



CHILD PROTECTION POLICY

For

Diocese of Salisbury Academy Trust Academies

This model policy will apply to both teaching and non-teaching staff

For adoption and implementation from

Approved

Amended after HR circulation

This policy is a model policy
that must be reviewed and
customised by each LAB as
appropriate.



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1. Purpose of the Policy

- 1.1 These procedures explain what action should be taken if there are concerns that a child is or might be suffering harm. A 'child' is a person under 18 years but the principles of these procedures apply also to vulnerable young adults over 18 years.
- 1.2 This policy aims to raise awareness of all Academy staff to the importance of safeguarding pupils and of their responsibilities for identifying and reporting actual or suspected abuse.
- 1.3 There are three main elements to the Academy's safeguarding policy:
 1. **PREVENTION** (positive and safe Academy environment, careful and vigilant teaching, accessible pastoral care, support to pupils, good adult role models).
 2. **PROTECTION** (agreed procedures are followed, staff are trained and supported to respond appropriately and sensitively to safeguarding concerns).
 3. **SUPPORT** (to pupils, who may have been at risk of significant harm and the way staff respond to their concerns and any work that may be required).

2. What is Child Protection?

- 2.1 Child protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. Safeguarding, in addition to child protection, encompasses issues such as pupil health and safety, bullying/cyber-bullying, appropriate medical provision, drugs and substance misuse. These areas have specific policies and guidance which should be read in conjunction with this document.

3. What is Significant Harm?

- 3.1 The Children's Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development. Decisions about significant harm are complex and require discussion with the statutory agencies.

4. Responsibilities and Roles

- 4.1 All adults in (name) Academy have a duty to safeguard and promote the welfare of children by taking appropriate action. This includes taking action where there are child protection concerns.



4.2 DSAT is accountable for ensuring their Academies have an effective child protection policy in place, which will be reviewed annually and available publicly. DSAT and **Dorset (DSCB) / Wiltshire (WSCB)** Safeguarding Children Board recommends that each Academy will nominate an individual member to work closely with the Designated Safeguarding Lead and to provide a link between the Academy, LABs and DSAT to monitor whether mandatory policies, procedures and training are in place and effective.

The Nominated Governor in *(name)* Academy is *(insert name)*

The Role of the Nominated Governor is outlined in Appendix 1

4.3 This Academy has a Designated Safeguarding Lead (DSL). This is the person with whom concerns about children should be discussed and reported. The Academy also has a Deputy Safeguarding Lead.

4.4 The **Designated Safeguarding Lead** is a senior member of staff designated to take lead responsibility for:

- Managing all child protection issues (Headteacher/Principal leads on allegations against staff)
- Keep secure child protection plans, write records and reports
- Child protection policy and procedures: lead in evaluation, review and revision, ensure available to staff and parents
- Induction of staff and volunteers/staff training/ensure staff are aware of safeguarding policy and procedure
- Providing advice, information and support to other staff/adults in the Academy and with other pastoral staff to pupils on safeguarding issues
- Understand (and participate in) early help assessments and process for early help
- Liaising with the local authority and local safeguarding children board
- Working in partnership with other agencies; referrals and support; information sharing
- Ensure a culture of listening to children and taking account of their wishes and feelings.

The Designated Safeguarding Lead in *(name)* Academy is *(insert name)*

The Deputy Safeguarding Lead is/are *insert name(s)*

5. Safer Recruitment

5.1 DSAT takes seriously its duty to create a culture of safe recruitment and adopt recruitment procedures that help deter, reject or identify people who might abuse children.



