

Wroxall Primary School Child Protection Policy, Procedure and Guidance



**WROXALL
PRIMARY SCHOOL**

CHALLENGE • ACHIEVEMENT • RESILIENCE • ENJOYMENT

Castle Road, Wroxall,
IW PO38 3DP

Schools and Education

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Signed:
Headteacher

Signed:
Chair of Governors

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1	October 2020	LT	FGB	New Isle of Wight LA policy adopted
2	October 2021	LT	FGB	Policy adapted to reflect changes to KCSIE 2021. Please see Annex 11 for list of changes
3	September 2022	LT	FGM	Policy adapted to reflect changes to KCSIE 2022. Please see Annex 13 for list of changes
4	September 2023	LT	FGM	Policy amended as required to reflect the updates from Keeping Children Safe in Education 2023, including revised Filtering & Monitoring requirements. (See Annex 13 on Page 46)
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Wroxall Primary School Child Protection Policy

Policy Statement

*'Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the **best interests** of the child.'*

KCSiE

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, as well as children witnessing domestic abuse. 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, whilst taking into account any contextual safeguarding.
- We acknowledge that it is essential that we work in partnership with other agencies that protect children and reduce 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, it reserves the right to contact Children's Social Care or the police, without notifying parents if this is believed to be in the child's best interests.
- All adults working within the school should maintain professional curiosity if they are concerned about a child.

Leadership and Management

We have established clear lines of accountability, training and advice to support the process of child protection and individual staff within that process.

In this school, any individual can contact the Designated Safeguarding Lead (DSL) or their Deputy (DDSL) if they have concerns about a child or young person.

The DSL is Miss Tara Hopkinson and the DDSLs are Mrs Megan Lever (Family Liaison Officer) and Mrs Lydia Garlick (Pre-school Manager).

There is a nominated safeguarding governor, **Mrs Jenny Johnston**, who will take leadership responsibility for safeguarding. The Chair of Governors, **Jenny Johnston** will receive reports of allegations against the headteacher and act on the behalf of the governing body.

As an employer we follow safer recruitment guidance as set out in KCSiE 2024 including informing shortlisted candidates that online searches will be carried out.

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. In line with statutory guidance, all staff receive level 2 DSL face-to-face training every three years. Termly safeguarding updates are provided

for all staff, informed by staff need or in response to local or national guidance. Separate training is provided to all new staff on appointment (this is usually online training). The DSLs 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. Governor training is provided as required by KCSiE 2024

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, the DSL will contact Children's Social Care and, if appropriate, the police. If the DSL or DDSL is not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate. We will use the guidance from NPCC to determine when to contact the police.

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, 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 2024) 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 pupils to recognise when they are at risk and how to get help when they need it through:

- The content of the curriculum will be tailored to the specific needs and vulnerabilities of individual children, including children who are victims of abuse, and children with SEND.
- 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.
- Every child having access to a 'trusted adult' in the school. These are indicated on posters around school.
- Access to the school's Family Liaison Officer.

- Posters across school signposting children to support in school and support available nationally, for example through Childline.
- Children will be taught about how to keep themselves and others safe when on-line.
- A 'Zones of Regulation' approach and a clear Behaviour Policy is used to measure emotions and support self and co-regulation strategies.

Dealing with concerns and 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, Tara Hopkinson. The headteacher will make an assessment to determine if the matter is a 'low level concern' or an 'allegation'.

The Local Authority Designated Officer (LADO) will be contacted for all allegations and the relevant guidance will be followed. If the headteacher needs advice or guidance they will contact the LADO. If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or Chair of Governors directly. (Annex 5)

Dealing with children abusing children

If a concern is raised that a child under 18 is abusing another child under 18, the 'Child on Child 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 2014; the Children Act 2004 & 1989

Guidance

Isle of Wight Safeguarding Children Partnership protocols and guidance and their procedures

[Working Together to Safeguard Children \(2023\)](#)

[Keeping Children Safe in Education \(2024\) - GOV.UK \(www.gov.uk\)](#)

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

Policy review

As a school, we review this policy at least annually in line with the Dept of Education, DoE, IOW Safeguarding Children Partnership IOWSCP, and Isle of Wight Council IWC requirements and other relevant statutory guidance.

Date approved by governing body: 4th October 2024

Date reviewed by governing body: September 2025

Roles and responsibilities within Wroxall 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 skills they need to recognise, assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and be alert to the signs of abuse.
- Maintain an attitude of “it could happen here” with regards to safeguarding.
- Be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation
- Recognise that abuse, neglect, or other adverse childhood experiences, can have an impact on the mental health, behaviour and education of children.
- Record their concerns if they are worried that a child is being abused using the school’s secure system, CPOMS, and report these to the DSL as soon as is practical that day. If the DSL is not contactable immediately a DDSL 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 DDSL 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 IOWSCP and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan. (These are uploaded onto CPOMs and can be accessed by DSLs as appropriate).
- Treat information with confidentiality but never promise to “keep a secret”.
- Notify the DSL or DDSL 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 this intervention.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and DDSL 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), child on child abuse procedures, the safeguarding response for children who go missing or are absent from education and the role of the DSL.

Senior Management Team responsibilities:

- Contribute to inter-agency working in line with ‘Working Together to Safeguard Children 2023 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 2024*)
- 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) and the Isle of Wight Safeguarding Children Partnership (IOWSCP) procedures.
- Determine if a concern about a member of staff is a 'low level concern' or an allegation¹

Governing body responsibilities

- 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, a Whistleblowing Policy and a response to children who go missing from education.
- Ensure IOWSCP 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 Tara Hopkinson

**The Deputy DSLs are: Megan Lever (FLO)
Lydia Garlick (Pre-School Manager).**

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

- 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.

¹ See Keeping Children Safe in Education 2023 Part 4 section 1 paragraph 362 on

- 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 their responsibility for referring any concerns about a child to the DSL and concerns about an adult to the headteacher.
- Ensure that those staff that need to know, are aware of those children who have experienced, or are experiencing abuse in order to promote their educational outcomes and provide the appropriate support.
- 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 training prior to the commencement of their duties.
- Keep records of child protection concerns securely and separate from the main pupil file and use these records to support the assessment and likelihood of risk.
- Ensure that safeguarding records are transferred accordingly (separate from pupil files) and in a timely fashion when a child transfers school, including in-year transfers.
- Ensure that when 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 IOWSCP 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 2024

Wroxall 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 for 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, those with disabilities, special needs, certain medical conditions or with language deficit/English as a second language may have more difficulty in communicating concerns or feelings. They 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, which will include children (for example younger siblings) visiting the site in addition to pupils.

