

**St Martin's CE (Aided) Primary School**  
**East End, Newbury, Berkshire RG20 0AF**

**Telephone: 01635 253489**

**E-mail: [adminoffice@st-martins.hants.sch.uk](mailto:adminoffice@st-martins.hants.sch.uk)**

**Headteacher: Mrs K Bartlett**



## **Child Protection Policy, Procedure and Guidance**

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**Signed:**

**Position:**

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**St Martin's CE (Aided) Primary School**  
**Child Protection Policy**

**Policy Statement**

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.

The purpose of this policy is to provide staff, volunteers and governors 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.

Specific guidance is available to staff within the procedure documents.

**Definitions**

Within this document:

**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 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** 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 procedure document.

**Aims**

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

## **Principles and Values**

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm, either in the school or in the community, taking into account contextual safeguarding, in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, the school reserves the right to contact children's social care or the police, without notifying parents if this is in the child's best interests.

## **Leadership and Management**

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

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

DSL is Katy Bartlett and the Deputy DSL is Mel Rennison. There is a nominated safeguarding governor, Helen Bishop, who will take leadership responsibility for safeguarding. The Chair of Governors, Helen Bishop, will receive reports of allegations against the headteacher and act on the behalf of the governing body.

As an employer we comply with the "Disqualification under the childcare act 2006" guidance issued in February 2015.

## **Training**

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Training is provided as required with a briefing every year. Separate training is provided to all new staff on appointment as part of the induction process. The DSL will attend training at least every other year to enable them to fulfil their role.

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

## **Referral**

Following any concerns raised, the DSL will assess the information and consider if significant harm has happened or 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 if it is not clear if the threshold is met, then the DSL will contact Children's Social Care and if appropriate the police. If the DSL is not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate.

Generally the DSL will inform the parents prior to making a referral. However there are situations where this may not be possible or appropriate, particularly when informing parents/carers may place the child at further risk

***N.B. The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police. The DSL should also be made aware.***

## **Confidentiality**

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2015) guidance.
- There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.
- Information will be shared with individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

## **As a school we will educate and encourage pupils to keep safe through:**

- the content of the curriculum;
- 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.

## **Dealing with allegations against staff**

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

If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or Chair of Governors directly.

## **Dealing with allegations against pupils**

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

### **Legal context**

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

### **Guidance**

Hampshire Safeguarding Children Board protocols and guidance and their procedures  
Working Together to Safeguard Children (2015/2018)  
Keeping Children Safe in Education (2016/2018)  
Disqualification under the Childcare Act 2006 (2015)  
FGM Act 2003 Mandatory Reporting Guidance (2016)

**Annual review**

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

## Roles and Responsibilities within St Martin's CE (Aided) Primary School

### **Staff Responsibilities**

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

- establish and maintain an environment where children feel secure, are encouraged to talk and are listened to;
- ensure children know that there are adults in the school who they can approach if they are worried or have concerns;
- plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe;
- attend training in order to be aware of and alert to the signs of abuse;
- maintain an attitude of “it could happen here” with regards to safeguarding;
- record their concerns if they are worried that a child is being abused and report these to the DSL as soon as practical that day. If the DSL is not contactable immediately a Deputy DSL should be informed;
- be prepared to refer directly to social care, and the police if appropriate, if there is a risk of significant harm and the DSL or their Deputy is not available;
- follow the allegations procedures (Annex 5) if the disclosure is an allegation against a member of staff;
- follow the procedures set out by the HSCB and take account of guidance issued by the DfE.
- support pupils in line with their child protection plan;
- treat information with confidentiality but never promising to “keep a secret”;
- notify the DSL or their Deputy of any child on a child protection plan or child in need plan who has unexplained absence;
- have an understanding of early help, and be prepared to identify and support children who may benefit from early help;
- liaise with other agencies that support pupils and provide early help;
- ensure they know who the DSL and Deputy DSL are and know how to contact them;
- have an awareness of the Child Protection Policy, the Behaviour Policy, the Staff Behaviour Policy (or Code of Conduct), procedures relating to the safeguarding response for children who go missing from education and the role of the DSL.

