

'Working for children, young people, schools and parishes'

SAFEGUARDING AND CHILD PROTECTION POLICY

Our Lead for Safeguarding is **Katie Fitzsimmons**

Our Deputy Lead for safeguarding is **Steve Cowdery**

Our Trust Board Link Director for Safeguarding is **Penny Sayer**

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Policies and Documents

This document must be read alongside these policies and documents:

- The Salisbury Diocesan Board of Education Staff Handbook
- "Keeping Children Safe in Education" DFE (2025) <u>Keeping children safe in education GOV.UK</u> Note annex F for changes from 2024
- The Church of England Safeguarding e-manual <u>Safeguarding e-manual | The Church of England</u>,
 specifically the chapter on Children, Young People and Vulnerable Adults CofE (2021) <u>Safeguarding</u>
 Children, Young People and Vulnerable Adults | The Church of England
- Charity Commission safeguarding guidance for trustees (2022) <u>Safeguarding and protecting people</u>
 for charities and trustees GOV.UK (www.gov.uk)
- Working Together to Safeguard Children DfE (2018) <u>Working together to safeguard children 2023:</u> statutory guidance (publishing.service.gov.uk)

The use of the term 'safeguarding' in this policy also includes 'child protection'.

Key Principles

All children have the right to be protected from harm and abuse, to have their basic needs met and to have the opportunity to develop their full God-given potential.

"Safeguarding and promoting the welfare of children is everyone's responsibility. 'Children' includes everyone under the age of 18. 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.

Keeping Children Safe in Education 2025, DfE

Salisbury Diocesan Board of Education (SDBE) seeks to enable the flourishing of children and young people through their breadth of learning experiences in our CofE schools. In support of this commitment, safeguarding is taken very seriously. This document, Keeping Children Safe in Education 2024 and the Church of England's Safeguarding E-Manual has been shared with all staff and trustees, and all SDBE staff complete school-based safeguarding training. SDBE staff understand that they must adhere to the safeguarding procedures of the schools and settings they visit. Staff know that, should there be an incident, they can use the proforma provided in Appendix Five to record their findings ready to share with the school or setting's designated safeguarding lead.

All diocesan schools are expected to maintain the highest standards in safeguarding policy and practice. All diocesan schools regardless of their status (VC, VA, Academy) come under the statutory oversight of their Local Authority (LA). LAs maintain statutory responsibility for ensuring the protection of the children within their area. Where there is concern over a child protection matter or when a 'disclosure' has been made, diocesan schools must follow relevant policies and procedures and contact their Local Authority Designated Officer (LADO), social services and the police as necessary. In some cases, the Diocesan Safeguarding Officer, and the Diocesan Director of Education may also be contacted.

All schools appoint a Designated Safeguarding Lead (DSL) who is fully trained and must maintain a Single Central Record (SCR) of staff, volunteers, governors, and trustees/directors (for academies). All schools must implement safer recruitment procedures as set out in the latest guidance. SDBE ensures that all those members of academy trusts whom they appoint have the appropriate safeguarding checks undertaken by the trusts. Diocesan staff and parishes abide by the safeguarding procedures outlined in the Church of England Safeguarding E-Manual and supported by the Diocese Safeguarding Team.

SDBE's safeguarding policy guides our work in this area, underpinned by two main objectives, prevention, and protection.

Prevention

The SDBE is committed to: -

- ensuring that adults who work with children on behalf of the SDBE, behave in a way that makes
 pupils feel safe, secure, confident, valued, and respected.
- raising the awareness of the SDBE staff, consultants, and volunteer helpers of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse; and,
- ensuring safe recruitment practice is implemented through effective Identity Badges and DBS checks
 of all adults working for, and on behalf of, the SDBE who have access to children, in accordance with
 the relevant current safeguarding legislation.

Protection

SDBE is committed to: -

- establishing structured procedures within the SDBE, its volunteers and consultants which will be followed to support schools' safeguarding procedures; and,
- developing effective working relationships with schools and other agencies involved in safeguarding children.