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 using the school's CPOMS secure recording system using the language that the child has used, do not interpret. This may be recorded on paper initially. The paper copy will then be shredded.
2. Report it to the DSL immediately
3. The DSL will consider if there is a requirement for immediate medical intervention. Urgent medical attention should not be delayed if the DSL is not immediately available
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. Include everything that has happened, including details of:
 - Dates and times of observations
 - Dates and times of any discussions in which they were involved
 - Any injuries
 - Explanations given by the child / adult
 - What action was taken
 - Any actual words or phrases used by the child

Updated actions should be added to the initial CPOMS record and any amendments clearly denoted.

The author and date/time of any record is automatically recorded in CPOMS. Any further amendments or adaptations are recorded as changes and reasons must be provided.

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 the DSL must:

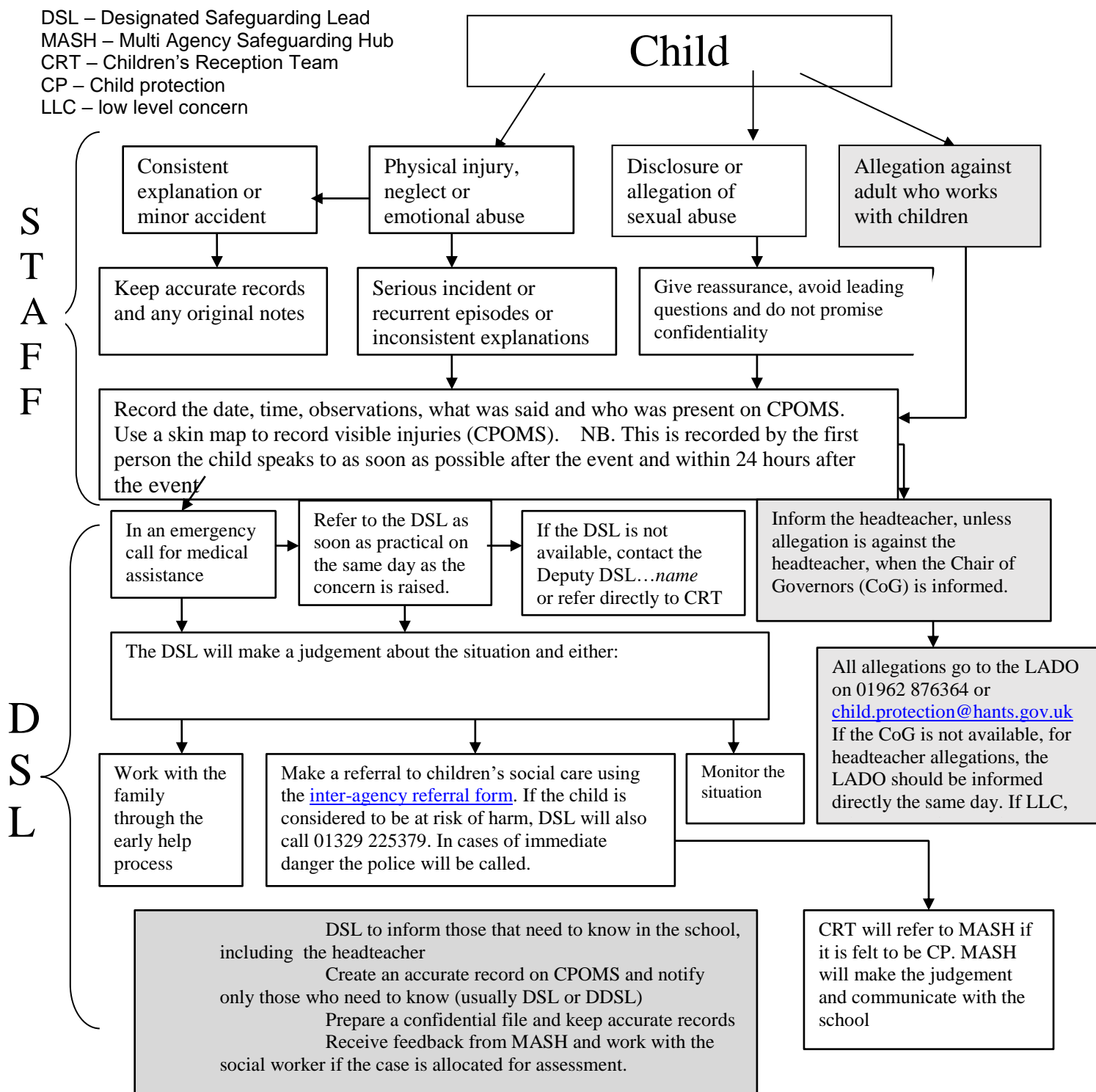
1. Decide whether or not there are sufficient grounds for suspecting significant harm, in which case a referral must be made to Children's Social Care and the police if it is in keeping with the National Police Chiefs Council "[When to call the Police](#)" guidance. The rationale for this decision should be recorded by the DSL
2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible 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 have an impact on a police investigation. 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. The child's views should also be taken into account when appropriate.
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 [Inter-Agency Referral Form \(IARF\)](#), making 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 there is indication that the child is suffering significant harm, a call will also be made to Children's Reception Team (CRT) on 01329 225379.

4. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Children's Social Care of the occurrence and what action has been taken.
5. 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 and inform Children's Social Care. Advice should be sought from Children's Social Care about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.
6. If there is not a risk of significant harm, the DSL will either actively monitor the situation or consider the Early Help process.

7. In cases of allegations against staff or low level concerns, the school's Low Level Concerns (LLC) procedure will be followed.