### **Senior Management Team Responsibilities**

The Senior Leadership team will:

- contribute to inter-agency working in line with Working Together to Safeguard Children 2018 guidance;
- provide a co-ordinated offer of early help when additional needs of children are identified.
- ensure staff are alert to the various factors that can increase the need for early help (*para 18 KCSiE 2018*);
- working with Children's Social Care, support their assessment and planning processes including the school's attendance at conference and core group meetings;
- carry out tasks delegated by the governing body such as training of staff, safer recruitment and maintaining a single central register;

- provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school;
- treat any information shared by staff or pupils with respect and follow agreed policies and procedures;
- ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE), Hampshire Safeguarding Children Board (HSCB) and Hampshire County Council (HCC).

## **Governing Body Responsibilities**

The Governing Body will ensure:

- the school has effective safeguarding policies and procedures including a Child Protection Policy, a Staff Behaviour Policy or Code of Conduct, a Behaviour Policy and a response to children who go missing from education;
- HSCB is informed in line with local requirements about the discharge of duties via the annual safeguarding audit;
- recruitment, selection and induction follows safer recruitment practice including all appropriate checks;
- allegations against staff are dealt with by the headteacher. Allegations against the headteacher are dealt with by the Chair of Governors;
- a member of the Senior Leadership Team is appointed as Designated Safeguarding Lead (DSL) and has this recorded in their job description;
- staff have been trained appropriately and this is updated in line with guidance;
- any safeguarding deficiencies or weaknesses are remedied without delay;
- a nominated governor for safeguarding is identified.

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

**In this school the DSL is Katy Bartlett.**

**The deputy DSL is Mel Rennison.**

In addition to the role of all 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;
- refer cases to social care, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk;
- assist the Governing Body in fulfilling their safeguarding responsibilities set out in legislation and statutory guidance;
- attend appropriate training and demonstrate evidence of continuing professional development to carry out the role;
- ensure every member of staff knows who the DSL and the Deputy are, have an awareness of the DSL role and know how to contact them;
- ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the Headteacher;
- ensure whole school training occurs regularly with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably;



- ensure any members of staff joining the school outside of the agreed training schedule receive induction prior to commencement of their duties;
- keep records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk;
- ensure that safeguarding records are transferred accordingly (separate from pupil files) and in a timely fashion when a child transfers school;
- ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, their information is passed to the new school immediately and that the child's social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or on-going;
- be aware of the training opportunities and briefings provided by HSCB to ensure staff are aware of the latest local guidance on safeguarding;
- develop, implement and review procedures in the school that enable the identification and reporting of all cases, or suspected cases, of abuse;
- meet any other expectations set out for DSLs in KCSiE 2018.

**St Martin's CE (Aided) Primary School**  
**Child Protection Procedures**

## **Overview**

The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility.

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

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

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

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

1. Make an initial record of the information.
2. Report it to the DSL immediately.
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL is not immediately available (see point 8 below).
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
  - dates and times of their observations;
  - dates and times of any discussions they were involved in;
  - any injuries;
  - explanations given by the child / adult;
  - what action was taken;
  - any actual words or phrases used by the child.

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

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

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

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children's Social Care and the police if it is appropriate.
2. 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.

3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or Deputy) must contact Children's Social Care via the Children's Reception Team (CRT) on 01329 225379 and make a clear statement of:
  - the known facts;
  - any suspicions or allegations;
  - whether or not there has been any contact with the child's family.

