# Child on Child Abuse Policy

*Including sexual violence and sexual harassment between children*

| Policy information | Details |
|---|---|
| Policy period | September 2026 to August 2027 |
| Reviewed | September 2026 |
| Next review | By September 2027, or sooner if guidance or local arrangements change |
| Approval | Proprietor approval date: 29th Sep |
| Safeguarding proprietor | Lynne Duffy |
| Designated Safeguarding Lead (DSL) | Jo Evans |
| Friday DSL cover | Liam Allibone acts as DSL on Fridays |
| Deputy Designated Safeguarding Leads (DDSLs) | Liam Allibone; Jennifer Chaudry; Phil Moss; Maria Duffy; Nicola Beard; Emma Raymond; Naomi Cambray; Holly Fereday; Danielle Alldritt |

## Contents

1. Scope and principles ..... 2
2. Roles and reporting ..... 2
3. Forms and indicators of abuse ..... 3
4. Additional needs and communication ..... 3
5. Immediate response to a disclosure or incident ..... 4
6. Sharing nudes and semi-nudes ..... 4
7. DSL assessment and referral decisions ..... 4
8. Risk assessment and safety planning ..... 5
9. Parents, carers and information sharing ..... 5
10. Support, behaviour response and follow up ..... 6
11. Prevention and culture ..... 6
12. Guidance and review ..... 6
Annex A: Child on child abuse risk assessment ..... 7

## Overview

This policy sets out how Gloverspiece Minifarm & School prevents, identifies, records and responds to harm between children, on site, off site and online. Staff must act promptly, protect every child involved and follow the Safeguarding and Child Protection Policy for referrals and escalation.
This policy should be read with the Safeguarding and Child Protection Policy, Behaviour Policy, Anti-Bullying Policy, Online Safety Policy, RSHE/PSHE arrangements, and the Managing Allegations and Whistleblowing procedures.

## 1. Scope and principles

Child-on-child abuse can occur between children of any age or sex, between individuals or groups, within relationships, in person or online. It may happen inside or outside school, including during transport, community activities and at the farm. The absence of reports does not mean abuse is absent. Every member of staff maintains an “it could happen here” approach, listens to the child and acts in their best interests.

Gloverspiece adopts a zero-tolerance approach to child-on-child abuse, including sexual violence, sexual harassment, harmful sexual behaviour, bullying, discriminatory abuse and other abusive behaviour. Abuse will never be dismissed as 'banter', 'just having a laugh', 'part of growing up' or 'boys being boys'. A child’s developmental stage, communication needs and context inform assessment and support, but never justify overlooking harm.

All children involved may need safeguarding support, including a child who has experienced harm, a child alleged to have caused it, and witnesses. Staff use neutral language until facts are established, protect privacy and avoid placing responsibility for abuse on the child who reports it.

## 2. Roles and reporting

The proprietor ensures that safeguarding arrangements, staff training, reporting routes and review are effective. The DSL (Jo Evans) leads the response to concerns, records decisions and referrals, coordinates risk assessment and support, and works with children’s social care and police. On Fridays Liam Allibone acts as DSL. DDSLs provide cover and support; an available DSL or DDSL must be contacted without delay.

Any member of staff who sees, hears or suspects abuse must make the child safe, report the concern immediately to the DSL or a DDSL and record it promptly on CPOMS. An entry on CPOMS alone does not replace a direct conversation where the concern is urgent. If CPOMS or internet access is unavailable, staff use the school’s paper safeguarding concern form, pass it securely to the DSL or DDSL without delay, and transfer the information to CPOMS when access is restored. The original paper record is retained securely in line with the Safeguarding and Child Protection Policy.

If a child is in immediate danger or needs emergency medical care, call 999 and then tell the DSL or DDSL. If the DSL or a DDSL is unavailable, staff take action themselves under the Safeguarding and Child Protection Policy, including a direct referral to children’s social care or the police as appropriate; they must not wait for permission. Concerns about a member of staff follow the allegations/low-level concerns procedure, not this child-on-child route.

## 3. Forms and indicators of abuse

The following examples are not exhaustive. Harm may be repeated, or a single incident may be serious enough to require a safeguarding response.

- Physical abuse, including hitting, kicking, shaking, biting, hair pulling, choking, use or threat of a weapon and other violence.
- Bullying and prejudiced or discriminatory harm, including cyberbullying, threats, humiliation, exclusion, racist, sexist, homophobic, transphobic or disablist abuse.
- Sexual violence, sexual harassment, harmful sexual behaviour and abuse in intimate relationships, including unwanted touching, sexual comments, coercion, assault and upskirting.
- Online abuse, including harassment, impersonation, image-based abuse, coercion and non-consensual sharing of nudes or semi-nudes, including manipulated or AI-generated sexual images.
- Initiation or hazing rituals, exploitation, controlling behaviour and serious violence.