Annex 1 - Flowchart for child protection procedures



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

**Annex 2 - Example Recording form
(Only used if CPOMs unavailable)**

Child's name:			
Date and time:			
Name and role of person raising concern:			

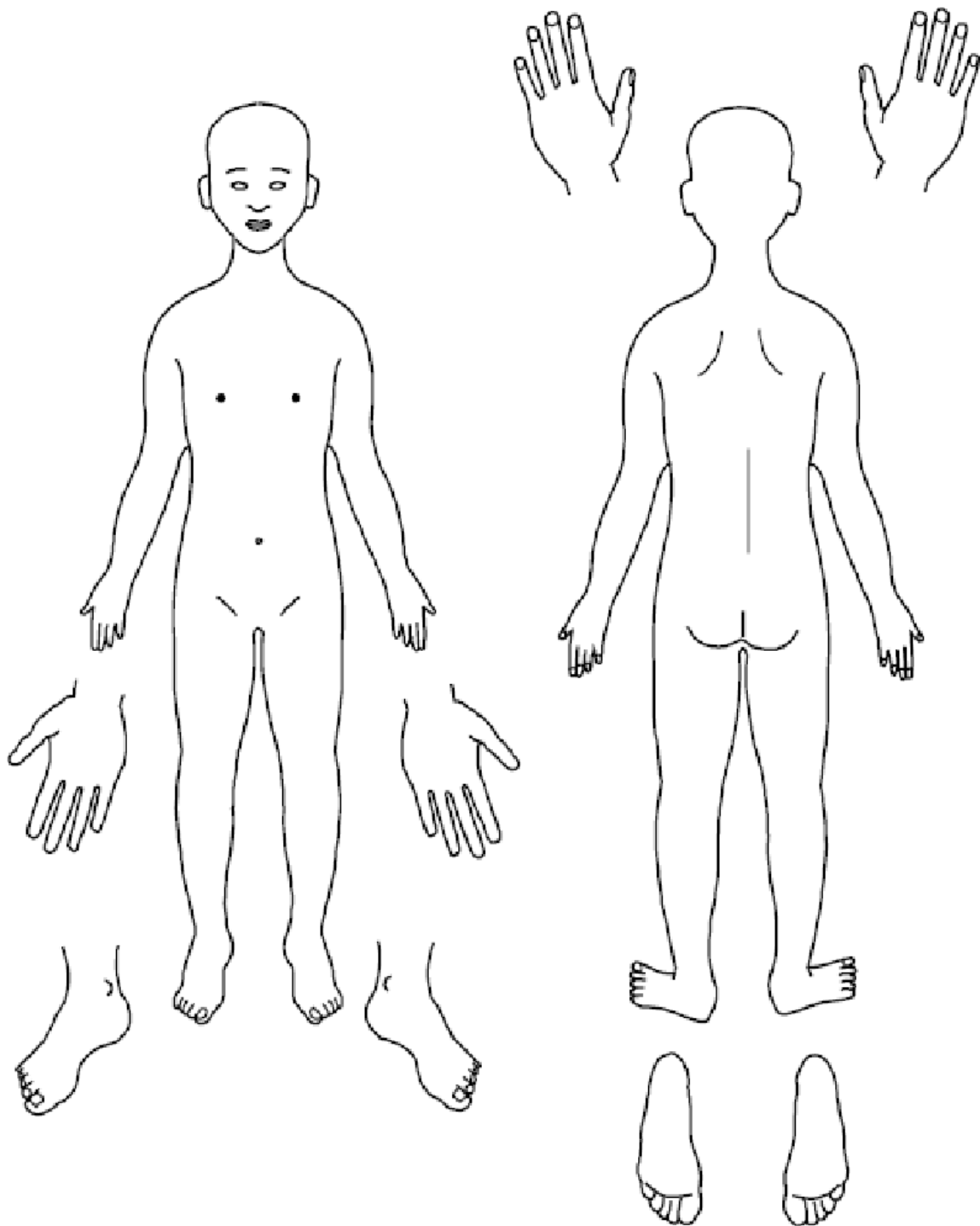
Details of concern (where? when? what? who? behaviours? Use child's words)

Actions taken			
Date	Person taking action	Action taken	Outcome of action

Name:

Designation:

Annex 3 - Skin map – completed on CPOMS record



Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____



Any additional information:

Annex 4 - Dealing with disclosures

All staff should -

A members of staff who are approached by a child should maintain a positive attitude and try to reassure them. They should not promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

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

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

Guiding principles, the seven R's

Receive

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

Reassure

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

Respond

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

Report

- Share concerns with the DSL as soon as possible by speaking to them. Follow this up immediately by recording the incident on CPOMS and alerting DSLs, providing a clear written record of the incident and/or concern.
- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children's services social care department directly.

Record

- If possible, make some very brief notes at the time, and write them up as soon as possible on CPOMS.
- Keep your original notes, scan and upload to CPOMS. (Original notes should be shredded once uploaded to CPOMS).
- 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 on CPOMS to indicate the position of any noticeable bruising or marks
- 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.
- All staff should be aware that children may not feel ready or know how to tell somebody that they are being abuse, exploited or neglected and/or they may not recognise their experiences as harmful.

Review (led by DSL)

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

What happens next?

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

If a staff member believes that their concerns have not been dealt with effectively or that the child remains at risk, they should initially ask the DSL to reconsider ensuring that the risks are understood. If this does not result in a satisfactory outcome, or the DSL rationale appears to miss the risk to the child, then the Whistleblowing procedures of the school should be followed. If the DSL is unhappy with the response from Children Social Care, they should consider following the IOWSCP escalation protocol.

<https://hipsprocedures.org.uk/skyyty/safeguarding-partnerships-and-organisational-responsibilities/escalation-policy-for-the-resolution-of-professional-disagreement>

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed the procedure correctly and that their swift actions will enable the allegations to be handled appropriately. For some staff, use of an employee-based counselling service may be appropriate.

Annex 5 - Allegations against adults who work with children

The school has a Low-Level Concerns Policy which all staff should be aware of and is used in conjunction with the Allegations of Abuse Against Staff Policy.

Working Together to Safeguard Children (2023) 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 2024 should be reported to the LADO. Complaints or concerns can be managed independently by the school or college under internal procedures.

Complaints could include: -

- Breaches of the code of Conduct
- Any breach of data protection or confidentiality
- Poor behaviour management
- Inappropriate use of social media
- Misadministration of medication

Concerns could include: -

- Inappropriate use of language, shouting or swearing
- Discussing personal or sexual relationships with, or in the presence, of pupils
- Making (or encouraging others to make) unprofessional comments which scapegoat, demean or humiliate children, or might be interpreted as such.

Lower Level Concerns LLC's, which do not reach the allegations harm threshold (or complaints criteria) should be dealt with under a school LLC procedure as described in the school's Allegations Against Staff Policy.

Procedure for Allegations that meet the harm threshold.