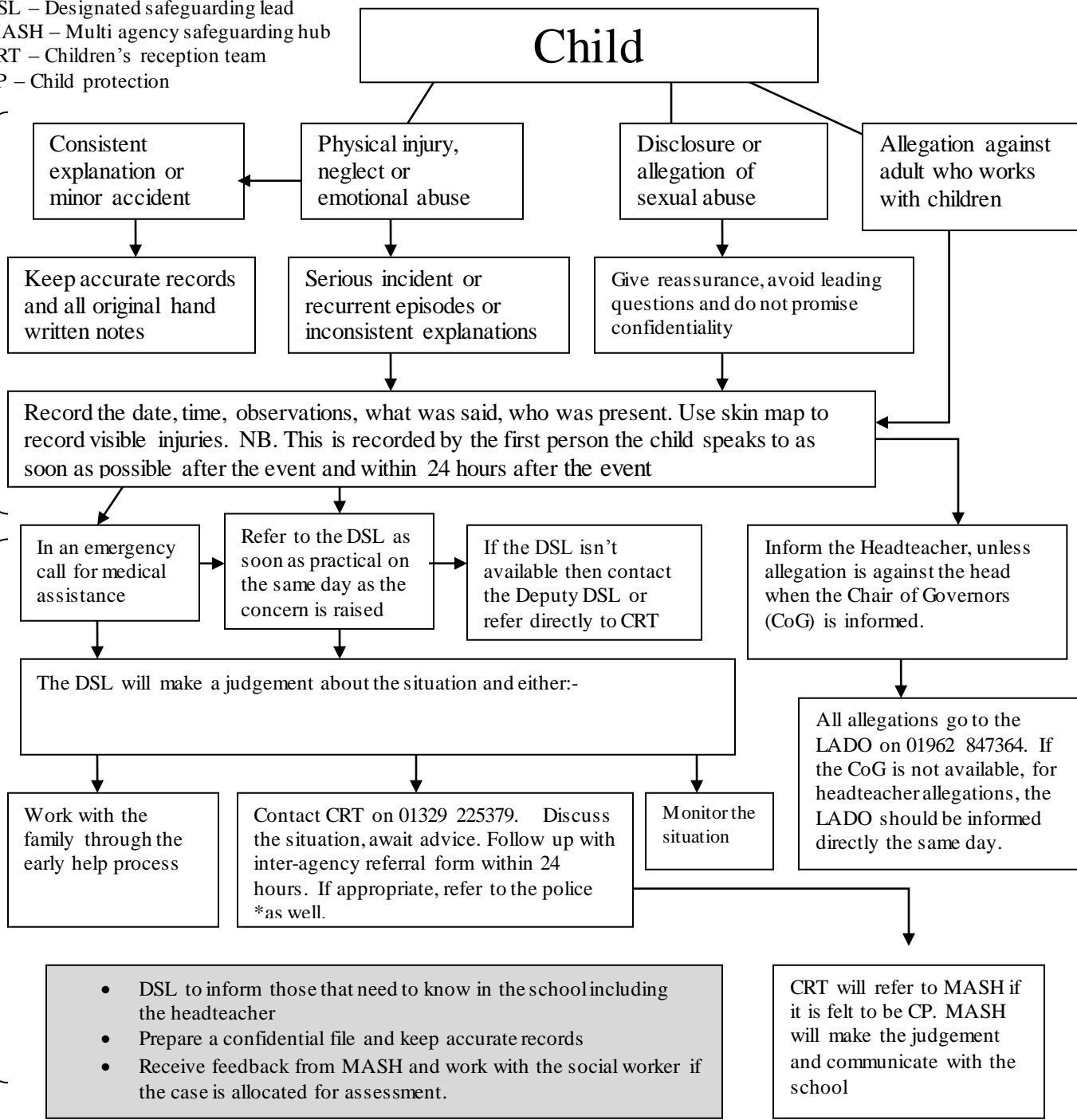
If the DSL feels unsure about whether a referral is necessary they can phone CRT to discuss concerns

4. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the Early Help process.
5. The DSL must confirm any referrals in writing to Children's Social Care, within 24 hours, including the actions that have been taken. The written referral must be made using the Inter-Agency Referral Form (IARF) which will provide Children's Social Care with the supplementary information required about the child and family's circumstances. (IARF can be accessed at the following page <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/contacts>).
6. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must also notify children's social care of the occurrence and what action has been taken.
7. Where there are doubts or reservations about involving the child's family, the DSL should clarify with children's social care or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.
8. When a pupil 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 children's social care. The DSL should seek advice about what action children's social care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

**Flowchart for child protection procedures**

DSL – Designated safeguarding lead  
MASH – Multi agency safeguarding hub  
CRT – Children’s reception team  
CP – Child protection

**S  
T  
A  
F  
F**



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

Example Recording form

Child's Name:

Child's Class:

Child's DOB:

Date of Welfare Concern:

Time of Welfare Concern:

Form copied to:

Details of Welfare Concern	

Signed:

Name:

Date:

Time:

Reported to:

Date:

Time:

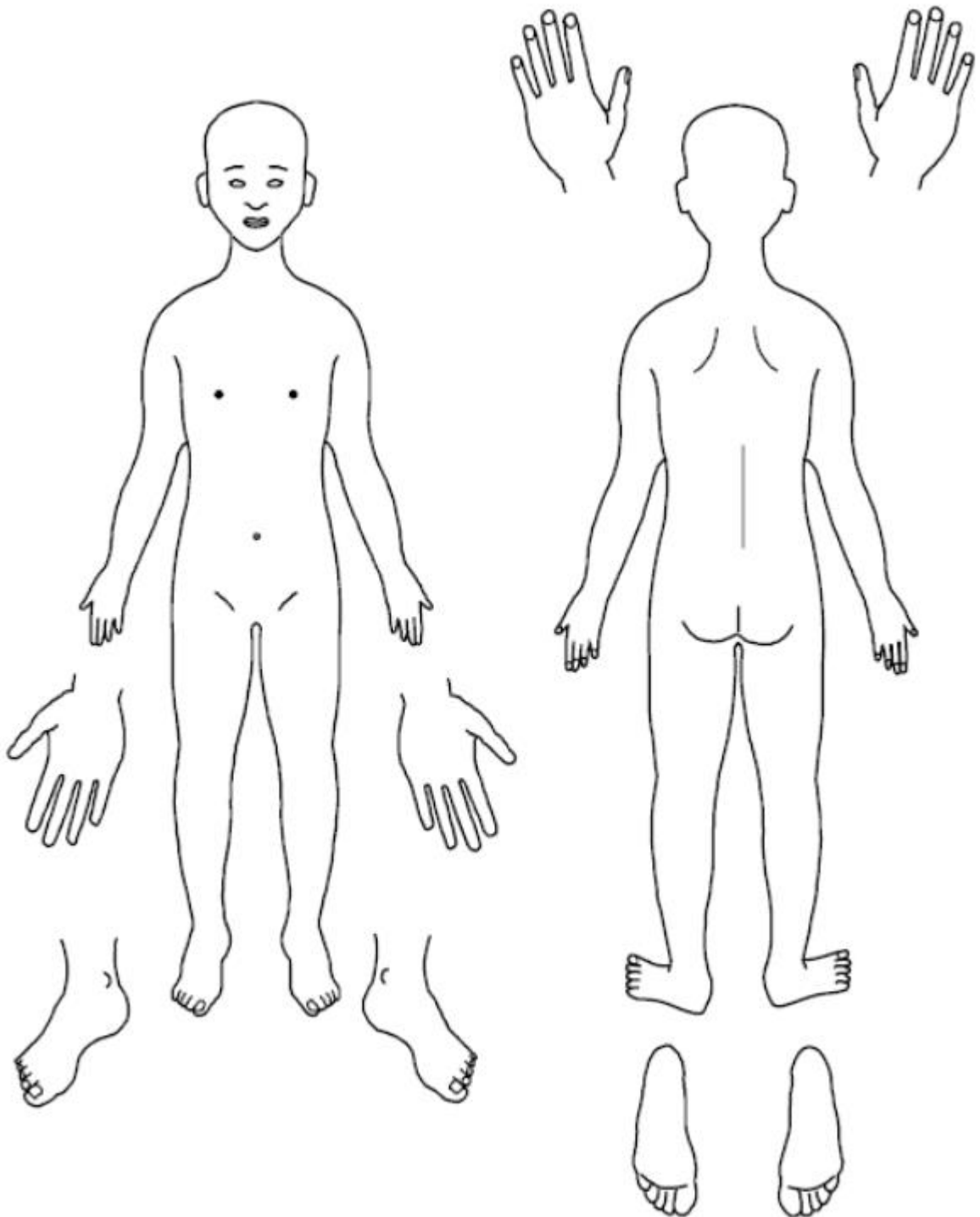
**Action Taken**

Action	Signed Date and Time

**Outcome of Actions/Next Steps**

Outcome of Actions/Next Steps	Signed Date and Time
Feedback to the person who raised the concern.	