- 5.2 For most appointments, an enhanced DBS certificate, which includes barred list information, will be required as the majority of staff will be engaging in regulated activity with children/young people. Additional checks include an identity check, qualification verifications, employment references and right to work in the UK.
- 5.3 In addition to obtaining an enhanced DBS certificate, anyone who is appointed to carry out teaching work will require an additional check to ensure they are not prohibited from teaching.
- 5.4 All checks will be accurately recorded on a single central record

6. Staff Training and Induction

- 6.1 The whole Academy staff group will receive safeguarding training at least every three years with annual up-dates and notifications of any necessary changes.
- 6.2 All new staff, volunteers and governors will receive a Safeguarding induction to ensure understanding of the safeguarding policy

7. Safer Working Practice

- 7.1 Safe working practice ensures that pupils are safe and that all staff, volunteers and governors:
 - Are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions
 - Work in an open and transparent way
 - Work with other colleagues where possible in situations open to question
 - Discuss and/or take advice from Academy management over any incident which may give rise to concern
 - Record any incident or decisions made
 - Apply the same professional standards regardless of gender, race, disability or sexuality
 - Be aware of confidentiality policy
 - Are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

8. Managing Allegations or Concerns against Staff and Volunteers

- 8.1 Any report of concern about the behaviour of a member of staff or volunteer, or allegation of abuse against a member of staff must immediately be reported to the Headteacher/Principal who will refer to the appropriate designated officer(s) from the local authority and DSAT HR. Reference must also be made to the DSAT Allegations Policy, which can be found on the DSAT website.
- 8.2 **The Wiltshire Designated Officer can be contacted on:**
01225 718079 or 01225 713945



The Dorset Designated Officer can be contacted on:
01305 224347 or 01202 7114677.

- 8.3 Any concern or allegation against the Headteacher/Principal will be reported to the CEO without informing the Headteacher/Principal.
- 8.4 Any allegation of abuse will be dealt with in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.
- 8.5 In some circumstances the member of staff will, without prejudice, be asked to take a period of paid leave pending the results of the investigation.
- 8.6 (Academy Name) will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.
- 8.7 Malicious allegations against staff will be investigated and dealt with by the Headteacher and, if appropriate, DSAT HR.

9. What Constitutes Child Abuse?

- 9.1 All adults who work or volunteer with children should be able to identify concerns about child abuse. The four types of abuse, described in *Keeping Children Safe in Education 2015* are:

Physical abuse

Emotional abuse

Sexual abuse

Neglect

Specific safeguarding issues: (Academy Name) recognises other safeguarding issues: Child Sexual Exploitation, Female Genital Mutilation, bullying (including cyber-bullying), domestic violence, drugs, fabricated or induced illnesses, faith abuse, forced marriage, gangs and youth violence, gender-based violence/violence against women and girls, mental health, radicalisation, sexting, teenage relationship abuse, trafficking.

- 9.1.1 The Academy will endeavour to identify and act upon any forms of abuse according to our procedures.

9.2 Child Sexual Exploitation

- 9.2.1 This form of abuse involves exploitative situations, contexts and relationships where young people receive something (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money, mobile phones) as a result of their performing, and/or another or others performing on them, sexual acts. It can occur through the use of technology without the child's immediate recognition; e.g. being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.



- 9.2.2 Any child or young person may be at risk of sexual exploitation, regardless of family background or other circumstances, and can experience significant harm to physical and mental health.
- 9.2.3 Due to the grooming methods used by abusers, it is common for young people not to recognise they are being abused and may feel they are 'in a relationship' and acting voluntarily.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss Academy or education or don't take part in education.

9.3 Preventing Radicalisation

9.3.1 Exposure of children to extremist ideology can hinder their social development and educational attainment alongside posing a very real risk that they could support or partake in an act of violence. Radicalisation of young people can be compared to grooming for sexual exploitation. Extremism can take several forms, including Islamist extremism and far-right extremism.

9.3.2 It appears a decision by a young person to become involved in violent extremism:

- may begin with a search for answers to questions about identity, faith and belonging
- may be driven by the desire for 'adventure' and excitement
- may be driven by a desire to enhance the self-esteem of the individual
- is likely to involve identification with a charismatic individual and attraction to a group which can offer identity, social network and support
- is likely to be fuelled by a sense of grievance that can be triggered by personal experiences of racism or discrimination

9.3.3 Recognising Extremism - early indicators may include:

- Showing sympathy for extremist causes
- Glorifying violence
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations



- Out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)

For more information, including definitions, indicators and other safeguarding issues, please refer to Appendix 3.