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

- **behaved in a way that has harmed a child, or may have harmed a child; or**
- **possibly committed a criminal offence against or related to a child; or**
- **behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children; or**
- **behaved or may have behaved in a way that indicates they may not be suitable to work with children.**

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

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

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

In line with our referral process:

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

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

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

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in Part 4 of 'Keeping Children Safe in Education' (2024) and the IOWSCP procedures.

Supply Staff

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

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

Lower Level Concerns (LLCs)

You are now required to develop an LLC policy to sit within your existing Codes of Conduct or Safeguarding Policy.

The LLC policy is part of the whole school approach to safeguarding. The purpose of the policy is to encourage an open and transparent culture, which enables the school or College to identify concerning, problematic or inappropriate behaviour at an early stage. It

should also empower staff to share LLCs with the DSL. LLCs will be managed independently by the school or college under internal procedures.

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

- being over friendly with children;
- having favourites;
- taking photographs of children on their mobile phone;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door;
- or,
- using inappropriate sexualised, intimidating or offensive language.

The LLC policy will: -

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

In line with the LLC policy: -

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

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

Annex 6 - Sexual violence and sexual harassment between children in schools and colleges

Child on child – Model Policy.

NB – this is a framework that will need to be adapted to fit the age and developmental stage and understanding of your pupil group. Additional areas for consideration can be found in KCSiE Part 5 and Annex B
IOWSCP have developed a child on child abuse toolkit to provide schools with additional guidance: [Child on Child abuse - Hampshire SCP](#) as well as the child sexual abuse toolkit: [Child Sexual Abuse - Hampshire SCP](#).

Context

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

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

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

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

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

Policy

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

We recognise that children are capable of abusing their peers and this will be dealt with under our child protection policy and in line with KCSiE (2024)

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

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

Prevention:

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

Responding to reports of sexual violence and sexual harassment:

- Children making a report of sexual violence or sexual harassment will be taken seriously, kept safe and be supported.
- Understanding that our initial response to a report from a child is incredibly important and can encourage or undermine the confidence of victims of sexual violence and harassment to report or to come forward in the future.
- If the report includes an online element, staff will be mindful of the Searching, Screening and Confiscation: advice for schools (DfE 2022): [Searching, Screening and Confiscation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) 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 823434).

Risk Assessment:

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

The risk assessment will consider:

- The victim, especially their protection and support.
- The alleged perpetrator, their support needs, and any disciplinary action.
- All other children at the school.
- The victim and the alleged perpetrator sharing classes and space at school.

The risk assessment will be recorded and kept under review. This would be stored securely on CPOMS.

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

Action: The DSL will consider: -

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

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

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

Ongoing Response:

- **All** concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. Records should be reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified and addressed.
- The DSL will keep the risk assessment under review.
- The DSL will manage each report on a case-by-case basis and will keep the risk assessment under review.
- Where there is a criminal investigation into a rape, assault by penetration or sexual assault, the alleged perpetrator should be removed from any classes they share with the victim during that investigation.
- The DSL will consider how best to keep the victim and perpetrator apart on school premises and transport where appropriate.
- Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, the school will take suitable action. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view, that allowing the perpetrator to remain in the same school or college would seriously harm the education or welfare of the victim (and potentially other pupils and students).
- Where a criminal investigation into sexual assault leads to a conviction or caution, the school or college will, if it has not already, consider any suitable sanctions in light of their behaviour policy, including consideration of permanent exclusion. Where the perpetrator is going to remain at the school or college, the principle of keeping the victim and perpetrator in separate classes where possible should be maintained and continued. Consideration would be given to the most appropriate

way to manage potential contact on school and college premises and transport. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.

- The victim, alleged perpetrator and other witnesses (children and adults) will receive appropriate support and safeguards on a case-by-case basis.
- When ongoing support is required by the victim, the victim should be asked whether they would find it helpful to have a designated trusted adult to talk about their needs. The choice of any such adult should be made by the victims (as far as reasonably possible) and this choice should be supported.
- The school will take any disciplinary action against the alleged perpetrator in line with behaviour and discipline in the school.
- The school recognises that taking disciplinary action and providing appropriate support are not mutually exclusive actions and will occur at the same time if necessary.

Unsubstantiated, unfounded, false, or malicious reports

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

Physical Abuse

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

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

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

References: –
KCSiE (DfE 2024)

Annex 6- Sexual Violence and Sexual Harassment between Children Risk and Needs Assessment Template

(This template is offered as a framework and should be seen as a starting point for development to fit your school's individual context. Each reported incident should be managed on a case-by-case basis)

EXAMPLE assessment

Presenting behaviours	What are the risks? Who might be harmed & how?	Action	Action by Who?	Action by when?	Action status or Date Completed & Outcome including further actions
<p>Behaviour: Forcing other children to engage in sexual activity. Subject is a male child. A female child has been taken into the boys' toilets. Subject has exposed himself, grabbed the girl by the wrist and forced her to touch his genitals.</p> <p>Subject is under the age of criminal responsibility. Subject has no known Child Protection history There have been no previous concerns about the Subject.</p>	All pupils in the class may be forced or coerced into sexual activity. Early indication is that female pupils may be more at risk.	Key members of staff with supervisory responsibility have been briefed by the DSL and will increase monitoring at break times. Subject will be escorted to the toilet.	DSL Staff AB, CD & EF ELSA	From Immediate effect	✓01/02/2020. Increased monitoring & toilet supervision in place
	Other children within the community	Subject's parents Informed re: Incident & behaviour and the risk plan put in place. Made aware of referral to CSD. Agreement for <ul style="list-style-type: none"> Referral to CAMHS Increased monitoring & toilet supervisor Keep safe work. 	DSL	01/02/20	✓01/02/20 Contract of agreement has been signed by the parents to include increased. monitoring, toilet supervision and keep safe work.
	Referral to Children's social care	DSL	01/02/20	✓01/02/20 Children & Family Assessment to be completed by CAST	
	Victims parents informed, and child's views gained. Child offered keep safe work.	DSL	01/02/20	✓Parents are satisfied with the school's actions & safeguarding measures so far. Child & family want child to remain in the same class. Keep safe work accepted.	
	Referral to CAMHS	DSL	02/02/20	Referral made. ACTION – follow up with CAMHS as to the status of referral after 10 working days if not heard before	

