addressed in our 'Child-on-Child Abuse' section.

**Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for

example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The **Hampshire and Isle of Wight Local Safeguarding Children Partnership's (LSCPs)** Neglect Toolkit ([Neglect - Hampshire SCP](#)) is used to provide a more detailed summary of neglect and the local thresholds for referrals.

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 Thresholds Chart:

<https://www.hampshirescp.org.uk/documents/hiow-thresholds-chart/>

**Wiltshire's Multi-Agency Thresholds Guidance** provides a model of integrated working and gives practical guidance on making decisions across service thresholds. For more information about multi-agency thresholds go to:

[https://www.wiltshiresvpp.org.uk/assets/02523611/wiltshire\\_s\\_multi-agency\\_threshold\\_document\\_for\\_children\\_2024\\_v2\\_31\\_final.pdf](https://www.wiltshiresvpp.org.uk/assets/02523611/wiltshire_s_multi-agency_threshold_document_for_children_2024_v2_31_final.pdf)

All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the DSL if they have concerns about a child. It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.

### **A note on Kinship Care**

In September 2024, the role of Virtual School Heads was further extended to include a non-statutory responsibility to promote the educational achievement of all children in kinship care. Non-statutory guidance on Promoting the education of children with a social worker and children in kinship care arrangements contains further information on the roles and responsibilities of Virtual School Heads. ([Promoting the education of children with a social worker and children in kinship care arrangements: virtual school head role extension - GOV.UK](#))

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## **Training**

- All staff, including new staff and volunteers, will receive annual safeguarding training. This training will cover the statutory guidance in **Keeping Children Safe in Education 2025**. All staff are also required to read at least **Part One** of the guidance and confirm they have read and understood it as part of their induction. The DSL, their Deputies, or a suitably qualified and experienced safeguarding professional will carry out this training
- Where staff join during the year they will be trained by one of the DSLs.
- The DSLs will attend refresher training at least every other year to enable them to fulfil their role.
- Safeguarding information is shared via the staff briefing each week. Different scenarios as well as important updates, safeguarding news and online safety are discussed on a regular basis.

- DSLs also provide regular ongoing training to support staff via bespoke meetings.
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# Procedures

## Making a referral

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

1. Listen, reassure, acknowledge and be transparent about next steps
2. Make an initial record of the information
3. Report it to the DSL using CPOMS (see point 5, but **immediately** and **in person** if the situation is urgent)
4. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL is not immediately available
5. Make an accurate record on CPOMS (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:
  - a. Dates and times of their observations
  - b. Dates and times of any discussions in which they were involved
  - c. Any injuries
  - d. Explanations given by the child / adult
  - e. What action was taken
  - f. Any actual words or phrases used by the child
6. In the absence of the DSL or their Deputy, be prepared to refer directly to Local Authority Children's Social Care (and the police if appropriate) if there is the potential for immediate significant harm

<b>HAMPSHIRE</b>	<b>WILTSHIRE</b>
<p>In an emergency, call 999.</p> <p>Hampshire Children's Services</p> <p>Public phone number: 0300 555 1384</p> <p>Professionals should complete the online <a href="#">IARF</a></p> <p>For urgent Child protection enquiries, professionals can phone: 01329 225379. The <a href="#">FAQ</a> section includes detailed information regarding the Children's Reception Team (CRT) and the Multi-Agency Safeguarding Hub (MASH).</p>	<p>Wiltshire Multi-Agency Safeguarding Hub (MASH) 0300 456 0108 (08:45am-5pm Mon-Thurs) and (8:45am-4pm) Friday.</p> <p>Emergency Duty Service 0300 456 0100 (5pm - 8.45am.</p> <p>If a child is in immediate danger or left alone, you should contact the police or call an ambulance immediately on 999.</p> <p><a href="#">Contact children's services.</a></p>

**Following a report of a concern or the build up of concerns the DSL must:**

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to the appropriate Local Authority Children's Care and the police if it is appropriate. The rationale for this decision should be recorded by the DSL.
2. Normally we will discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Local Authority Children's Care. However, in accordance with DfE guidance, this will only be done when it will not place the child at increased risk or could impact a police investigation.
3. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Local Authority Children's Care or the police whether the parents should be told about the referral and,

if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. The child's views should also be taken into account.

4. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or Deputy) must contact Local Authority Children's Care via the Inter-Agency Referral Form (IARF) making 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
5. If there is indication that the child is suffering significant harm, a call will also be made to the Children's Reception Team (CRT) on 01329 225379.
6. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Local Authority Children's Care of the occurrence and what action has been taken
7. When a pupil needs *urgent* medical attention and there is suspicion of parental abuse causing the medical need, the DSL or their Deputy should take the child to the accident and emergency unit at the nearest hospital, while Local Authority Children's Care are informed. Advice should be sought from Local Authority Children's Care about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.
8. If there is not a risk of significant harm, the DSL will either actively monitor the situation or consider the Early Help process

### **Guiding principles for managing a disclosure: the seven R's**

#### **Receive**

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

#### **Reassure**

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

#### **Respond**

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

#### **Report**

- Share concerns with the DSL as soon as possible
- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children's services department directly
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration

## **Record**

- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

## **FOR DSLs**

KCSIE 2025 says:

"Records should include:

- a clear and comprehensive summary of the concern
- details of how the concern was followed up and resolved
- a note of any action taken, decisions reached and the outcome"

## **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?

## **Child on Child Abuse**

*Child on Child Abuse is inappropriate behaviours between children that are abusive in nature including physical, sexual, or emotional abuse, exploitation, sexual harassment, all forms of bullying, coercive control, hazing/initiation rituals between children and young people, both on and offline (including that which is within intimate personal relationships).*

We recognise that children are capable of abusing each other. 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.

Signs of Child on Child Abuse could include:

- Absence from school or lack of interest in school activities.
- Physical injuries.
- Mental or emotional ill-health.
- Becoming withdrawn.
- Poor self-esteem.
- Tiredness.
- Alcohol or other substance misuse.
- Changes in behaviour.
- Inappropriate behaviour for their age.
- Displaying harmful behaviour towards others.

Any child can experience child-on-child abuse, but the following are more vulnerable.

- Those aged 10 and upwards.

- Girls and young women are more likely to be harmed, while boys and young men are more likely to have harmed.
- Black and minority ethnic children and young people are often under-identified as having been harmed and over-identified as having harmed others.
- Those with special educational needs and/or disabilities.
- Those with intra-familial abuse in their histories or those living with domestic abuse.
- Those who are in care.
- Those who are experiencing or have experienced bereavement following the loss of a parent, sibling or friend.
- Those who are, or are perceived to be, LGBT+.
- Those who are in boarding schools or other residential institutions.

### **Context**

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

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

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

### **How will we minimise the risk of child on child abuse?**

- By taking a whole school approach to safeguarding & child protection
- By providing training to staff
- By 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.
- By engaging with specialist support and interventions.

### **How will we respond to reports of sexual violence and sexual harassment?**

- Children making a report of sexual violence or sexual harassment will be taken seriously, kept safe and be well supported.
- If the report includes an online element staff will be mindful of the [Searching, Screening and Confiscation - GOV.UK](#)
- 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 Local Authority Children's Care (01329 225379).
- Following a report the DSL will make an immediate risk and needs assessment on a case-by-case basis.
- The Risk assessment will consider:
  - The victim, especially their protection and support.
  - The alleged perpetrator, their support needs and any discipline action.
  - All other children at the school.
  - The victim and the alleged perpetrator sharing classes and space at school.

- The risk assessment will be recorded and kept under review.

Where there has been other professional intervention and/or other specialist risk assessments, these professional assessments will be used to inform the school's approach to supporting and protecting pupils.

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

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

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

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

**Ongoing Response:**

- The DSL will manage each report on a case by case basis and will keep the risk assessment under review.
- Where there is a criminal investigation into a rape, assault by penetration or sexual assault, the alleged perpetrator should be removed from any classes they share with the victim.
- The DSL will consider how best to keep the victim and perpetrator a reasonable distance apart on school premises.
- 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 or 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 would be to continue keeping the victim and perpetrator in separate classes and continue to consider 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 & adults) will receive appropriate support and safeguards on a case-by-case basis.
- The school will take any disciplinary action against the alleged perpetrator in line with behaviour and discipline in schools.
- The school recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

**Physical Abuse**

While a clear focus of Child on Child abuse is around sexual abuse and harassment, physical assaults and initiation violence and rituals from pupils to pupils can also be abusive. These are equally not tolerated.