10. Forms of Abuse Linked to Culture, Faith or Belief

10.1 Female Genital Mutilation

10.1.1 This is illegal and involves intentionally altering or injuring female genital organs for non-medical reasons. It can have serious implications for physical health and emotional well-being.

10.1.2 There is a range of potential indicators that a child or young person may be at risk of FGM:

- Knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from Academy
- The child may also talk about a special procedure/ceremony that is going to take place or a special occasion to 'become a woman'.

10.1.3 Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

10.1.4 Indicators that FGM may already have occurred:

- Prolonged absence from Academy or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems;
- Difficulty walking, sitting or standing, and look uncomfortable;
- Spend longer than normal in the bathroom or toilet
- May complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

10.2 Forced Marriage

10.2.1 This is also illegal and occurs where one or both people do not or, in cases of people with learning disabilities, cannot consent to the marriage and pressure or abuse is used. It is not the same as arranged marriage. Young people at risk of forced marriage might have their freedom unreasonably restricted or being 'monitored' by siblings. There might be a request for extended absence from the Academy or might not return from a holiday abroad.

10.3 'Honour-based' Violence

10.3.1 This is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community. It can exist in all communities and



cultures and occurs when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. Females are predominantly, but not exclusively, the victims and the violence is often committed with some degree of approval and/or collusion from family or community members.

10.3.2 It is important that staff in (name) Academy are aware of all above forms of abuse and report concerns to the DSL who will seek further advice from statutory agencies.

10.3.3 More information is available in the inter-agency safeguarding procedures.

11. Private Fostering

11.1 Under certain conditions, a child might be cared for, as part of a private arrangement, by someone who is not their parent or a 'close relative'. This constitutes private fostering when the following conditions are met:

- a child is under 16 years of age – 18 if they have a disability
- the arrangement is for 28 days or longer
- the child's new carer does not have parental responsibility for the child and is not a close relative

11.2 Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

11.3 By law parents and carers must notify the local authority of private fostering arrangements to safeguard and protect the child's welfare as well as ensuring the child, carer and parent are receiving appropriate support and help.

11.4 As an Academy, if we do become aware that a child or young person is being privately fostered, we will inform the carer/parent of their legal duty to notify the Local Authority's Social Care; we will follow this up by contacting Children's Social Care directly.

12. If you have Concerns about a Colleague

12.1 If staff members have concerns about another staff member or volunteer, reference must initially be made to the DSAT Allegations Policy which can be found on the DSAT website: <http://www.dsat.org.uk/#lhr-documents/c18kt>

12.2 Concerns about a member of staff should be referred to the Headteacher/Principal and concerns about the Headteacher/Principal should be referred to the CEO.

12.3 All cases must be referred to the DSAT HR Manager.

12.4 Staff who are concerned about the conduct of a colleague may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of a child is



paramount. The Academy's whistle blowing code enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place.

13. Responding to Concerns Reported by Parents or Others in the Community

- 13.1 Occasionally parents or other people in the local community tell Academy staff about an incident in or accumulation of concerns they have about the family life of a child who is also a pupil at the Academy.
- 13.2 If the incident or concern relates to *child protection*, the information cannot be ignored, even if there are suspicions about the motives for making the report. Members of staff will therefore pass the information to the DSL in the usual way.
- 13.3 It is preferable if the parent / community member who witnessed or knows about the concerns or incident makes a call to Family Support (Social Care) themselves as they will be better able to answer any questions. They can ask for their name not to be divulged if a visit is made to the family. The DSL will advise accordingly and later confirm that this referral has been made.
- 13.4 If the parent/community member refuses to make the referral, the DSL will clarify that s/he has a responsibility to do so and will also need to pass on to social workers how s/he is aware of the information.
- 13.5 This process also applies to parents / community members who are also Academy staff. As professionals who work with children they cannot be anonymous when making the referral but can ask for the situation to be managed sensitively and, if necessary, for their identity to be withheld from the family if it will cause difficulties in their private life.