		Safeguarding measures to be reviewed.	DSL & Key Staff members	09/02/20	No additional concerns raised. ACTION - Review plan again in one weeks time
		Keep safe work to be completed. Combination of whole class and targeted work to be carried out	ELSA	23/02/2020	OUTSTANDING Work planned and due to be delivered w/c 16/02
	Community Impact Assessment LOW The parents of the Subject and the victim are satisfied that the school is taking all necessary safeguarding measures to manage the risk. There are no indications at this stage for community unrest. This will be kept under review.	DSL and SLT to be aware of any community noises about the incidents.	DSL and SLT	05/04/2020	
	Media Media and communication team to be informed if community impact assessment risk increases	SLT to contact HCC communication team if required. Monitor during term	SLT	05/04/2020	
	Information Sharing. All information sharing has been completed in line with the school's CP and GDPR policies.	Relevant information to be recorded on each child's CP file as required.			
	Social Media There are no currents risks from community use of social media. This will be kept under review.	Monitoring of social media during the term	Key staff	05/04/2020	

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

Annex 7 - Online Safety

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

A comprehensive approach to online safety empowers staff to protect and educate pupils, students, and colleagues in their use of technology and establishes the following mechanisms to identify, intervene in, and escalate any concerns where appropriate.

- Education relating to online safety is an integral part of the school's RSHE policy
- Acceptable Use Agreement in place for staff/visitors and children
- Home/School agreement
- Staff training
- Responding to concerns raised by parents as part of wider cultural safeguarding responsibilities
- Parental information relating to keeping children safe online shared through meetings, social media and newsletter updates

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

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

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

In close partnership with Wight Support (IT support) and Lightspeed Systems (filtering provider), there are appropriate filtering and monitoring systems in place on all school devices and school networks. Staff training includes cyber security and understanding roles and responsibilities in relation to filtering and monitoring. To support schools with this the DfE have produced the following guidance: [Meeting digital and technology standards in schools and colleges - Filtering and monitoring standards for schools and colleges - Guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/meeting-digital-and-technology-standards-in-schools-and-colleges-filtering-and-monitoring-standards-for-schools-and-colleges)

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. Guidance on e-security is available from the [National Education Network](#). In addition, schools and colleges should consider meeting the [Cyber security standards for schools and colleges.GOV.UK](#). Broader guidance on cyber security including considerations for governors and trustees can be found at [Cyber security training for school staff - NCSC.GOV.UK](#)

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

Annex 8 - Whistleblowing

Whistleblowing in a safeguarding context

Every school should have a whistleblowing procedure. Whistleblowing procedures protect staff members who report colleagues they believe are doing something wrong or illegal, or who are neglecting their duties.

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

The whistleblowing policy is not designed to be used for concerns that fall under statutory procedures (for example child protection or allegations against staff) as these should be reported under the relevant procedures. However, the whistleblowing policy will apply if there is good reason to believe that the relevant procedure is not being followed or will not be followed effectively.

Within **Wroxall Primary School**, the headteacher, **Tara Hopkinson** is the senior leader and responsible for all staff. If you are concerned that any member of staff within the school is not following safeguarding processes or behaving in a way that is placing children at risk, you should make the headteacher aware.

If your concern is about the headteacher, you should raise this with the **Chair of Governors, Jenny Johnston**, by email: j.johnston@wroxallprimary.co.uk

If you would prefer to raise your concerns outside the school environment you can contact Children's Social Care by calling 0300 300 0901 (office hours) or 0300 555 1373 (outside of office hours) or the Local Authority Designated Officer on 01962 876364 or at child.protection@hants.gov.uk.

If you believe that a member of the school staff is harming a child (an allegation) and this has been reported to the headteacher and no action has been taken, or the member of staff you have concerns about is the headteacher, then you are able to contact the Local Authority Designated Officers (LADOs) on 01962 876364 or child.protection@hants.gov.uk

Annex 9 – Safeguarding leaflets for staff and visitors to the school – shared with all staff members annually and when updates occur:



The DSL will decide if the pupil needs to be referred to specialist or early help services. If necessary, you may refer the pupil to these services – you must inform the DSL as soon as possible.

If a pupil is in **immediate danger**, you must make a referral to children's social care services and/or the police **immediately**. Remember, there is a difference between having a concern, and a child being in immediate danger.

No concern is too small. Staff often have concerns or worries with little evidence, but these can often contribute to a bigger picture, adding up to a serious cause of concern. It is vital you report worries to the DSL at the earliest stage possible and make a record on the school's secure online reporting system – CPOMS.

What to do if a pupil discloses information to you

Do:

- ✓ Treat the pupil as an individual, with respect and dignity.
- ✓ Be thoughtful about your language choices and tone of voice.
- ✓ Reassure them that this is the right thing to do.
- ✓ Make sure the pupil feels secure and inform them of your next actions.
- ✓ Make notes of your discussion, including the date and time. Record your concern on CPOMS and upload a copy of your original notes.

- ✓ Record the discussion using the pupil's own words.
- ✓ Listen carefully and let the pupil finish without interrupting them.
- ✓ Make sure they know exactly what is happening next and why you need to tell another adult.

Do not:

- ✗ Promise the pupil you won't tell anyone.
- ✗ Ask leading questions or probe for more information – let the pupil tell you exactly what they choose to and no more.

Concerns about staff members

Any concerns about other staff members (including supply staff and volunteers) and their safeguarding practices should be raised with the headteacher. These will be taken seriously and thoroughly investigated. The school has an Allegations against staff policy and a Whistleblowing policy which are shared with all staff.

Useful Contacts:

Designated Safeguarding Lead:
Tara Hopkinson (Headteacher)
Deputy DSLs:
Meg Lever (Family Liaison Officer)
Lydia Garlick (Pre-School Manager)
Safeguarding Governor:
Jenny Johnston: j.johnston@wroxallprimary.co.uk
LADO: 01962 876364 child.protection@hants.gov.uk
Professionals line: 0300 300 0901

Further information

Make sure you read the school's **Child Protection and Safeguarding Policies** to ensure you are fully aware of your responsibilities – you can request a copy from the school office.



Child protection and safeguarding guidelines for staff and volunteers – what do you need to know?

Your responsibilities

As a staff member at our school, you are responsible for safeguarding and promoting the welfare (physical and emotional) of every pupil.

As part of your responsibility, you must be aware of different safeguarding concerns, how you can identify those at risk, who you need to report concerns to and how, and the process for making referrals and early help.