Skin Map



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

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

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



Any additional information:



**Dealing with Disclosures****All staff should:**

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

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

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

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

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

**Reassure**

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

**Respond**

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

**Report**

- Share concerns with the designated safeguarding lead as soon as possible.
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly.

- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.

### **Record**

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

### **Remember**

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

### **Review (led by DSL)**

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

### **What happens next?**

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out. If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the children's services department.

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

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

Allegations Against Adults who Work with Children

**Procedure**

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

- **behaved in a way that has harmed a child, or may have harmed a child;**
- **possibly committed a criminal offence against or related to a child;**
- **behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.**

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

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

In liaison with the LADO, the school will determine how to proceed and if necessary the LADO will refer the matter to children's social care and/or the police.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in chapter 4 of 'Keeping Children Safe in Education' (2018) and the HSCB procedures

[http://4lscb.proceduresonline.com/hampshire/p\\_alleg\\_against\\_staff.html](http://4lscb.proceduresonline.com/hampshire/p_alleg_against_staff.html)

## **Peer on Peer Abuse**

### **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.

### **Policy**

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

We recognise that children are capable of abusing their peers and this will be dealt with under our child protection policy and in line with KCSiE (2018)

We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up

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

### **Prevention**

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

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

- Children making a report of sexual violence or sexual harassment will be taken seriously, kept safe and be well supported.
- If the report includes an online element staff will be mindful of the Searching, Screening and Confiscation: advice for schools (DfE 2018) guidance.
- Staff taking the report will inform the DSL or their Deputy as soon as practicably possible but at least within 24 hours.
- Staff taking a report will never promise confidentiality.
- Parents or carers will normally be informed (unless this would put the child at greater risk).

- If a child is at risk of harm, is in immediate danger, or has been harmed, a referral will be made to Children's Social Care (01329 225379).

### **Risk Assessment**

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

The Risk assessment will consider:

- the victim, especially their protection and support;
- the alleged perpetrator, their support needs and any discipline action;
- all other children at the 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 Childrens Social Care;
- report to the police (generally in parallel with a referral to Social Care).

### **Ongoing Response**

- The DSL will manage each report on a case by case basis and will keep the risk assessment under review.
- Where there is a criminal investigation into a rape, assault by penetration or sexual assault, the alleged perpetrator should be removed from any classes they share with the victim.
- The DSL will consider how best to keep the victim and perpetrator a reasonable distance apart on school premises and on transport where appropriate.
- Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, 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 and 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 peer on peer 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 and if it is believed that a crime has been committed, will be reported to the police.

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

References: –

KCSiE (DfE 2018)

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

## **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

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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

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## Behaviours: age 13 to 17

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

### What is a green behaviour?

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

### What can you do?

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

#### Green behaviours

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

### What is an amber behaviour?

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

### What can you do?

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

#### Amber behaviours

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

### What is a red behaviour?

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

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

#### Red behaviours

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

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**Briefing Sheet for Temporary and Supply Staff**

**For supply staff and those on short contracts in St Martin's CE (Aided) Primary School**

While working in St Martin's CE (Aided) Primary School, you have a duty of care towards the children/pupils/students here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL), who is Katy Bartlett and can be contacted through the school office.

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 behavior 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 designated person/child protection officer, who should contact children's social care if appropriate.

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

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

## **What is Child Abuse?**

The following definitions are taken from *working together to safeguard children* HM Government (2015). In addition to these definitions, it should be understood that children can also be abused by being sexually exploited, honour based violence, forced marriage or female genital mutilation. To support the local context, all staff have access to the Hampshire safeguarding children board (HSCB) threshold chart.

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

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

### **Physical abuse**

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

### **Emotional abuse**

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

### **Sexual abuse**

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

### **Neglect**

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

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

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

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

## Indicators of abuse

### Neglect

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

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

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

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

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

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

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

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

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

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the 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. The HSCB neglect strategy provides a more detailed list of indicators of neglect and is available to all staff.**

**Physical indicators of neglect:**

- constant hunger and stealing food;
- poor personal hygiene - unkempt, dirty or smelly;
- underweight;
- dress unsuitable for weather;
- poor state of clothing;
- illness or injury untreated.