14. Allegations Made by Children about other Children

- 14.1 On occasion, children may be harmed by other pupils. The nature of the allegation or concern will determine whether staff should implement the Academy's anti-bullying procedures or whether a referral needs to be made to social workers.
- 14.2 These child protection procedures will be followed if a child or young person displays sexually harmful behaviour. This involves one or more children engaging in sexual discussions or acts that are *inappropriate for their age or stage of development*. It is also considered harmful if it involves coercion or threats of violence or one of the children is much older than the other.
- 14.4 An Academy risk assessment will be put in place, preferably by way of a meeting, which includes parents/carers and other professionals where they are involved.

15. Responding to a Child Who Discloses (Talks About) Abuse

- 15.1 If a child wishes to confide in you, the following guidelines should be adhered to:
Create a Safe Environment:



- Take the child to a private and safe place
- Listen carefully to what is said
- Avoid showing shock or disbelief and stay calm
- Observe the child's demeanour
- Find an appropriate opportunity to explain that the information will need to be shared with others. Do not promise to keep the information confidential or a 'secret'
- Tell the child that you know how difficult it must have been for them to confide in you
- Allow the child to continue at her/his own pace and do not interrupt if the child is freely recalling events. Do not stop him/her in order to find a 'witness' as this could inhibit the child from saying more
- Avoid asking questions or pressing for more information. Ask for clarification only. If questions are necessary they should be framed in an open manner and not 'lead' the child in any way. Remember TED: Tell me.... Explain.... Describe...
- Explain what will happen next and with whom the information will be shared

15.2 Record on the appropriate form (See Appendix 4) exactly what the child has said to you as soon as possible and include the following into the form:

- Child's name, address, date of birth
- Date and time of any incident
- What the child said and what you said
- Your observations e.g. child's behaviour and emotional state

16. Taking Action

16.1 Where physical injuries have been observed, these will be carefully noted but not photographed. The staff member will not ask to see injuries that are said to be on an intimate part of the child's body.

16.2 Any disclosure or indicators of abuse will be reported verbally to the DSL or Deputy as soon as possible or, where this is not possible and concerns are immediate, ensure a referral is made without delay to the Family Support (Social Care) team which covers the area in which the child and family live.

16.3 Where the child already has an allocated social worker, that person or a manager or duty worker in the same team will be contacted promptly.

16.4 If the child can understand the significance and consequences of making a referral to social workers, they will be asked for their views. It will be explained that whilst their view will be taken into account, the Academy has a responsibility to take whatever action is required to ensure the child's safety and that of other children.

17. Sharing Concerns with Parents

17.1 **(Academy Name)** shares a purpose with parents to educate, keep children safe from harm and have their welfare promoted.



- 17.2 We are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. We respect parents' rights to privacy and confidentiality and will not share sensitive information until we have permission or it is necessary to do so to protect a child.
- 17.3 **(Academy Name)** will share with parents any concerns we may have about their child unless to do so may place a child at risk of harm.
- 17.4 We encourage parents to disclose any concerns they may have with **(Academy Name)**. We make parents aware of our Child Protection Policy and parents are aware that these are on the Academy website.

18. Recording Concerns

- 18.1 When a child discloses abuse to an adult in the Academy, that person is responsible for making a written record of the disclosure as soon as possible after reporting it urgently to the Designated Safeguarding Lead, or their deputy.
 - 18.1.1 Discussions should be recorded on the Academy child welfare and CP record form (see Template in Appendix 4 and 5), with details of the concern and any agreed action that is to be taken. The records must be signed and dated.

18.2 Record Keeping of Child Protection Concerns

- 18.2.1 The Academy will:

- Keep clear written records of all child welfare and child protection concerns using the standard recording form, with a body map where injuries need to be noted (see Template in Appendix 5), including actions taken and outcomes as appropriate.
- Ensure all child welfare and child protection records are kept securely, and in a locked location. The record must be signed and dated and kept securely in a file under the child name, away from the other records (medical forms, academic records etc.) The Designated Safeguarding Lead is responsible for ensuring that concerns and discussions are written up properly and acted on appropriately.