Key Procedures

- All staff receive appropriate safeguarding training annually.
- All staff, volunteers and consultants will follow the safeguarding policy in any school or other site
 they visit including signing-in and wearing a visitor's badge, understanding procedures, and
 ensuring they are aware of the name of the Designated Safeguarding Lead (DSL) where appropriate.
- All staff know they must follow the school or other institution's procedures should they have any concerns, should a child make a disclosure or should a member of their staff act inappropriately.
- All staff will have photo-identity available at all times when on visits.
- All staff, volunteers and consultants ensure a school knows of their intention to visit in advance.
- SDBE staff will record any incident on the form in Appendix Five and then share this with the setting's designated safeguarding lead before notifying the SDBE lead for safeguarding.
- SDBE staff, volunteers and consultants will not use their personal devices whilst on school premises unless they have agreement to do so in line with school policies; and,
- Staff, volunteers, and consultants will not take any photographs whilst on school premises unless
 agreed prior to the visit and having copies of the correct permissions in place.

Safer Recruitment

Preventing unsuitable people from working with children and young people is essential to keeping children safe. Rigorous selection and recruitment of staff and volunteers is therefore a key responsibility for the Salisbury Diocesan Board of Education. Through its own recruitment processes and its work to support multi academy trusts and maintained schools, the Board seeks to ensure that:

- Recruitment adheres to safer recruitment practices with at least one member of a recruitment panel holding current training credentials.
- Advertisements include a safeguarding statement.
- At interview, candidates are asked to account for any gaps in their employment history.
- Appropriate checks (including DBS) are carried out on all potential employees and volunteers in accordance with Safer Recruitment practice.
- Identity checks and qualification checks are also carried out in accordance with the DfE guidance 'Keeping Children Safe in Education' (2024) as required; and,
- References are taken up and verified.

Recruitment in multi-academy trusts is supported through the SDBE Programme for Church School Flourishing recruitment strand, all details are in the document "Recruiting and Appointing Church School Leaders within Salisbury Diocese" available from SDBE.

Safe Organisation, Safe Staff

In order to keep our staff safe, leaders of SDBE will ensure that:

- all staff read KCSiE annually and sign to say they have read and understood it.
- all staff receive the staff handbook, KCSIE 2025, SDBE child protection / safeguarding policy and the names and contact details of the lead for safeguarding and their deputy.
- all staff then sign to say they have read and understood the above.
- all staff receive safeguarding and child protection information at induction.
- all staff have annual child protection awareness training (Level 2 or equivalent) provided by an external specialist.
- all trustees will be given a copy of Keeping Children Safe in Education 2025 and will sign to say they
 have read, understood, and will abide by the information contained therein.

Allegations Against Adults – risk of harm to children

GUIDANCE FLOWCHART

In the event that 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

and a young person discloses abuse or neglect:

- 1. Listen, take their allegation seriously; reassure that you will take action to keep them safe.
- 2. Inform them what you are going to do next. Do not promise confidentiality.
- 3. Do not question further or approach/inform the alleged abuser.
- 4. Record the details as accurately as you can so you can report.

You MUST report it immediately to the school DSL or Local Authority Designated Officer:

Unless there is clear evidence to prove that the allegation is incorrect, you must follow the setting's policy and <u>report</u> the allegation within one working day to the school's DSL or the LA Designated Officer. Use the form in Appendix Five to record the issue and see next page for contact details.

You then notify the SDBE lead for safeguarding of the incident

Let the lead know, but do not share details. Any concern or allegation against the Diocesan Director of Education must be notified to the Chair of the Trust Board.

The LADO will:

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

DORSET – WHO TO CONTACT:

Family Support and Advice Line

Tel: 01305 228558

Westport House Worgret Road Wareham BH20 4PP

Opening hours

Monday to Friday: 8am to 10pm

Saturday, Sunday and bank holidays: 9am to 10pm

For out of hours emergencies call: <u>01305 221000</u>

Bournemouth Christchurch and Poole

Children's First Response MASH - BCP Council

If you are a member of the public please telephone or email childrensfirstresponse@bcpcouncil.gov.uk

If you are a **professional** please complete the <u>Inter-Agency Referral Form.</u>

For urgent referrals in relation to child protection:

In an emergency, or if you believe a child is at immediate risk of harm, call the police on 999.