## The Early Help Process

'Early Help' means 'identifying as early as possible if a child or family needs support and helping them to access services, working together to ensure that this has maximum impact. In other words, offering the right help at the right time.'

Any child may benefit from early help. We will be particularly alert to the potential need for early help for a child who:

- is disabled or has certain health conditions and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care plan)
- has a mental health need
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and associations with organised crime groups or county lines
- is frequently missing/goes missing from education, home or care
- has experienced multiple suspensions, is at risk of being permanently excluded from schools, colleges and in Alternative Provisions or a Pupil Referral Unit
- is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- is at risk of being radicalised or exploited
- has a parent or carer in custody, or is affected by parental offending
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing alcohol and other drugs themselves
- is at risk of so-called 'honour' based abuse such as Female Genital Mutilation or Forced Marriage
- is a privately fostered child.

HAMPSHIRE	WILTSHIRE
<p>The Early Help model is coordinated through eight multi-agency hubs: Basingstoke and Deane, East Hampshire, Eastleigh and Winchester, Fareham and Gosport, Hart and Rushmoor, Havant, New Forest, Test Valley.</p> <p>The hubs are coordinated by the Family Support Service (FSS) and involve a range of practitioners who contribute to the local Early Help offer.</p> <p>FSS is part of the 'early help' provision for Hampshire run by the County Council for families with children aged 0 to 19 years (or up to 25 for young adults with learning difficulties and/or disabilities) to provide a joined-up, whole-family service to those who have high levels of need.</p> <p>Hampshire has ten early help hubs. Each hub meets on a weekly basis to coordinate the multi-agency response for families.</p> <p><b>The Hampshire Early Help Model</b></p>	<p>In Wiltshire there is a new (ESA), which replaces the Common Assessment Form (CAF). The form is designed to be easy to use and enables:</p> <ul style="list-style-type: none"> <li>• a holistic, strengths based approach</li> <li>• shared language across the professional network</li> <li>• provides a framework for information sharing</li> <li>• evidences progress</li> <li>•</li> </ul> <p><a href="#">Contact children's services - Wiltshire Council</a></p>

<p>Level 1 – Universal (School, GPs, Health visiting, School nursing)</p> <p>Level 2 – Early Help (Single agency/partnership working – Schools, Local Partnerships, Health, Children’s Centres, Youth Support)</p> <p>Level 3 – Targeted Early Help (Coordinated multi-agency response – Early Help Hub provision)</p> <p>Level 4 – Statutory Local Authority Children’s Care</p> <p><a href="#">Hampshire early help intervention pathway   Children and Families</a></p>	
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# Appendices

## Briefing sheet for temporary and supply staff

While working at Vernham Dean Gillum's you have a duty of care towards the 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's designated safeguarding lead (DSL) or one of the Deputies.

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

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

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

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

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

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

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

Working Together to Safeguard Children (2026) 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 Local Authority Designated Officer (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 a school LLC procedure.

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.

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 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

## Contacting the LADO

Please do not email individual LADOs directly for new advice or referrals. Please make contact as outlined below:

- If you are unsure whether or not you need to make a LADO referral, please fill in and submit a [Hampshire LADO Enquiry Form](#). Initial enquiry forms will be reviewed by the duty LADO and advice provided as appropriate.
- If you wish to make a LADO referral, please fill in this word version of our [Hampshire LADO Notification form](#) and email it to [LADO@hants.gov.uk](mailto:LADO@hants.gov.uk). It will be reviewed by the duty LADO, assessed and allocated if appropriate, alternatively LADO advice will be given.

In liaison with the LADO, we 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 us 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.

## Low Level Concerns (LLCs)

In line with the LLC procedures:

- 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.
- Records of low-level concerns will be kept confidentially in a central electronic file, separate from personnel files, to allow the DSL to monitor for patterns of behavior that may meet the harm threshold if repeated.

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

For all other cases, where the allegation is concluded to be either, unfounded, false, malicious or unsubstantiated the case manager (and if they have been involved the LADO) should consider the facts and determine whether any lessons can be learned and if improvements can be made.

Our Low Level Concerns procedures are included in our Code of Conduct.

## Brook sexual behaviours traffic light tool

### Behaviours: age 0 to 5

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

#### What is a green behaviour?

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

#### What can you do?

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

#### Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about

breasts, bottoms or genitals of adults

- games e.g. mummies and daddies,
- doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

#### What is an amber behaviour?

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

#### What can you do?

Amber behaviours signal the need to take notice and gather

information to assess the appropriate action.