**Behavioural indicators of neglect:**

- constant tiredness;
- frequent absence from school or lateness;
- missing medical appointments;
- isolated among peers;
- frequently unsupervised;
- stealing or scavenging, especially food;
- destructive tendencies.

**Emotional abuse****The nature of emotional abuse**

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

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

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

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

**Indicators of emotional abuse****Developmental issues:**

- delays in physical, mental and emotional development;
- poor school performance;
- speech disorders, particularly sudden disorders or changes.

**Behaviour**

- acceptance of punishment which appears excessive;
- over-reaction to mistakes;
- continual self-deprecation (I'm stupid, ugly, worthless etc.);
- neurotic behaviour (such as rocking, hair-twisting, thumb-sucking);
- self-mutilation;
- suicide attempts;
- drug/solvent abuse;
- running away;
- compulsive stealing, scavenging;
- acting out;

- poor trust in significant adults;
- regressive behaviour – e.g. wetting;
- eating disorders;
- destructive tendencies;
- neurotic behaviour;
- arriving early at school, leaving late.

### **Social issues**

- withdrawal from physical contact;
- withdrawal from social interaction;
- over-compliant behaviour;
- insecure, clinging behaviour;
- poor social relationships.

### **Emotional responses**

- extreme fear of new situations;
- inappropriate emotional responses to painful situations (“I deserve this”);
- fear of parents being contacted;
- self-disgust;
- low self-esteem;
- unusually fearful with adults;
- lack of concentration, restlessness, aimlessness;
- extremes of passivity or aggression.

## **Physical abuse**

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

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

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

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

- multiple bruising or bruises and scratches (especially on the head and face);
- clusters of bruises – e.g., fingertip bruising (caused by being grasped);
- bruises around the neck and behind the ears – the most common abusive injuries are to the head;
- bruises on the back, chest, buttocks, or on the inside of the thighs;
- marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle;
- bite marks;
- deliberate burning may also be indicated by the pattern of an instrument or object – e.g. electric fire, cooker, cigarette;
- scalds with upward splash marks or *tide marks*;
- untreated injuries;

- recurrent injuries or burns;
- bald patches.

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

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

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

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

## **Sexual abuse**

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

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

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

### **Characteristics of child sexual abuse:**

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

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

### **Indicators of sexual abuse**

#### **Physical observations**

- damage to genitalia, anus or mouth;
- sexually transmitted diseases;



- unexpected pregnancy, especially in very young girls;
- soreness in genital area, anus or mouth and other medical problems such as chronic itching;
- unexplained recurrent urinary tract infections and discharges or abdominal pain.

### **Behavioural observations**

- sexual knowledge inappropriate for age;
- sexualised behaviour or affection inappropriate for age;
- sexually provocative behaviour/promiscuity;
- hinting at sexual activity;
- inexplicable decline in school performance;
- depression or other sudden apparent changes in personality as becoming insecure or clinging;
- lack of concentration, restlessness, aimlessness;
- socially isolated or withdrawn;
- overly-compliant behaviour;
- acting out, aggressive behaviour;
- poor trust or fear concerning significant adults;
- regressive behaviour, onset of wetting, by day or night; nightmares;
- onset of insecure, clinging behaviour;
- arriving early at school, leaving late, running away from home;
- suicide attempts, self-mutilation, self-disgust;
- suddenly drawing sexually explicit pictures;
- eating disorders or sudden loss of appetite or compulsive eating;
- regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys;
- become worried about clothing being removed;
- trying to be 'ultra-good' or perfect; overreacting to criticism.

**Useful contacts**

Key Personnel	Name (s)	Telephone No.
DSL	Katy Bartlett	01635 253489
Deputy DSL(s)	Mel Rennison	01635 253489
School's named "Prevent" lead	Katy Bartlett	01635 253489
Nominated safeguarding governor	Helen Bishop	01635 253489
Chair of Governors	Helen Bishop	01635 253489
Children's referral team		01329 225379
Out of hours social care		0300 555 1373
Police		101 or in emergencies 999
Safeguarding advisors / local authority designated officers (LADOs)	Barbara Piddington Fiona Armfield Mark Blackwell	HCC Safeguarding Unit 01962 876364
School nurse		
Children's service department district manager		
Early help manager		