If a pupil discloses any information to you, you have a responsibility to report it.

You must also ensure that you read, understand and have access to a copy of part one of the current 'Keeping children safe in education' (KCSIE)

Types of abuse and neglect

Physical abuse – a child suffers physical harm or injury, e.g. through hitting. This can also involve fabrication of an illness by their parent or family member.

Emotional abuse – a child receives emotional maltreatment which causes adverse effects on their development, e.g. by being told they are worthless.

Sexual abuse – a child is forced or enticed into taking part in sexual activities in which they do not give consent for, whether or not they are aware of what is happening.

Neglect – a child's basic physical and/or psychological needs are consistently not met, resulting in serious impairment of their health or development, e.g. by providing inadequate food.

Other safeguarding concerns

You must be aware of additional safeguarding concerns, including the following:

- Honour based abuse, e.g. FGM
- Child sexual exploitation (CSE)
- Child criminal exploitation (CCE)
- Radicalisation
- Child-on-child abuse
- Bullying, including cyberbullying
- Children missing education
- Serious violence

Additional Factors

You should always adopt an 'it can happen here' attitude towards safeguarding matters.

Online safety

The internet poses harmful risks for children through sexual grooming, abuse and exploitation, cyberbullying, sexting and access to inappropriate material.

All staff must be aware that their safeguarding responsibilities extend to protecting pupils from putting themselves, or others, at risk online. For more information on your responsibilities, procedures, acceptable use, and how you can ensure pupils stay safe online, refer to the school's **Online Safety Policy**.



Spotting the signs

Child abuse or neglect can manifest in many ways. Some indicators may be physical, such as marks and bruising, or evident through their appearance, such as clear weight loss.

Abuse or neglect can also be presented through change in a pupil's behaviour – an unwillingness to change for PE lessons, displaying aggression, becoming withdrawn or losing friendships.

If a pupil discloses to you that they have been subjected to abuse, or they ask for advice on matters which raise concerns, it is imperative that you act on this.

Use the following list as a guide for common indicators:

- **Physical** – unexplained or hidden injuries, lack of medical attention.
- **Emotional** – displaying younger behaviour, nervousness, sudden underachievement, attention-seeking, stealing, lying.
- **Sexual** – showing an obsession with sexual activities (through play, work, drawings, etc.), being sexually provocative, disturbed sleep, nightmares, bedwetting, secretive relationships with others.
- **Neglect** – appearing ill-cared for or unhappy, becoming withdrawn or aggressive, displaying injuries, ongoing health problems.

This list is not exhaustive and each one should not be viewed in isolation – multiple issues often overlap each other. For more information on the indicators of specific safeguarding issues, such as FGM and CSE, refer to the **Child Protection and Safeguarding Policies**.

What to do if you have a concern

KCSIE requires all schools to have a DSL and deputy DSL(s). If you have a concern, you must raise it with the DSL – you should know who this is and who to inform if they are unavailable.

You must report all concerns in line with the school's **Child Protection and Safeguarding Policies** which are available on the school website or from the office upon request.

Visitor leaflets – given to all visitors to the school:

Fire and Evacuation Procedures:
If the alarm sounds while you are here, please evacuate the building from the nearest Fire Exit and go to the Assembly Point on the playground. Please follow instructions from staff.

First Aid:
Please report any accidents or injuries to the school office. Appropriate first aid will be administered by one of our trained first aiders.

Medical:
We have a number of children with severe allergies and medical conditions. Please be aware and report any concerns to a member of staff.
Please let us know if you have any allergies or other medical needs.

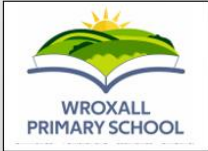
Toilets:
Please only use the staff toilets by the school office.

Mobile Phones:
No mobiles must be taken into school.
No photographs or recordings may be taken without prior consent of the Headteacher.

Parking:
If you park your vehicle in the school's car park, please do so responsibly in the marked parking spaces. Please do not block in any other vehicles


Health & Safety:
If you have any concerns regarding health and safety, please report these to a member of the office staff.

Wroxall Primary School
Safeguarding Information for Visitors



**WROXALL
PRIMARY SCHOOL**

Safeguarding is Everyone's Responsibility



Designated Safeguarding Leads



Tara Hopkinson
Headteacher
DSL



Lydia Garlick
Deputy DSL



Meg Lever
Deputy DSL



Jenny Johnston
Safeguarding
Governor

Definition of Safeguarding:

- ❖ Protecting children and young people (under the age of 18) from maltreatment.
- ❖ Preventing impairment of children's health or development.
- ❖ Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- ❖ Take action to enable all children to have the best outcomes.

Types of Abuse:

- **Physical:** May involve hitting, shaking, throwing, poisoning, burning, drowning, or suffocating, causing physical harm to a child. Can also be a fabrication such as deliberately inducing illness in a child.
- **Emotional:** The persistent emotional maltreatment of a child, such as to cause severe or adverse effects on the child's emotional development and wellbeing.
- **Sexual:** Forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening.
- **Neglect:** Persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of the child's health or development.

Welcome to Wroxall Primary School

Please adhere to the following whilst you are visiting our school:

- Sign in at our school office and show a form of identification.
- Wear your 'Visitor' badge at all times so that you are clearly identified to school staff and children.
- Never be alone with a child unless an appropriate member of staff has approved your safeguarding checks and given you direct permission to do so.
- Report any concerns immediately to one of our Designated Safeguarding Leads, or if they are unavailable, tell our office staff and they will seek out the relevant person to assist you.
- When leaving the building, you must sign out at the school office and hand in your visitor badge.
- Anyone with a concern about a child can make a direct referral to any of the following:

Children's Reception Team (MASH): Accessed via Inter Agency Referral Form found on IOWSCP website (www.iowscp.org.uk)

Local Authority Designated Officer: Tel. : 01962 876364
Email: child.protection@hants.gov.uk

Or the Police on 101 or 999

Our Child Protection and Safeguarding policies are available on the school website. The school also has a Whistleblowing policy and an Allegations against staff policy which can be emailed upon request.