#### Amber behaviours

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

#### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive,

coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young

children involving penetration with objects

- forcing other children to engage in sexual play

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

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

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

### Behaviours: age 5 to 9 and 9 to 13

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

### What is a green behaviour?

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

### What can you do?

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

### Green behaviours 5-9

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g.

differences between boys and girls, how sex happens, where babies come from, same-sex relationships

- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

### Green behaviours 9-13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online

- need for privacy
- consensual kissing, hugging, holding hands with peers

### What is an amber behaviour?

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

### What can you do?

Amber behaviours signal the need to take notice and gather

information to assess the appropriate action.

### Amber behaviours 5-9

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

### Amber behaviours 9-13

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying

- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

### What is a red behaviour?

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

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours 5-9

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in

- sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

### Red behaviours 9-13

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

### What is a red behaviour?

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

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children

- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there
- is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

## Intimate care

Guidelines for good practice adapted from the Chailey Heritage Centre

1. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. The 4LSCBs (Local Safeguarding Children's Board) believe this practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. The 4LSCBs recognise that there are partner agencies that recommend two carers in specific circumstances. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Agencies should consider the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse.
2. Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.
3. Be responsive to a child's reactions. It is appropriate to "check" your practice by asking the child - particularly a child you have not previously cared for - "Is it OK to do it this way?"; "Can you wash there?"; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.
4. Make sure practice in intimate care is as consistent as possible. Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?
5. Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.
6. If you are concerned that during the intimate care of a child:
  - You accidentally hurt the child;
  - The child seems sore or unusually tender in the genital area;
  - The child appears to be sexually aroused by your actions;
  - The child misunderstands or misinterprets something;
  - The child has a very emotional reaction without apparent cause (sudden crying or shouting).

Report any such incident as soon as possible to another person working with you and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

7. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.
8. Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

Intimate care is, to some extent, individually defined and varies according to personal experience, cultural expectations and gender. Children who experience intimate care may be more vulnerable to abuse:-

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to make decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless
- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately
- Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer

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### **Fabricated or induced illness (FII)**

FII is considered as, 'a clinical situation where a child has suffered or is likely to suffer significant harm through the fabrication, falsification or induction of illness by a carer and/or from responses to these parental actions by health professionals'. By using the term FII, health professionals are expressing their concerns that the child has suffered or is likely to suffer significant harm. In describing the harm, all professionals, health and non-health, are encouraged to use the language of Working Together, which is multi-agency.

[Fabricated or Induced Illness in children and young people by Carers \(FII\) HIPS multiagency guidance](#)

When making interagency contacts the focus should be on harm described as physical abuse, emotional abuse or neglect, not as 'FII'.

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## Mental Health

Class teachers see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of pupils. The balance between the risk and protective factors are most likely to be disrupted when difficult events happen in pupils' lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;
- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, school staff will provide opportunities for the child to talk or receive support within the school environment. With due consideration to confidentiality, parents will be informed of the concerns and a shared way to support the child will be discussed. Where the issues raised require additional professional support, referrals will be made to the appropriate team or service with the parent's agreement. Older children may give consent without the parents knowledge if they are deemed competent in accordance with Fraser Guidelines and Gillick Competency indicators

[Gillick competence and Fraser guidelines | NSPCC Learning](#)

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## Online Risks

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 and establishes the following mechanisms to identify, intervene in, and escalate any concerns where appropriate.

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, extremism, misinformation, disinformation (including fake news) and conspiracy theories.
- **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 and that there is appropriate filtering on all school devices and school networks and effective

monitoring of internet use in place . Staff training includes understanding roles and responsibilities in relation to filtering and monitoring.

In developing our online safety policies and procedures we will refer to the DfE guidance: Meeting digital and technology standards in schools and colleges ([Meeting digital and technology standards in schools and colleges - Filtering and monitoring: core standard - Guidance - GOV.UK](#)) and the department's Plan technology for your school - GOV.UK to carry out a self-assessment against the filtering and monitoring standards.

We understand that education settings are directly responsible for ensuring they have the appropriate level of security protection procedures in place in order to safeguard their systems, staff and learners and review the effectiveness of these procedures periodically to keep up with evolving cyber-crime technologies.

We will consider how online safety, including the use of generative artificial intelligence, 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.