- 18.2.2 Ensure that all child protection records relating to a child who moves to another Academy or college are passed on to the new Academy securely, promptly and separate from the main pupil file, with a copy being kept in this Academy. Confirmation of receipt should be obtained. Child welfare records below the child protection threshold but with continuing relevance to the child's wellbeing should also be transferred with parental consent.



19. Monitoring of children subjected to a CP Plan

- 19.1 Pupils who are the subject of a Child Protection Conference will have either an agreed multi-disciplinary action plan or child protection plan. The Designated Safeguarding Lead will attend planning meetings and core group specified in the plan and contribute to assessments and plans.
- 19.2 The Academy recognises that pupils who are the subjects of abuse or who live in situations of domestic violence may exhibit distressed or challenging behaviour and may not be reaching their full academic potential. The Academy will ensure that appropriate support mechanisms are in place in Academy.

20. Children with Special Educational Needs or Disabilities

- 20.1 (Academy Name) recognises that for a variety of reasons, children with additional needs face an increased risk of abuse and neglect; therefore adults are expected to take extra care to interpret correctly apparent signs of abuse or neglect. Indications of abuse will be reported as for other pupils.
- 20.2 (Academy Name) will provide an academy environment in which pupils with special educational needs or disabilities feel confident and able to discuss their concerns. Whenever possible, pupils will be given the chance to express themselves to a member of staff with appropriate communication skills. The Designated Safeguarding Lead will work with the Special Educational Needs Co-ordinator to identify pupils with particular communication needs.

21. Follow-up Support of Vulnerable Children

- 21.1 We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The Academy may be the only stable, secure and predictable element in the lives of children at risk. When at the Academy their behaviour may be challenging and defiant or they may be withdrawn. The Academy will endeavour to support the pupils through:
 - Pastoral support
 - The content of the curriculum
 - The academy ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued
 - The academy behaviour policy which is aimed at supporting vulnerable pupils in the academy. The academy will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred
 - Liaison with other agencies supporting the pupil such as Children's Social Care, Child and Adolescent Mental Health Service, education welfare service and educational psychology service, and where appropriate initiate and/or contribute to a CAF and Team Around the Child (TAC) meetings.



In order to create a culture of safety in the Academy, (Academy Name) will ensure that safeguarding is a standing item on all meetings agendas.

22. Off-site Visits

- 22.1 Appropriate risk assessments must be in place prior to any off-site visit taking place.
- 22.2 Any overnight visit will explicitly set out sleeping arrangements; the role and responsibility of each adult, whether employed or volunteers; on/off duty arrangements; clear expectations about boundaries and interactions with children/young people; and expectations around smoking/drinking by adults.
- 22.3 Safeguarding concerns or allegations will be responded to following the procedures as above. The member of staff in charge of the visit will report any safeguarding concerns to the Designated Safeguarding Lead and Headteacher/Principal, who will pass to Social Care if appropriate. In emergency the staff member in charge will contact the police and/or social care.

23. Photography and Images

- 23.1 To protect children we will:
 - Seek parental consent for photographs to be taken or published (for example, on our website or in newspapers or publications)
 - Only use Academy equipment
 - Only take photos and videos of children to celebrate achievement
 - Use only the child's first name with an image
 - Ensure that children are appropriately dressed
 - Encourage children to tell us if they are worried about any photographs that are taken of them.



Appendix 1 – The role of the Nominated Governor

Ensure safeguarding is always a priority by:

- Championing child protection issues within the Academy and liaising with the Designated Safeguarding Lead and the Headteacher/Principal and offering challenge if necessary
- Ensuring the Child Protection policy is checked for impact and reviewed yearly accordingly
- Auditing safeguarding measures annually alongside the Designated Safeguarding Lead and the Headteacher/Principal using the Local Authority annual Academy Safeguarding Audit return and reporting back to Full Governing Body
- Ensuring that all governors understand and comply with their statutory duty to provide the services of the Academy in a way that safeguards and promotes the welfare of pupils