Out of Hours - The Children's Social Care Out of Hour's service is the emergency response service for any child who is in crisis, needs urgent help or is at serious risk of significant harm. Hours of operation are 5.00pm to 9.00am from Monday to Friday, all day Saturdays and Sundays and all bank holidays, including Christmas Day and New Year's Day.

Telephone Out of Hours: 01202 738256

- Monday to Friday, from 5pm to 9am
- all day Saturdays and Sundays
- all bank holidays, including Christmas Day and New Year's Day

Email: ChildrensOOHS@bcpcouncil.gov.uk

Website: https://www.bcpcouncil.gov.uk/children-young-people-and-families/childrens-social-care/childrens-social-care-out-of-hours-service

WILTSHIRE: WHO TO CONTACT:

If you think a child or young person is at risk of significant harm, or is injured, contact:

Multi-Agency Safeguarding Hub (MASH), standard working hours: 0300 456 0108 -

Monday to Thursday from 8.45am to 5pm

• Friday from 8.45am to 4pm

-Out of hours service: **0300 456 0100**

- Monday to Thursday 5pm to midnight, Friday 4pm to midnight
- weekends and Bank Holidays from 9am midnight
- phones are diverted to the Social Work Standby Service from midnight to 9am (7 days a week)

If there is immediate danger, phone the police or emergency services on 999.

What to do if you are worried a child is being abused or neglected



for staff, volunteers and visitors in all agencies and settings

Be alert to signs of abuse and question unusual behaviour

If you have concerns about a child's welfare...

Where a child 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 concerns to the Designated/Named Safeguarding Lead or their deputy:

The Designated/Named Safeguarding Lead will:

- consider further actions required, including consultation with MASH (number below)
- record in writing the discussions, decisions and reasons for decisions.

In exceptional circumstances or in the absence of a Safeguarding Lead you may contact MASH directly.

If a referral is not required:

The Designated Safeguarding Lead will oversee relevant action, e.g. pastoral support, and/or early help assessment and monitor locally.

If concerns continue The Designated/Named Safeguarding Lead (or staff) will contact MASH to make a referral

Additional/unmet needs -

the Designated Safeguarding Lead will consult with relevant agencies and undertake an Early Help Assessment (ESA) and Team around the Child meetings.

- Multi-Agency Safeguarding Hub (MASH): 0300 456 0108
- Out of Hours Service: 0300 456 0100
 (5.00pm to 9.00am weekdays, 4:00pm Friday to 9:00am Monday)
- If the child is in immediate risk, dial 999 and ask for police assistance

MASH will:

- 1. Acknowledge receipt of referral
- 2. Decide on next course of action (within 1 working day)
- Provide feedback decision to referrer (e.g. further assessment including: strategy discussion/child protection enquiries; no further action required for children's social care and early help assessment recommended; referral to other agency for service provision).

This flowchart is intended for use as a brief guide. Refer to the DfE Guidance What to do if you are worried a child is being abused for more information, definitions and possible indicators of abuse (including child sexual exploitation).

SVPP website: www.wiltshiresvpp.org.uk Reviewed: September 2023

Support available - WILTSHIRE

<u>Wiltshire Healthy Schools</u> is provided by Wiltshire Council's Children's Services to help schools effectively address the health and wellbeing of children and young people. All schools have an important role to play in addressing CSE through their programmes of PSHE education. Wiltshire schools can use the <u>Wiltshire Healthy Schools CSE teaching resources</u> to supplement their existing programmes.

<u>Wiltshire Safeguarding Vulnerable People Partnership (SVPP) - About safeguarding children (wiltshiresvpp.org.uk)</u> offers information about CSE.

- Any practitioner working with a child who they think may be at risk of criminal exploitation should follow their local safeguarding guidance and refer concerns to the Multi-Agency Safeguarding Hub (MASH) mash@wiltshire.gov.uk or 0300 4560 108
- You can also use <u>Risk outside the Home</u> form and send directly to o the Emerald team using the <u>EmeraldWiltshire@wiltshire.gov.uk</u>
- If you believe a person is in immediate risk of harm, you should contact the police on 999
- If there is no immediate risk, you can also share information or concerns by contact the police on 101 if you want or complete their <u>Community Partners information sharing form | Wiltshire Police</u>
- Guidance on capturing and reporting intelligence can be found here: <u>Capturing Intelligence | The</u> Children's Society
- Contact your local Police Community Coordinator <u>Your area | Wiltshire Police</u> who deal with local policing responses and they can highlight issues in weekly police tasking meetings
- You can also read <u>Wiltshire's Children Missing from Home and Care protocol 2022</u>, which will help you know what to do if you are concerned about a child who goes missing

Support available - DORSET

Local Resources (proceduresonline.com)

This link provides access to the Dorset and BCP Child Exploitation Screening tool guidance, risk assessment and MACE meeting guidance.

CAROLE stands for *Children At Risk Of or Linked to Exploitation* and the CAROLE model is the way all partners across Dorset areas are working together to improve the effectiveness of our multi-agency response to child exploitation.

<u>BCP Child Exploitation Toolkit - BCP Safeguarding Children Partnership and the Dorset Safeguarding Children Partnership</u>

BCP Child Exploitation Toolkit:

The Child Exploitation toolkit should be used in **any** instance where you are concerned that a child is being exploited, through sexual or criminal means. The Screening Tool and Risk Assessment helps you to identify and evaluate the cause of your concerns and reflect on whether further safeguarding investigations are needed. The tool should also be used to evidence improvement when you are working with a child and risk is assessed to be reduced. The toolkit is now available to use and replaces all previous CSE Tools.

<u>BCP Child Exploitation Toolkit - BCP Safeguarding Children Partnership and the Dorset Safeguarding Children Partnership</u>

For further information on signs of a child's involvement in sexual exploitation: Child sexual exploitation: guide for practitioners

For further information on County Lines: <u>Criminal exploitation of children and vulnerable adults: county</u> lines guidance

Appendix One: Roles and Responsibilities

Trustees

All trustees understand and fulfil their responsibilities, namely, to ensure that there is a Child Protection and Safeguarding policy together with a code of conduct. The Trust Board should ensure that all trustees receive appropriate safeguarding and child protection (including online) training at induction. This training should equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place. Trustees must also ensure that the SDBE lead and deputy have received the required training and sufficient time / resources to undertake their role. Through the link trustee, trustees must be assured that procedures outlined in the policy, in practice and in resources, are undertaken fully and learning is shared. The trust board must ensure that at least one trustee has completed safer recruitment training which is refreshed every five years. Trustees must also be familiar with the procedures for reporting a serious incident in respect of safeguarding to the Charity Commission, see details at Safeguarding Serious Incident Reporting to the Charity Commission | The Church of England

The **Nominated Safeguarding Link Trustee** will ensure safeguarding is always a priority by:

- championing child protection issues within the organisation, liaising with the lead for safeguarding and offering challenge if necessary.
- ensuring the Child Protection policy is checked for impact and reviewed annually.
- auditing safeguarding measures annually alongside the lead for safeguarding and reporting to the
 Board of Trustees; and,
- ensuring that all Trustees understand and comply with their statutory duty to provide the services of the SDBE in a way that safeguards and promotes the welfare of children and young people.

SDBE Staff

The CEO of SDBE who is also the Diocesan Director of Education will ensure that:

- the Child Protection and Safeguarding policy and procedures are understood and followed by all staff.
- sufficient time, training, support and resources are allocated to carry out safeguarding lead roles effectively.
- all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistle-blowing procedures.

- they liaise with the Local Authority Designated Officer (LADO), or Designated Officer for Allegations (DOFA) where an allegation is made against a member of staff; and,
- anyone who has harmed or may pose a risk to a child is referred to the Disclosure and Barring Service.

The lead for safeguarding will:

- hold operational responsibility for safeguarding and child protection (including online safety).
- act as a source of support and expertise in fulfilling the safeguarding role of the SDBE.
- encourage a culture of listening to children and taking account of their wishes and feelings.
- manage information sharing.
- raise safeguarding and child protection awareness around how to respond appropriately.
- provide support to staff.
- liaise with the Local Authority, safeguarding partners and other agencies and professionals as appropriate.
- will ensure that where required either they, or another staff member, attend case conferences
 including DOFA/LADO, core groups or other multi-agency planning meetings, and contribute to
 assessments.
- will ensure that all staff sign to say they have read, understood, and agree to work within the DBE's
 child protection policy, behaviour policy, staff Code of Conduct and Keeping Children Safe in Education
 Part 1 and Annex A and ensure that the policies are used appropriately.
- will organise child protection and safeguarding induction, regularly updated training, and a minimum
 of annual updates (including online safety) for all staff, keep a record of attendance and address any
 absences; and,
- will ensure that the name of the lead and deputy lead for safeguarding are clearly accessible to the organisation.