Annex 10



Hampshire and Isle of Wight Safeguarding Children Partnership and Children's Trust Thresholds Chart – July 2019



Threshold:	1. Universal	2. Early Help	3. Targeted Early Help	4. Children's Social Care
The Child or Young Person (maybe unborn):	Has needs met within universal provision. May need limited intervention within the setting to avoid needs arising.	Has additional needs identified within the setting that can be met within identified resources through a single-agency response and partnership working.	Has multiple needs requiring a multi-agency coordinated response.	Has a high level of unmet and complex needs or is in need of protection.
<p>←→ ←→ ←→</p> <p>The following circumstances and key features are for guidance and should always be considered in respect of the impact on the child or young person, including unborn and newly born. Each child's case will be individually considered taking into account the child's circumstances and the strengths of the family</p>				
Circumstances and Key Features:	Developmental Needs of child	Developmental Needs of Child	Developmental Needs of Child	Developmental Needs of Child
	<ul style="list-style-type: none"> Achieving learning targets Good attendance at school Meeting developmental milestones Has psychological wellbeing Socially interactive and skilled Ability to protect self and be protected 	<ul style="list-style-type: none"> Absence/truancy from school Incidence of absence/missing from home Has special educational needs (whether or not they have a statutory Education, Health and Care Plan) Is disabled and has specific additional needs Is a young carer Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups Is misusing drugs or alcohol Has previously been in care/returned home to their family from care Subject to fixed-term exclusions At risk of social exclusion Has poor attachments Language and communication difficulties Reduced access to core services Potential for becoming NEET (not in education, employment or training) Potential not to attain Slow in meeting developmental milestones Missing health checks/immunisations Minor health problems Poor self-esteem Low level emotional/mental health issues Inappropriate use of social media (e.g. sexting/use of inappropriate images) 	<ul style="list-style-type: none"> Persistent absence from school Missing from school/home regularly Has special educational needs (whether or not they have a statutory Education, Health and Care Plan) No access to core services Social exclusion Poor attachments Is disabled and has specific additional needs Is subject to permanent exclusions/no school place Not in education, employment or training (NEET) Has returned home to their family from care Developmental milestones not being met due to persistent parental failure/incapability Chronic/recurring health problems Regular missed appointments affecting developmental progress Teenage pregnancy Is misusing drugs or alcohol Risky sexual behaviour/underage sexual activity Offending/antisocial behaviour resulting in risk of entering the Youth Justice System Emotional/mental health issues including self-harm Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups Inappropriate use of social media (e.g. sexting/use of inappropriate images) 	<ul style="list-style-type: none"> Chronic persistent absence, permanent exclusions or no school place that risks entry to the care system Is frequently missing/goes missing from care or from home Persistent social exclusion Poor attachments Complex/multiple disabilities Has special educational needs (whether or not they have a statutory Education, Health and Care Plan) Is a non-ambulant child with bruising or unexplained marks Complex mental health issues affecting developmental needs including self-harm High level emotional health issues and very low self-esteem Has recently returned home to their family from care Non-organic failure to thrive Sexually inappropriate behaviour Sexually aggressive behaviour Teenage parent/pregnancy under the age of 13 Drug/alcohol use severely impairing development Relationship breakdown between child and parent/carer that risks entry to the care system Offending/antisocial behaviour and in the Youth Justice System Unaccompanied asylum-seeking children (UASC) Is at risk of modern slavery, trafficking or exploitation Is at risk of being radicalised or exploited Is a privately fostered child Inappropriate use of social media (e.g. sexting/use of inappropriate images) Sexual exploitation/abuse (including online)

	Family and Environment	Family and Environment	Family and Environment	Family and Environment
	<ul style="list-style-type: none"> Supportive relationships Housed, good diet and kept healthy Supportive networks Access to positive activities 	<ul style="list-style-type: none"> Family or household member relies on child for some care Poor parent/child relationships Children of prisoners/parent subject to community order(s) Child exposed to bullying environment Poor housing and poor home environment impacting on child's health Community harassment/discrimination Low income affects achievement Parenting advice needed to prevent needs escalating Poor access to core services Risk of relationship breakdown Concerns about possible domestic abuse 	<ul style="list-style-type: none"> Housing tenancy at risk Imminent risk of homelessness Community harassment/discrimination Domestic abuse Relationship breakdown Transient family Is in a family circumstance presenting challenges for the child such as drug and alcohol misuse, adult mental health issues and domestic abuse Community harassment/discrimination 	<ul style="list-style-type: none"> Suspicion of physical, emotional or sexual abuse, or neglect Domestic abuse resulting in child being at risk of significant harm Homeless child/young person Family intentionally homeless Extreme poverty affecting child's wellbeing Forced marriage, Honour-Based Violence, Female Genital Mutilation, Fabricated or Induced Illness (FI)
	Parents and Carers	Parents and Carers	Parents and Carers	Parents and Carers
	<ul style="list-style-type: none"> Protected by carers Secure and caring home Receive and act on information, advice and guidance Appropriate boundaries maintained 	<ul style="list-style-type: none"> Inconsistent care arrangements Poor supervision by parent/carer Inconsistent parenting Poor response to emerging needs Historic context of parents/carers own childhood Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system 	<ul style="list-style-type: none"> Parental learning or physical disability, substance misuse or mental health issues impact on parenting Inconsistent care arrangements Poor supervision by parent/carer Inconsistent parenting Poor response to identified needs Historic context of parents/carers own childhood Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system 	<ul style="list-style-type: none"> Previous history of child/ren of one or more adult in the household being in care or subject to child protection plans Parental encouragement of abusive/offending behaviour Continuing poor supervision in the home resulting in significant harm or risk of significant harm Parental non-compliance/disguised compliance or cooperation Inconsistent parenting affects child's developmental progress
What Do I Do Next?	Go direct to the family information site: www.iwight.com/wightchyps https://fish.hants.gov.uk/kb5/hampshire/directory/home.page	Consider Early Help checklist. Referral to agency for support to meet identified needs. For further advice or guidance in respect of Early Help, contact your local Family Support Service.	Early Help assessment to be considered. If you require advice or guidance in respect of the child or young person's needs, submit an Inter-Agency Referral Form to the Children's Reception Team.	Use the Inter-Agency Referral Form to refer to the Children's Reception Team or phone on 0300 300 0117 if the matter is an urgent safeguarding issue. Alternatively, ring police on 999 if at immediate risk.
Level of Assessment	No formal assessment	Early Help checklist to be considered	Early Help assessment	Child and Family assessment / child protection (S47) investigation

Refer via [Inter-Agency Referral Form \(IARF\)](#)

Hampshire **Professionals** Number: 01329 225379
Hampshire **Public** Number: 0300 555 1384

Isle of Wight **Professionals** Number: 0300 300 0901
Isle of Wight **Public** Number: 0300 300 0117

Emergencies: 999

Annex 9 - Briefing sheet for temporary and supply staff

For supply staff and those on short contracts in Wroxall Primary School

While working in Wroxall Primary School, you have a duty of care towards the children and young people here. This means that at all times you should act in a way that is consistent with their safety and welfare. In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL), who is Tara Hopkinson and can be found 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 child behaviour that leads you to be concerned about a child or young person.
- A child or young person telling you that they have been subjected to some form of abuse
- Observing adult behaviour that leads you to be concerned about their suitability to work with children or young people.