Indicators may include distress, avoidance of particular pupils or places, attendance changes, unexplained injuries, withdrawal, changes in peer relationships or online behaviour, sexualised language or behaviour, or disclosures through drawings, behaviour or communication aids. Staff consider patterns and contextual risks, including events outside school.

## 4. Additional needs and communication

Some children with SEND may face additional barriers to recognising or reporting abuse, or may be disproportionately affected by bullying without outward signs. Staff must not assume that a change in mood, injury or behaviour is explained by a child's disability. Use the child's preferred communication method, a trusted adult, extra processing time and accessible language. Avoid leading questions. Consider sensory, trauma and regulation needs, and ensure the child has a meaningful opportunity to express wishes and feelings.

The DSL considers each child's chronological and developmental age, power difference, dependency, communication, consent, coercion, repetition, relationship, impact and previous concerns. Where helpful, specialist advice informs assessment of harmful sexual behaviour. A behaviour or support plan does not replace safeguarding action.

## 5. Immediate response to a disclosure or incident

- Separate children where necessary, stop the behaviour, address injuries and preserve immediate safety. Avoid a response that unnecessarily isolates the child who has reported harm.
- Listen calmly and take the report seriously. Reassure the child they have done the right thing. Do not promise confidentiality; explain who needs to know and why.
- Use open prompts such as “Tell me what happened.” The member of staff receiving the disclosure must not investigate the allegation. Following referral, the DSL will undertake an appropriate safeguarding assessment and establish the facts necessary to determine the school's safeguarding response. This may include obtaining relevant information from those involved, reviewing available records or evidence and consulting with children's social care, police or specialist services. The school will not undertake investigative activity that could compromise a statutory investigation and will follow the advice of children's social care and/or police where external agencies are involved.
- Record the child’s own words, date, time, place, people present, observations and immediate actions. Distinguish fact from opinion. Report promptly to the DSL or DDSL.
- The DSL considers urgent health needs, the risk of further contact or retaliation, and whether children’s social care or police advice is required before contacting parents or conducting any further enquiries.

Where sexual violence is reported, the DSL follows Part 5 of Keeping Children Safe in Education 2026. The child should have a choice, where reasonably possible, about how they are supported and by whom. The alleged child who caused harm is also safeguarded and supported. A report can be shared with police and children’s social care in parallel; any criminal investigation takes priority over the school’s fact-finding, while the school continues its own safeguarding responsibilities.

## 6. Sharing nudes and semi-nudes

All incidents involving nudes or semi-nudes must be reported immediately to the DSL or DDSL. Staff do not view, copy, print, save, forward or delete imagery, ask a child to send it, or ask the child to delete it. If imagery is seen accidentally, report that fact. Staff do not question children in detail or inform parents independently. The DSL follows the current UKCIS guidance, assesses coercion, exploitation, distribution and risk, and decides on referrals and parent contact. Only the DSL may make an exceptional decision to view imagery if essential to safeguard a child and in accordance with that guidance.

## 7. DSL assessment and referral decisions

The DSL records the rationale, consults children’s social care and police where appropriate, and considers the following routes, which may operate together:

- Manage internally where the behaviour is less serious and the school can safely address it with proportionate support, education and monitoring.
- Seek early help or family help where emerging needs call for coordinated support.
- Refer to children’s social care where a child has been harmed or is at risk of significant harm, including concerns about sexual violence or exploitation.
- Report to police where a crime may have been committed, while seeking advice about preserving evidence and the effect of any investigation.

In sexual violence cases, the DSL uses the four response pathways described in KCSIE Part 5: internal management, early help, children's social care and reporting to police. Decisions are made case by case, reviewed as information changes, and never delayed solely to obtain a complete account. If the school is dissatisfied with a response from another agency, it uses the escalation arrangements in its Safeguarding and Child Protection Policy.

## 8. Risk assessment and safety planning

Following a report of sexual violence, the DSL or Deputy DSL will undertake an immediate risk and needs assessment. Following a report of sexual harassment or harmful sexual behaviour, the DSL will determine whether a risk and needs assessment is required. Gloverspiece's assessment will not replace any professional risk assessment undertaken by children's social care, police or specialist services.

Annex A is Gloverspiece's prompt. It considers the child who has experienced harm, the child alleged to have caused harm, witnesses and other children, including contact in classes, break times, transport, online spaces and outside school. The assessment records proportionate supervision, timetable or room changes, trusted adults, reporting routes, information sharing, external agency advice and review dates.

Safety measures must be practical, proportionate and avoid placing the burden on the child who has reported abuse. The school will give careful consideration to how it can continue the education and support of both children. Where a police or social care investigation is underway, the DSL agrees appropriate boundaries for any enquiry and updates the plan as advice changes.