The deputy lead for safeguarding;

• is trained to the same standard as the lead for safeguarding and, in the absence of the lead, carries out those functions necessary. In the event of long-term absence of the DSL the deputy assumes the functions above.

All Staff

- understand that it is everyone's responsibility to safeguard and promote the welfare of children and that they have a role to play in identifying concerns, sharing information, and taking prompt action.
- consider, at all times, what is in the best interests of the child.

- will be aware of the indicators of abuse and neglect both familial and contextual; and recognise that contextual harm can take a variety of different forms.
- know how to respond to a child who discloses abuse in line with training received; and,
- will refer any safeguarding or child protection concerns into the school or parish system, and to the LA
 or if necessary, where the child is at immediate risk, to the police.

Confidentiality

The organisation recognises that to effectively meet a child's needs, safeguard their welfare, and protect them from harm they may need to contribute to inter-agency working in line with Working Together to Safeguard Children (2018) and share information between professionals and agencies where there are concerns. All staff must remain aware that they have a professional responsibility to share information with other agencies to safeguard children and that the Data Protection Act 2018 is not a barrier to sharing information where the failure to do so would place a child at risk of harm. All staff must understand that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing. However, we also recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential, and we will only disclose information about a child to other members of staff on a need-to-know basis. In line with KCSIE 2024, any information linked to safeguarding concerns will be stored appropriately and destroyed in line with recommendations around data storage.

Appendix Two: Overview of Child Protection Procedures

Recognising

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 the family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

- Abuse and Neglect may also take place outside of the home, contextual safeguarding, and this may include (but not limited to), sexual exploitation criminal exploitation, serious youth violence, radicalisation.
- Further information about the four categories of abuse; physical, emotional, sexual and neglect, and indicators that a child may be being abused can be found in Appendix 1
- Any child in any family in any school could become a victim of abuse. Staff should always maintain an attitude of "It could happen here".

There are also several specific safeguarding concerns that we recognise some pupils may experience:

- child missing from education
- child missing from home or care
- child sexual exploitation (CSE), child criminal exploitation (CCE)
- bullying including cyberbullying
- digital, cyber and online abuse, including online CSE
- domestic abuse
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- radicalisation
- youth produced sexual imagery (sexting)
- teenage relationship abuse
- trafficking
- child on child abuse
- up skirting
- serious violence
- sexual harassment

Staff are aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children in danger and that safeguarding issues can manifest themselves via child-on-child abuse.

We also recognise that abuse, neglect, and safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Staff are aware that in most cases multiple issues will overlap one another.

Responding

Any disclosure or indicators of abuse by a young person to a member of DBE staff will be reported verbally to the relevant school or parish DSL or Deputy straight away. The DBE lead for safeguarding or their deputy

will be made aware that a report has been made. Where the school or parish DSL is not available and concerns are immediate, a member of DBE staff will ensure a referral is made without delay to the Children's Social Care team which covers the area in which the child and family live.

SDBE staff <u>must</u> then use the reporting proforma in Appendix Five and follow the appropriate procedure for the school or setting. A DBE member of staff who reports concerns to the school/parish could expect some feedback within 48 hours, although confidentiality will mean in some cases that this is not detailed. If the member of staff is not happy with the outcome s/he should speak to the safeguarding professional at the school or setting in the first instance. If he or she still believes the correct action has not been taken they should refer their concerns to the SDBE lead for safeguarding or their deputy.

Responding to concerns reported by parents or others in the community

Occasionally parents or other people in the local community tell SDBE staff about an incident or accumulation of concerns they have about the family life of a child. 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 ask the parent / community member who witnessed or knows about the concerns or incident to report it to Social Care themselves. They can ask for their name not to be divulged if a visit is made to the family.