Appendix 2

Allegations Against Adults – Risk of harm to children Guidance Flowchart

If you become aware that a member of staff/volunteer may have:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child or
- Behaved towards a child or children in a way that indicated they may pose a risk of harm to a child



Where a young person discloses abuse or neglect

- Listen, take their allegation seriously; reassure that you will take action to keep them safe
- Inform them what you are going to do next
- Do not promise confidentiality
Do not question further or approach/inform the alleged abuser



Report immediately to your Headteacher/Principal

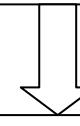
The Headteacher/Principal will report the incident to the DSAT HR Manager

Any concern or allegation against the Headteacher/Principal will be reported to the CEO

Unless there is clear evidence to prove that the allegation is incorrect, the Headteacher/Principal must:



Report the allegation within one working day to the Designated Officer for Allegations (formally known as LADO)

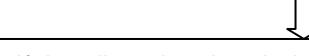


The Designated Officer will:

1. Consider the relevant facts and concerns regarding the adult and child or children, including any previous history
2. Decide on next course of action – usually straight away, sometimes after consultation with the DSAT HR Manager



If the allegation threshold is NOT met, the Designated Officer will agree with you an appropriate response (e.g. for the DSAT HR Manager to undertake further enquiries or undertake internal investigation)



If the allegation threshold is met, a strategy meeting will normally be held. Normally the safeguarding lead, Designated Officer, HR, Police and Social Care are invited to attend. Relevant information is shared, risks to children are considered and appropriate action agreed.



APPENDIX 3: Definitions and Indicators of Abuse and Neglect

What to do if you are worried a child is being abused 2015 describes some of the signs that might be indicators of abuse or neglect.

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

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained:
 - bruises or cuts;
 - burns or scalds; or
 - bite marks.

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

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to



express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

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.*

You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

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



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

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.



APPENDIX 4

Child Welfare and Child Protection Concern Form

For completion by staff or volunteers when they become aware of child welfare concerns, in accordance with government guidance and the Academy's child protection policy.

This information will be disclosed only to those staff who need to know for the purposes of child protection. Concerns should usually be shared with parent/child, unless to do so may place the child at increased risk of harm (if in doubt about this, consult with social care). Please write legibly and do not use acronyms. Exact words must be used even if they may offend.