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

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

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

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

If your concern involves the DSL or a member of the senior staff, contact the LADO on 01962 847364 or child.protection@hants.gov.uk.

Remember, if you have a concern, report it.

Annex 10 - What is child abuse?

The following definitions are taken from *Working Together to Safeguard Children* HM Government (2023) 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 Isle of Wight Safeguarding Children Partnership (IOWSCP) 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 caregivers)
- ensure access to appropriate medical care or treatment.

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

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

Indicators of abuse

Neglect

The nature of neglect

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

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

Neglect can include parents or carers failing to:

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

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

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

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

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

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the DSL.

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 IOWSCP neglect toolkit provides a more detailed list of indicators of neglect and is available to all staff

Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

Emotional abuse

The nature of emotional abuse

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

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

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

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

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

Indicators of emotional abuse

Developmental issues

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

Behaviour

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

Social issues

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

Emotional responses

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

Physical abuse

The nature of physical abuse

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

A body map, found within an incident report from CPOMS 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 (adult words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

You should be concerned if the child or young person:

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

Although we do not currently have provision for children under the age of 2 at Wroxall Primary, we are mindful of bruising baby protocol for immobile babies. We follow the IOWSCP bruising protocol - practitioner guide (detailed below).

PRACTITIONER GUIDE

BRUISING PROTOCOL

The 'Bruising Protocol' tells staff what to do when they identify a bruise in a young baby, especially a baby who is not yet rolling or crawling. Bruising is the commonest physical sign of child abuse. A bruise can be a sign of abuse in a child of any age, but bruising in non-mobile babies is unusual and can be associated with life threatening injury.

The full Protocol can be accessed at:

[Protocol for the management of actual or suspected bruising or other injury in infants who are not independently mobile](#)

What is the Bruising Protocol?

The protocol, first produced in 2010, is regularly revised and updated, and is available on the [HIPS Procedures website](#). It says that all non-mobile babies with a bruise should be fully assessed and referred immediately to Children's Services, even if parents feel they are able to give a reason for the bruise. Staff will give parents a copy of the '[Bruising in young babies – Information for parents and carers](#)' leaflet (available from GPs and Health Staff and on the HIPS Procedures website). Children's Services will make background checks and arrange a paediatric assessment as soon as possible (within a maximum of four hours). After the paediatric assessment, a strategy discussion takes place between the social worker, police and paediatrician, and may also include agencies that are involved with the family. The outcome is explained to the parents.

The latest update (November 2020) of the Protocol has three new amendments:

1. A new emphasis on injury in general in non-mobile babies, in addition to the main emphasis on bruising.
2. An additional paragraph with specific guidance about subconjunctival haemorrhages (bleeding in to the white of the eye). See section 7.2 of the Protocol.
3. 'Mongolian blue spot' is now referred to as blue-grey spot (slate-grey naevus).

About five babies a month are currently referred under the Protocol and 80% of these proceed to Section 47, child protection investigation.

Experience from other areas of the country also supports the view that children are being protected because of the awareness raised by this type of guidance.



The HIPS Procedures are updated regularly. To be notified of updates [sign up now](#).



PRACTITIONER GUIDE

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The full Protocol can be accessed at:

[Protocol for the management of actual or suspected bruising or other injury in infants who are not independently mobile](#)

Frequently Asked Questions

Why are social services involved from the outset?

Bruising on any pre-mobile child should be fully investigated and take into consideration the child's medical and social history, motor skills and the explanation provided by parent or carer. Social Services are key to providing background social history.

What if parents refuse consent?

Obviously, it is best for families to work in partnership with professionals involved on a consensual and open manner. However, if consent is refused, professionals will be expected to continue with steps of the Protocol under child protection arrangements. Advice should be sought from direct line-managers in terms of how this should be progressed.

How quickly should the baby attend hospital?

As soon as possible and within a maximum of four hours.

What if parent/carer provides reasonable explanation?

Whilst the explanation may seem plausible the protocol stipulates the need for multi-disciplinary assessment. The individual making the referral should share their professional view with the paediatrician and social worker.

What if the child is disabled, aged over 6 months but is not mobile?

This will require professionals to make a judgement regarding the need for referral. Advice can be sought from line managers/safeguarding leads i.e. SCNS / Named Dr / Named Nurse. Remember this Protocol is about safeguarding the most vulnerable children against physical abuse.



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.

Annex 11 - Useful contacts

Key Personnel	Name (s)	Telephone No.
DSL	Ms Tara Hopkinson (Headteacher)	01983 852290
Deputy DSL(s)	Ms Megan Lever (FLO) Mrs Lydia Garlick (Preschool Manager)	01983 852290
School's named Prevent lead	Ms Tara Hopkinson (Headteacher)	01983 852290
Schools Mental Health Lead	Ms Tara Hopkinson (Headteacher)	01983 852290
Nominated Safeguarding Governor	Mrs Jenny Johnston	j.johnston@wroxallprimary.co.uk
Chair of Governors	Mrs Jenny Johnston	j.johnston@wroxallprimary.co.uk
Children's Reception Team		01329 225379
Out of hours social care		0300 555 1373
Police	NPCC guidance	101 or in emergencies 999
Safeguarding advisors / Local Authority Designated Officers (LADOs)	Barbara Piddington Fiona Armfield Shona McMinn Amy Puncheon	HCC Safeguarding Unit 01962 876364 Child.protection@hants.gov.uk
School nurse	0-19 school nursing team	01983 821388
Children's Service Department, District Service Manager		0300 300 0117

Annex 12 - Table of changes 2024

Throughout the document changes have been made to punctuation, grammar and readability. These have not all been highlighted in the table below.

Page	Changes
Throughout the document	Reference to KCSiE 2023 updated to 2024 Updated links to guidance and updated guidance