If the parent / community member refuses to make the referral, the member of staff must confirm that they now have a responsibility to do so and will also need to pass on to the Local Authority team how they have been made aware of the information. This process also applies to parents / community members who are themselves SDBE 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.

Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, MUST be acted on. Doing nothing is not an option.

Any suspicion or concerns will be reported without delay to the relevant duty worker in the Social Care

Team responsible for the area where the child lives – single point of contact. Anyone can make a referral to Social Care.

It is important that everyone is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for making a judgement about whether or not abuse has occurred and should not conduct an 'investigation' to establish whether the child is telling the truth. That is a task for social workers

and the Police following a referral to them of concern about a child. The role of the individual is to act promptly on the information received.

This applies regardless of the alleged 'perpetrator': whether the child talks about a family member or someone outside school/parish, a member of staff or another child/pupil.

A careful record will be made of what has been seen/heard that has led to the concerns and the date, time, location, and people who were present. As far as possible, staff should record verbatim what was said and by whom. The record will be passed to the school /parish DSL or the Local Authority safeguarding team.

Appendix Three: Outline process of response from Children's Services Social Care

Referral:

Once a referral is received by the relevant team, a manager will decide on the next course of action within one working day. When there is concern that a child is suffering, or likely to suffer significant harm, this will be decided more quickly, and a strategy discussion held with the Police and Health professionals and other agencies as appropriate (section 47 Children Act 1989). The Designated Safeguarding Lead of the school / setting should be told within three working days of the outcome of the referral. If this does not happen s/he will contact the duty worker again.

Assessment:

All assessments should be planned and co-ordinated by qualified social worker. They should be holistic, involving other professionals, parents/carers, and the children themselves as far as practicable.

Assessments should show analysis, be focused on outcomes, and usually take no longer than 45 working days from the point of referral. If there is any disagreement with the decisions made by social workers regarding the outcome of the referral, the conclusions of the assessment or any actions taken, the matter should be discussed and if necessary escalated to more senior managers (under the escalation policy available on the DLA and WLA websites), particularly if the child's situation does not appear to be improving.

Appendix Four: Recognising signs of child abuse

Categories of Abuse

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse (including child sexual exploitation)
- Neglect

Signs of Abuse in Children

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-needing behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression and/or anxiousness
- Age-inappropriate sexual behaviour
- Child Sexual Exploitation
- Criminality
- Substance abuse
- Mental health problems
- Poor attendance

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person,
 manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child.
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances.
- Persistently refuse to allow access on home visits.
- Be involved in domestic abuse.

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury.
- Unexplained delay in seeking treatment.
- The parents/carers are uninterested or undisturbed by an accident or injury.
- Parents are absent without good reason when their child is presented for treatment.
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries.

Bruising:

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding.
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)

- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally.
- Variation in colour possibly indicating injuries caused at different times.
- The outline of an object used e.g., belt marks, handprints or a hairbrush.
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children.
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Mongolian Blue Spot: Bruising in non-mobile children is rare and may indicate abuse or neglect. Birth marks, especially Mongolian Blue Spots, can mimic bruising. Mongolian Blue Spot can be identified (see below), however if in any doubt as to the cause of the bruise refer to Southwest Child Protection Procedures (proceduresonline.com) local authority guidance and consultation.

Bite Marks:

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds:

It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures:

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent, or inconsistent with the fracture type.
- There are associated old fractures.
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.
- There is an unexplained fracture in the first year of life.

Scars:

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse:

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate, or not attachment
- Indiscriminate attachment or failure to attach.
- Aggressive behaviour towards others
- Scapegoated within the family.
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a "loner" difficulty relating to others.

Recognising Signs of Sexual Abuse:

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about, and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural. Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age.
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts.

- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g., for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area.
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed.
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth,
 hygiene and medical care.
- A child seen to be listless, apathetic, and irresponsive with no apparent medical cause.
- Failure of child to grow within normal expected pattern, with accompanying weight loss.
- Child thrives away from home environment.
- Child frequently absent from school
- Child left with adults who are intoxicated or violent.
- Child abandoned or left alone for excessive periods.

Sexual Abuse & Sexual Harassment

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate, or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers, or children. Staff should be vigilant to:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- sexual violence and sexual harassment
- sexting (also known as youth produced sexual imagery)
- initiation/hazing type violence and rituals

up skirting

Developmental Sexual Activity:

Encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional, and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour:

Can be inappropriate socially, in appropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is "acting out" which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. To determine the nature of the incident the following factors more fully should be given consideration. The presence of exploitation in terms of:

Equality – consider differentials of physical, cognitive, and emotional development, power and control and authority, passive and assertive tendencies Consent – agreement including all the following:

- Understanding that is proposed based on age, maturity, development level, functioning and experience.
- Knowledge of society's standards for what is being proposed.
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally.
- Voluntary decision
- Mental competence

Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality, or the threat of these regardless of victim resistance. In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Children who are particularly vulnerable

The organisation recognises that some children are more vulnerable to abuse and neglect and that additional barriers exist when recognising abuse for some children.

We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment, or circumstances.

In some cases, possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs, or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it. Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

Any child may benefit from Early Help, but all staff should be particularly alert to the potential need for Early Help for a child who:

- is disabled and has specific additional needs.
- has special educational needs (whether or not they have a statutory education, health and care plan)
- is a young carer.
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- is frequently missing/goes missing from care or from home.
- is misusing drugs or alcohol themselves
- is at risk of modern slavery, trafficking, or exploitation.
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse.
- has returned home to their family from care.
- is showing early signs of abuse and/or neglect.
- is at risk of being radicalised or exploited.
- is a privately fostered child.
- has an imprisoned parent.
- is experiencing mental health, wellbeing difficulties.
- is persistently absent from education (including persistently absent for part of the school day)

• is at risk of 'honour' based abuse such as FGM or Forced Marriage

Anti-Bullying/Cyberbullying:

The organisation acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g., cyber, racist, homophobic and gender related bullying.

Racist Incidents:

Our organisation acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

<u>Exploitation</u> (including Child Sex Exploitation, Child Criminal Exploitation and County Lines):

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual or criminal exploitation.

Signs include:

- going missing from home or school
- regular school absence/truanting
- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations

- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Child Criminal Exploitation can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting, or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

County lines is a term used to describe gangs and organised criminal networks involved in the exporting of illegal drugs (primarily crack cocaine and heroin) into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of 'deal line.'

Exploitation is an integral part of the county lines offending model with children ad vulnerable adults being exploited to move (and store) drugs and money. The same grooming models used to coerce, intimidate and abuse individuals for sexual and criminal exploitation are also used for grooming vulnerable individuals for county lines.

CSE is a form of child sexual abuse. CSE can occur over time or be a one-off occurrence. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17-year-olds who can legally consent to have sex.

Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

$\label{eq:definition} \mbox{Digital CSE can involve forcing children to}$	create images, as well as see them, sometimes forcing them to
include others and can lead to blackmailing	ng.
Appendix Five: Record Keeping	
School / Parish site For ALL those logging a concern / disclosure	············
	hould be passed on verbally according to the setting's Child Protection Process optly by their Designated Safeguarding Lead / Parish Safeguarding Officer. Yo shared with the setting as a record.
Name of person involved:	D/o/b:
Date of incident (include year):	Time:
Name of person writing this report:	Signature of person writing this report:
Job title of person writing this report:	
Note the reason(s) for recording the incident / co (Be factual and include Who? What? Where? Wh	
How and why did this happen? Leave this blank if you are unsure, do not investig	gate.

Note the action you have taken, including names and positions of anyone to whom your information was passed and when:	

Check to make sure your report is clear and will also be clear to someone else reading it next year.

Please now pass this completed form to the school / parish Designated Safeguarding Lead and update the DBE Lead.



Other Resources and Links

<u>Safeguarding Serious Incident Reporting to the Charity Commission | The Church of England</u>

Safeguarding | NCVO

Safeguarding for trustees | NCVO

<u>Sample Charity Policies Required by UK Law – Free Templates (charity excellence.co.uk)</u>

<u>Safer Recruitment and People Management Guidance | The Church of England</u>

Relationships Education, Relationships and Sex Education and Health Education guidance