Where a report concerns rape or assault by penetration, the alleged perpetrator should, while Gloverspiece establishes the facts and liaises with children's social care and/or police, be removed from any shared classes with the child who has reported the abuse. Gloverspiece will also consider reasonable physical separation in other areas of the site, on transport and during before/after-activities. Such arrangements are protective measures and must not be treated as a finding of guilt. They will be reviewed regularly and will take account of the wishes and needs of the child who has reported the abuse.

## 9. Parents, carers and information sharing

The DSL normally informs parents or carers of children involved at an early stage and explains safety and support arrangements. Contact is delayed or managed differently where it may increase risk, compromise an investigation or conflict with professional advice; the DSL records the reasons and takes advice as needed. The child's wishes and feelings are considered, with attention to maturity, competence and safety. Information is shared only with those who need it for safeguarding. Staff must not discuss allegations with other pupils, families or colleagues who have no role in the response.

## 10. Support, behaviour response and follow up

The DSL agrees an individual support plan with the child who has experienced harm, such as a trusted adult, check-ins, adjustments to attendance or learning, therapeutic or specialist support, and safe ways to report further concerns. Witnesses may also need support. The child who has displayed harmful behaviour receives a needs and risk assessment, clear boundaries, appropriate consequences and support to change behaviour, including external specialist help where indicated.

Any behaviour response is proportionate, considers the child's needs and the seriousness of harm, and is coordinated with safeguarding and any police investigation. Restorative work is considered only when safe, appropriate and freely agreed; it is never imposed on a child who has experienced sexual violence. A child's apology or wish to move on does not end Gloverspiece's safeguarding duty.

The DSL records actions, owners and review dates on CPOMS, checks that referrals are received, reviews safety and wellbeing with each child, and monitors for retaliation, recurrence or later distress. Relevant records are retained and transferred in accordance with the Safeguarding and Child Protection Policy.

## 11. Prevention and culture

Gloverspiece teaches respectful relationships, consent, boundaries, online safety and how to seek help through age- and developmentally appropriate RSHE/PSHE and the wider curriculum. Staff model respectful behaviour, challenge discriminatory language and sexual harassment, and reinforce safe reporting routes. Gloverspiece uses pupil voice, incident patterns and safeguarding review to identify places, times or groups where additional prevention or supervision is needed. Staff training and induction cover recognition, direct reporting to the DSL and recording on CPOMS.

## 12. Guidance and review

This policy is based on the supplied Worcestershire child-on-child abuse template and Gloverspiece's 2025–26 policy. The DSL reviews it at least annually and after significant changes to guidance, local procedures or school practice.

- Keeping Children Safe in Education 2026, particularly Parts 1, 2 and 5: https://www.gov.uk/government/publications/keeping-children-safe-in-education--2
- Working Together to Safeguard Children 2026: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
- UKCIS, Sharing nudes and semi-nudes advice for education settings: https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people

## Annex A: Child on child abuse risk assessment

Complete for a significant incident and review as circumstances change. Store securely with the safeguarding record. This prompt supports professional judgement and does not delay an urgent referral.

| Incident details | Record |
|---|---|
| Incident / CPOMS reference | |
| Date and time of incident / report | |
| Completed by / role / date | |
| Children involved (record separately where needed) | |
| Where the incident occurred | |
| Agencies consulted and reference numbers | |
| Children's wishes and communication needs | |

Consider risk to the child harmed, the child alleged to have caused harm, witnesses, other pupils and staff. Record current controls, further action, owner and review date.

| Consideration | Risk level H M L | Action and owner | Residual risk / review |
|---|---|---|---|
| What happened, where and when? Are there immediate health or safety needs? | | | |
| Is a crime suspected? What advice or referral has been made to police or children's social care? | | | |
| Is there a power imbalance, coercion, threat, retaliation or previous pattern? | | | |
| Could the children meet in lessons, breaks, transport, activities or outside school? | | | |
| Are there online risks, image sharing, gossip or peer pressure? | | | |
| What SEND, communication, trauma or other vulnerabilities affect safety and support? | | | |
| What supervision, separation, trusted adult or timetable adjustments are needed? | | | |
| How will education, wellbeing and support continue for every child involved? | | | |

Decisions and follow up

| Action | Outcome, date and reference |
|---|---|
| Emergency response / medical care | |
| Police informed or consulted | |
| Children's social care referral or consultation | |
| Early help / family help | |
| Parents or carers contacted (or reason for delay) | |
| Internal or specialist support | |
| Children's views and safety check | |
| Next review date and person responsible | |

Review outcome and changes to the plan: _____

DSL / DDSL signature: _____ Date: _____