We understand that technology, and risks and harms related to it, evolve, and change rapidly and we will carry out regular reviews of our approach to online safety to consider and reflect the risks to our pupils.

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### **Transfer of information when a pupil changes school**

**The Education (Pupil Information) (England) Regulations 2000 (SI 2000/297)** (as amended by SI 2001/1212 and SI 2002/1680) governs the transfer of information between schools.

- Regulation 10(3) states that 'The head teacher of the pupil's old school shall send the information within fifteen school days of the pupil's ceasing to be registered at the school'.

***However.***

- Regulation 10 (4) states that 'This regulation does not apply where it is not reasonably practicable for the head teacher of the old school to ascertain the pupil's new school or where the pupil was registered at his old school for less than four weeks'.

If the CME team or any other agency becomes aware the child has moved to another school the service should ensure all relevant agencies are informed so that arrangements can be made to forward records from the previous school.

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### **Prejudice based abuse**

Prejudice based abuse or hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a person's real or perceived:

- Disability
- Race
- Religion
- Gender identity
- Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender doesn't have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

- threatened or actual physical assault
- derogatory name calling, insults, for example racist jokes or homophobic language
- hate graffiti (e.g. on school furniture, walls or books)
- provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations
- distributing literature that may be offensive in relation to a protected characteristic
- verbal abuse
- inciting hatred or bullying against pupils who share a protected characteristic
- prejudiced or hostile comments in the course of discussions within lessons
- teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
- refusal to cooperate with others because of their protected characteristic, whether real or perceived
- expressions of prejudice calculated to offend or influence the behaviour of others
- attempts to recruit other pupils to organisations and groups that sanction violence, terrorism or hatred.

As a school we will respond by:

- clearly identifying prejudice based incidents and hate crimes and monitor the frequency and nature of them within the school
- taking preventative action to reduce the likelihood of such incidents occurring
- recognising the wider implications of such incidents for the school and local community
- providing regular reports of these incidents to the Governing Body
- ensuring that staff are familiar with formal procedures for recording and dealing with prejudice based incidents and hate crimes
- dealing with perpetrators of prejudice based abuse effectively
- supporting victims of prejudice based incidents and hate crimes
- ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again

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## **Faith Abuse**

The number of known cases of child abuse linked to accusations of "possession" or "witchcraft" is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem.

Such abuse generally occurs when a carer views a child as being "different", attributes this difference to the child being "possessed" or involved in "witchcraft" and attempts to exorcise him or her. A child could be viewed as "different" for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child. There are various social reasons that make a child more vulnerable to an accusation of "possession" or "witchcraft". These include family stress and/or a change in the family structure. The attempt to "exorcise" may involve

severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the school becomes aware of a child who is being abused in this context, the DSL will follow the normal referral route to Local Authority Children's Care.

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## **Gangs and Youth Violence**

The vast majority of young people will not be affected by serious violence or gangs. However, where these problems do occur, even at low levels there will almost certainly be a significant impact.

As a school we have a duty and a responsibility to protect our pupils. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While pupils generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education.

Primary schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work can be done within school to prevent negative behaviour from escalating and becoming entrenched.

As a school we will:

- develop skills and knowledge to resolve conflict as part of the curriculum;
  - challenge aggressive behaviour in ways that prevent the recurrence of such behaviour;
  - understand risks for specific groups, including those that are gender-based, and target interventions;
  - safeguard, and specifically organise child protection, when needed;
  - make referrals to appropriate external agencies;
  - carefully manage individual transitions between educational establishments, especially into Pupil Referral Units (PRUs) or alternative provision; and
  - work with local partners to prevent anti-social behaviour or crime.
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## **Private fostering**

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility for 28 days or more. It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the children's services department of any private fostering arrangement. If the school becomes aware that a pupil is being privately fostered we will inform the children's services department and inform both the parents and carers that we have done so.

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## Parenting

All parents will struggle with the behaviour of their child(ren) at some point but this does not make them poor parents or generate safeguarding concerns. It makes them human and provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren). Some children have medical conditions and/or needs e.g. Tourette's, ASD, ADHD that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the child(ren) in situations of risk or harm. In situations where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the child(ren) without the requirement for a social work assessment or plan being in place.

As a school we will support parents in understanding the parenting role and provide them with strategies to make a difference by:

- providing details of community based parenting courses [Family Information and Services Hub \(FISH\) | Hampshire CTSH](#)
- linking to web based parenting resources (for example <http://www.familylives.org.uk/>)
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence based parenting programmes)
- Considering appropriate early help services <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/early-help>

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## Off site visits

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the school and residential visits, can involve higher levels of risk. If these are annual or infrequent activities, a review of an existing assessment may be all that is needed. If it is a new activity, a visit involving adventure activities, residential, overseas or an 'Open Country' visit, a specific assessment of significant risks must be carried out. The school has an educational visits coordinator (EVC) who liaises with the local authority's outdoor education adviser and helps colleagues in schools to manage risks and support with off site visits and provides training in the management of groups during off site visits, as well as First Aid in an outdoor context.

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## Taking and the use and storage of images

As a school we will seek consent from the parent of a pupil and from teachers and other adults before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in school publications, printed media or on electronic publications.

We will not seek consent for photos where you would not be able to identify the individual.

We will seek consent for the period the pupil remains registered with us and, unless we have specific written permission, we will remove photographs after a child (or teacher) appearing in them leaves the school or if consent is withdrawn.

Photographs will only be taken on school owned equipment and stored on the school network. No images of pupils will be taken or stored on privately owned equipment by staff members.

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### **Transporting pupils**

On occasions parents and volunteers support the task of transporting children to visits and off-site activities arranged by the school. (This is in addition to any informal arrangements made directly between parents for after school clubs etc.)

In managing these arrangements the school will put in place measures to ensure the safety and welfare of young people carried in parents' and volunteers' cars.

Where staff, parents', or volunteers' cars are used on school activities the school will notify them of their responsibilities for the safety of pupils, to maintain suitable insurance cover and to ensure their vehicle is roadworthy.

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### **Disqualification under the childcare act**

The 2018 regulations under section 75 of the [Childcare Act 2006](#) ("the 2006 act") set out the circumstances in which an individual will be disqualified for the purposes of section 75 of the act.

Section 76(2) of the 2006 act, provides that a person who is disqualified under the 2018 regulations may not:

- provide relevant childcare provision
- be directly concerned in the management of such provision

Staff are covered by this legislation if they are employed or engaged to provide early years childcare (this covers the age range from birth until 1 September following a child's fifth birthday, that is up to and including reception year) or later years childcare (this covers children above reception age but who have not attained the age of 8) in nursery, primary or secondary school settings, or if they are directly concerned with the management of such childcare. Staff in secondary schools only come in to scope if they provide childcare, or manage the childcare provision for those children covered by these arrangements. For example, if they host after-school childcare for children under 8.

This includes:

- Early years provision
  - Staff who provide any care for a child up to and including reception age. This includes education in nursery and reception classes or any supervised activity (such as breakfast clubs, lunchtime supervision and after school care provided by the school) both during the normal school day and outside of school hours for children in the early years age range.
- Later years provision (for children under 8)
  - Staff who are employed to work in childcare provided by the school outside of the normal school day for children who are above reception age but who have not attained the age of 8. This does

not include education or supervised activity for children above reception age during school hours (including extended school hours for co-curricular learning activities, such as the school's choir or sports teams) but it does include before-school settings, such as breakfast clubs, and after school provision.

Staff who are directly concerned in the management of early or later years provision are covered by the legislation. Schools will need to use their judgement to determine who is covered, but this will include the headteacher, and may also include other members of the school's leadership team and any manager, supervisor, leader or volunteer responsible for the day-to-day management of the provision.

The legislation also applies to any staff directly concerned in the management of such early or later years' provision.

The criteria for disqualification under the 2006 act and the 2018 regulations include:

- inclusion on the Disclosure and Barring Service (DBS) Children's Barred List
- being found to have committed certain violent and sexual criminal offences against children and adults which are referred to in regulation 4 and Schedules 2 and 3 of the 2018 regulations (note that regulation 4 also refers to offences that are listed in other pieces of legislation)
- certain orders made in relation to the care of children which are referred to in regulation 4 and listed at Schedule 1 of the 2018 regulations
- refusal or cancellation of registration relating to childcare (except if the refusal or cancellation of registration is in respect of registration with a child minder agency or the sole reason for refusal or cancellation is failure to pay a prescribed fee under the 2006 act (regulation 4(1) of the 2018 regulations)), or children's homes, or being prohibited from private fostering , as specified in paragraph 17 of Schedule 1 of the 2018 regulations
- living in the same household where another person who is disqualified lives or is employed (disqualification 'by association') as specified in regulation 9 of the 2018 regulations (note that regulation 9 only applies where childcare is provided in domestic settings, defined as 'premises which are used wholly or mainly as a private dwelling' in section 98 of the act, or under a domestic premises registration, including non-domestic premises up to 50% of the time)
- being found to have committed an offence overseas, which would constitute an offence regarding disqualification under the 2018 regulations if it had been committed in any part of the United Kingdom

**As a school we require all staff who may be impacted by this piece of legislation to complete a self-declaration form and to inform the Executive Headteacher immediately if they become aware of any changes to their circumstances that would require us to be aware.**

If a member of staff is impacted by the disqualification by association provisions we will ask them to apply for a waiver from Ofsted and put in place appropriate risk management plans while the waiver is being processed. If a waiver is not granted we will seek advice from our HR provider and the Local Authority Designated Officer as to how risk is most effectively managed.

Link to the guidance: [Home Disqualification under the Childcare Act 2006](#)

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## Filtering and Monitoring

**Filtering:** Content control – blocking or allowing content using URLs, keywords, content categories

We work with our IT partner, HARRAP ICT, to ensure that our internet blocks illegal content and filters out inappropriate content. We recognise that no filtering software is 100% effective, and that 'over-blocking' our system is undesirable and that there is always some risk in accessing any online content. A balance will always be found between the risks and benefits of using the internet.

**Monitoring:** Supervision (physically or via tech) of what children are accessing

We have a significant number of devices at school (predominantly Chromebooks), which are used daily. No child should have unsupervised access to an internet-connected device. Any incident of a child accessing an inappropriate website or APP either deliberately or by accident should be reported to the DSL and recorded on CPOMS so that appropriate follow-up action can be taken.

Staff members using a school device through the school network that comes across any content that they are concerned about should contact the DSL as soon as possible.

**Governing Body Responsibilities:** 'To review the effectiveness of school filtering and monitoring systems at least annually and ensure all staff understand their role in reporting 'over-blocking' or 'under-blocking' to the DSL.

[Appropriate Filtering and Monitoring - UK Safer Internet Centre](#)

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## Key Documents

- [Working Together to Safeguard Children 2026 - GOV.UK](#)
  - [Keeping children safe in education 2025 - GOV.UK](#)
  - [Sexual violence and sexual harassment between children in schools and colleges](#)
  - [What to do if you're worried a child is being abused](#)
  - [Mandatory Reporting of Female Genital Mutilation – procedural information](#)
  - [Prevent duty guidance - GOV.UK](#)
  - [Protecting children from radicalisation: the prevent duty](#)
  - [Information sharing: advice for practitioners](#)
  - [Hampshire, Isle of Wight, Portsmouth and Southampton \(HIPS\) safeguarding children procedures manual.](#)
  - [Safeguarding guidance](#)
  - [CSA Centre](#) (Centre of expertise on child sexual abuse)
  - [Shore Space](#) ( Shore Pace is part of The Lucy Faithfull Foundation, a charity working to prevent all forms of child sexual abuse)
  - [Promoting the education of children with a social worker and children in kinship care arrangements: virtual school head role extension - GOV.UK](#)
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## Useful contacts

Key Personnel	Name (s)	Telephone No.
Strategic Safeguarding Lead	Ian Hickman	
DSL	Holly Bulpitt	Telephone: 01264 737241
Deputy DSL(s)	Ian Hickman Flo Nicoll	Telephone: 01264 737241
School's named "Prevent" lead	Ian Hickman	
Nominated Safeguarding Governor	Paul Nicoll	
Chair of Governors	Paul Nicoll	
Children's Reception Team		01329 225379
Out of hours social care		0300 555 1373
Police		101 or in emergencies 999
Safeguarding advisors / Local Authority Designated Officers (LADOs)	Barbara Piddington Fiona Armfield Shona McMinn	HCC Safeguarding Unit 01962 876364 <a href="mailto:Child.protection@hants.gov.uk">Child.protection@hants.gov.uk</a> <a href="mailto:LADO@hants.gov.uk">LADO@hants.gov.uk</a>
Children's Service Department, School Improvement Manager for the Test Valley	Julia Roberts	julia.roberts@hants.gov.uk