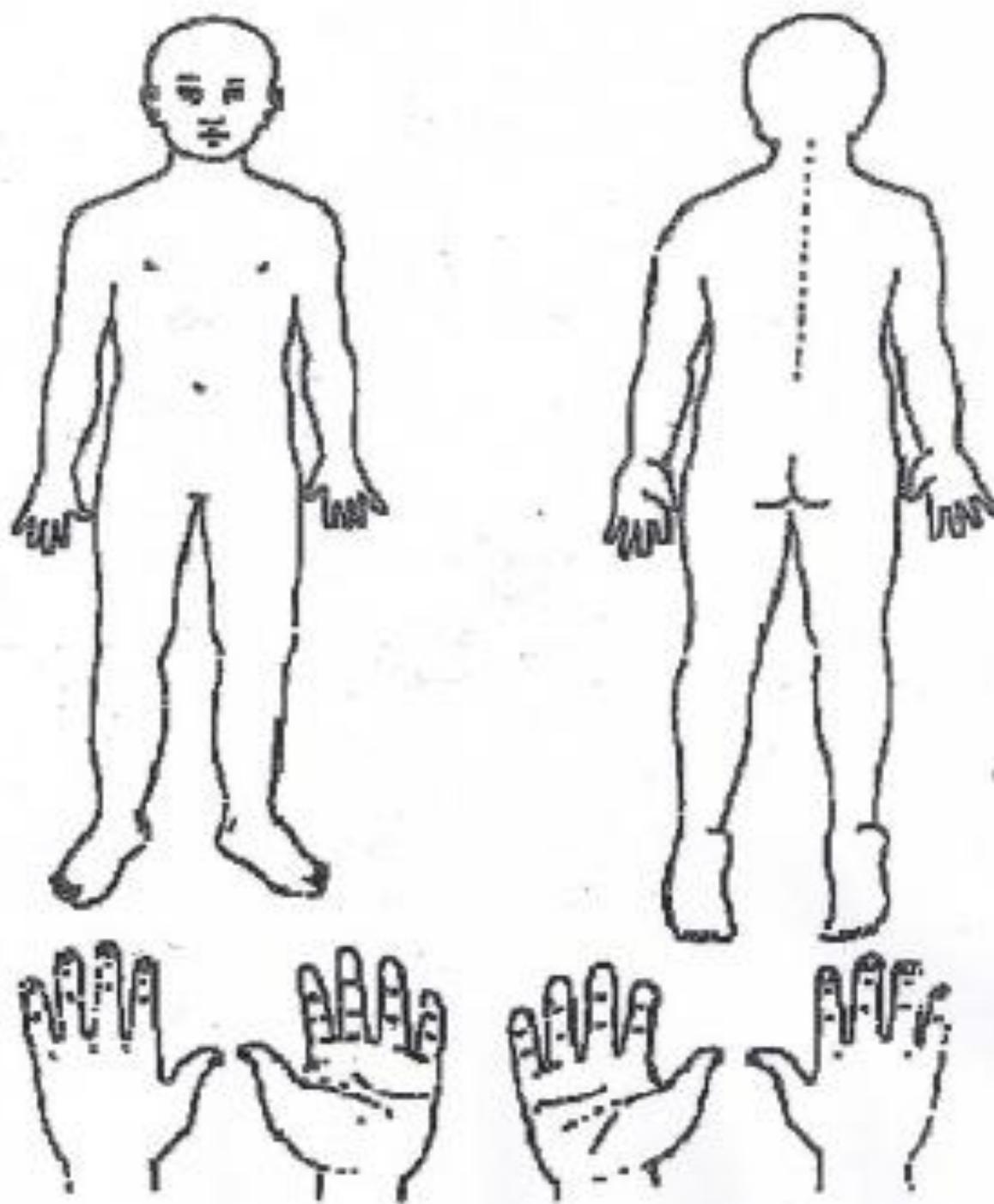
| | | | |
|-----------------------------------|--|-------------------------|--|
| Date of alleged incident | | Date/time of disclosure | |
| Name of child/ren | | Class | |
| Name of person making this record | | Role in Academy | |
| Signed as a true record | | Date DD/MM/YY | |

| | | | | | | | |
|--|---------------|-----|----------------------|--|-------------------------|--|-----------------------|
| Nature of concern Attach additional sheet(s) if necessary (include observations as well as professional opinions) | | | | | | | |
| | Body map used | Yes | | | No | | |
| Any other relevant information (previous concern, other professionals involved/SEN details etc.) | | | | | | | |
| Current status with social care (please tick & add name where known) | None | | Known to social care | | Allocated social worker | | Child protection plan |

| | | | | | | |
|---|--|----------------------|--|------|------|--|
| Name of Designated Safeguarding Lead reviewing the concern | | Initial Action taken | | Date | | |
| Further action taken Please also record whether concerns were shared with: • parents/carers • MASH and reason(s) why: | | | | | Date | |
| Final outcome | | | | | Date | |



| Body Map | | | |
|---|--|---------------------|--|
| Date concern noted | | Date/time of report | |
| Name of child/ren | | Class | |
| Name of person making this record (please print) | | Role in Academy | |
| Signed as a true record | | Date DD/MM/YY | |





APPENDIX 5

SAFEGUARDING OVERVIEW SHEET

(To be included in the child's CP file when concerns are logged for the first time)

Name of child _____ DOB: _____

Date file created _____

Nature of concern:

Other known names _____

Address _____

Other family members:

(include full name, relationship e.g. mother, stepfather etc. For U18s, include age, if known)

Are any other child protection files held in Academy relating to this child or another child closely connected to him/her? YES/NO

If yes, which files are relevant?

Name and contact number of Social Worker (Children's Social Care) or CAF details:

Name and contact number of any other agency workers involved:

Name of lead person responsible for reviewing this record: