



## SAFEGUARDING AND CHILD PROTECTION POLICY

**Original Date:** 4<sup>th</sup> January 2016

**Current Version:** January 2017 v. 03

**Review period:** Annually

**Next of review:** January 2018

**Responsibility:** Principal; Designated Safeguarding Leaders (DSL)

### **Related policies:**

BISB Health & Safety	NAE Background Checking Policy	NAE Whistle Blower Protection Policy
BISB Trips & Visits	NAE Recruitment Policy	NAE Code of Conduct and Ethics

### **1. Rationale and Introduction**

- 1.1 An effective policy on child protection and safeguarding provides clear direction on codes of behaviour to ensure the safeguarding of children and on action to be taken to protect children. An effective policy also makes explicit our school's commitment to the continued development of good practice and sound, understood procedures.
- 1.2 The health, safety and wellbeing of all our children are of paramount importance to all the adults who work in our school. Our children have the right to safeguarding and protection, regardless of educational needs, age, gender, sexual orientation, race, religion, culture or disability. In our school, we respect all children and endeavour to provide an environment where all children are safe and can thrive.
- 1.3 In this school, we respect our children. The atmosphere within school is one that encourages all children to do their best. Children are provided with opportunities that enable them to take and make decisions for themselves.
- 1.4 The school recognises that abuse and neglect can result in underachievement. We strive to ensure that all our children make good educational progress. The teaching of personal, social and health education and citizenship, as part of our curriculum, helps to develop appropriate attitudes in children, and makes them aware of the impact of their decisions on others. We also teach them how to recognise different risks in different situations, and how to behave in response to them.
- 1.5 All staff have a role to play in the identification and prevention of abuse and this policy sets out how this happens.



## 2. Legal framework

2.1 Nord Anglia Education's commitment to the UN Convention of the rights of the Child is supplemented by the standards set by the safeguarding organisation "Keeping Children Safe." Where possible and relevant, NAE and BISB seek to apply the UK schools' statutory guidance "Keeping Children Safe in Education" (Sept 2016), underpinned by the UK multi-agency guidance "Working Together 2015".

BISB is guided by and operates within Hungarian legislation about child protection. To protect children from harm and ensure their wellbeing, the school will act in accordance with the following legislation (among others), as far as is reasonably possible:

- i. Act 31 1997 on the Protection of Children (modified 2003 / 2009 / 2010 / 2011).
- ii. Act 64 1991 on the Convention of the Rights of the Child.
- iii. Act 4 1952 on marriage, family and guardianship.
- iv. Act 84 1998 on support provided for families.
- v. Act 125 2003 on equal treatment and the promotion of equal opportunities.
- vi. Act 27 2001 on the prohibition of the worst forms of child labour.
- vii. Act 59 2000 on the minimum age of employment.

## 3. Aims

The school aims to:

- 3.1 provide a safe environment for children to learn and thrive;
- 3.2 establish what actions the school takes to ensure that children remain safe at home and in school;
- 3.3 raise the awareness of all staff of child protection issues;
- 3.4 define staff roles and responsibilities in possible child protection cases;
- 3.5 identify children who are suffering, or at risk of being harmed;
- 3.6 ensure effective communication between all staff on child protection issues;
- 3.7 define the procedures to be followed when encountering any issue relating to child protection.

## 4. Staff responsibilities

### 4.1 All adults

All adults in the school have a responsibility to safeguard and protect the children in our school. There are, however, key people with specific responsibilities. These key people are listed in Appendix A.

All staff have a responsibility to report to a Designated Safeguarding Leader (DSL) any concern they have about the safety of any child in their care.



All staff (including partner organisations and contractors) having unsupervised contact with children must:

- Be familiar with and follow this safeguarding policy and all other safeguarding related policies;
- Be subject to safe recruitment processes and checks prior to starting at the school/organisation (unless an action plan/risk assessment is in place to ensure staff member is supervised until the check is passed);
- Be alert to signs and indicators of possible abuse;
- Listen to and takes seriously the views and concerns of children;
- Record any concerns and report these to the Designated Safeguarding Leader (see Appendix A for details);
- Follow the procedures outlined in this document when/if concerned about any child;
- Support children, staff or other adults who have concerns or who are the subject of concerns to act appropriately and effectively in instigating or co-operating with any subsequent process of investigation.
- Undertake appropriate child protection/safeguarding and safe recruitment training (and refresher training as required by Nord Anglia Education);
- Understand the potentially serious disciplinary or even criminal consequences for failure to abide by the code of conduct. All staff and volunteers need to recognise that if their behaviour outside the workplace clearly breaches the code of conduct and questions their suitability and/or becomes a potential reputational risk to Nord Anglia Education, this too may be considered a disciplinary matter.

All staff who have occasional or supervised contact with children (including staff from partner and contracted organisations) must:

- Undergo a safeguarding briefing/induction in relation to their role and understand what is required of them if they have concerns and who they should be reporting to if required;
- Provide written confirmation to demonstrate that where appropriate, all partner agency staff/contractors have been safely recruited and appropriate checks undertaken and that a safeguarding briefing has been provided to these staff, (appropriate to the role and contact they will have with children) before they commence their role on any Nord Anglia Education school or organisation site. Where these staff or volunteers are constantly supervised, the recruitment checks may not need to be as rigorous but it is for the Principal or Designated Safeguarding Leader to assess this risk, not individual members of staff or partner organisations themselves;
- Where partners/contractors do not have their own safeguarding or child protection policy, Nord Anglia Education will provide a copy Nord Anglia Education's own policy and ask partners/contractors to read and follow this. These requirements will be part of any contractual arrangements;
- Follow the guidance laid down in this policy at all times.



## 4.2 The Principal

It is the responsibility of the Principal to ensure that:

- the school adopts and regularly reviews policies and procedures to safeguard children in the school in line with the latest NAE guidelines and policies;
- these policies are understood and implemented by all staff;
- sufficient resources are allocated for staff to carry out their responsibilities effectively, including time for the DSL and any Deputy DSL to carry out their role effectively;
- all staff and adult helpers in the school are able to voice their concern if they feel that a child is vulnerable, or that there are any particular practices that are unsafe;
- trained Designated Safeguarding Leaders are appointed and identified;
- safeguarding is addressed through the curriculum;
- a record of all training and relevant safeguarding checks undertaken by staff in relation to safeguarding and child protection is maintained and available for audit and inspection.

## 4.3 Designated Safeguarding Leader(s)

There are named people, the Designated Safeguarding Leaders, who act as Child Protection Officers.

To provide both female and male DSLs, an additional Deputy DSL may be appointed.

The DSLs are guided by two principles:

- The welfare of the child is always paramount.
- Principles of confidentiality are respected.

The DSLs are responsible to the Principal. They should:

- Have appropriate training in addition to the basic training that other staff receive;
- Provide advice and support to all members of staff.
- Ensure that procedures are in place and known to staff.
- Ensure that the entire school community knows who the DSLs are;
- Ensure that appropriate training is provided to all staff and responsible adults.
- Decide which people need to be made aware of children considered to be at risk.
- Ensure that children considered to be at risk are monitored.
- Ensure that accurate records are kept and that these records are separate from academic records and are secure.



## **5. Confidentiality**

- 5.1 Confidentiality needs to be fully understood by all those working with children, particularly in the context of child protection. The purpose of confidentiality in this respect is to benefit the child.
- 5.2 A member of staff must never guarantee confidentiality to a student nor should they agree with a student to keep a secret. Child protection concern must be reported to a DSL (Appendix A) and may require further investigation.
- 5.3 Sensitive information about children should be shared by the DSL only on a 'need to know' basis. This will include information passed to a receiving school when a child transfers.
- 5.4 In a conversation where a child makes a concerning disclosure, staff members should remind the student that they may need to pass the information on for the sake of the student's welfare. Whenever possible, the staff members should indicate to the student to whom the disclosure will be referred to.
- 5.5 Students should be generally encouraged to confide in their parents/carers about issues which are a concern to them, unless the staff member believes it is to the detriment of the child to do so (e.g. in the case of suspected abuse by a parent).

## **6. Employment and recruitment**

- 6.1 The school will do all it can to ensure that all those working with children in school are suitable people. This involves scrutinising applicants, verifying their identity and qualifications and obtaining references, as well as CRB (or equivalent) checks.

## **7. Procedure to be followed if an adult has concerns about a child**

- 7.1 All adults in our school share responsibility for keeping our children safe. We may, on occasion, report concerns which, on investigation, prove unfounded.
- 7.2 If an adult suspects that a child may be a victim of abuse, they should not try to investigate, but should immediately inform the DSL (Appendix A) about their concerns. Abuse can be of a physical, sexual or emotional nature. It can also be the result of neglect. Staff must not keep to themselves any information about abuse which a child gives them.
- 7.3 Where a pupil makes a spontaneous disclosure it is important that the procedure at Appendices E, F, G and I are followed.
- 7.4 If child abuse is suspected, the school may, at the direction of the Principal, carry out a full investigation, obtaining statements from the alleged victim, the accused and witnesses.



## **8. Physical restraint**

8.1 There may be times when adults, in the course of their school duties, have to intervene physically in order to restrain children and prevent them from coming to harm. Such intervention will always be the minimum necessary to resolve the situation.

8.2 Staff members are required to inform the Principal, as soon as possible, about any incident where physical restraint has been applied.

## **9. Allegations against staff**

9.1 If an allegation is made against a member of the school staff (or a volunteer helper), it will always be initially investigated by the Principal, or, in the case of the allegation being against the Principal, by the Director of Education for Nord Anglia Education.

9.2 If it is felt, after these initial investigations, that a further enquiry is needed, then the member of staff will be suspended. Suspension is a neutral act, and in no way implies that the person is guilty of any wrongdoing. However, it is acknowledged that this would be distressing for the person concerned, and the school will do all it can to balance the interests of any individual with that of the need to keep children safe.

9.3 The school will seek advice from Nord Anglia Education on these matters, and comply with national and locally agreed guidance.

## **10. Follow up and continued support**

Following a reported case of child abuse or neglect, the Principal may decide that the school may take any or all of the following actions:

- investigate as appropriate, including keeping a record of all dialogue and findings;
- provide opportunities in school for the child to be counselled and supported;
- make contact with the child's family to provide information, support and guidance;
- provide the child's teachers with ongoing support.
- liaise with medical and mental health professionals outside of school;
- with the agreement of Nord Anglia Education, share its concerns for the child's welfare with any other schools to which the child transfers.;
- with the agreement of Nord Anglia Education, discuss the situation with Hungarian legal authorities, the sponsoring employers of the child's parents and or the consulate of the parents' home nation.



## Appendix A Designated Safeguarding Leaders 2016-17

Primary School DSL: Chris Russell

Primary School Assistant DSL: Craig Brown

Secondary School DSL: Richard Dyer

Secondary School Assistant DSL: Belinda Roy

## Appendix B Auditing, Reporting, Review and Sign off.

To support the implementation of this Safeguarding and Child protection policy and to enable schools to undertake a 'Safeguarding Health Check' schools will be provided with a self-audit tool to enable review of their safeguarding arrangements. This audit can be supported externally by the Assistant Director, Head of Safeguarding but whether supported externally by Nord Anglia Education or not there is an expectation that the audit will be done on an annual basis and a report (a template of which will be provided) submitted to the Assistant Director for Safeguarding.

In addition, elements of safeguarding practice in schools will be part of focus of the quality assurance framework and will continue to be an element of the school's Health and Safety reviews.

This policy is owned by all our schools and is made available to children and parents alike in hard copy where requested but also through the school's own website and the Nord Anglia Education website. The policy will be translated into as many languages as is appropriate.

This policy will be reviewed and updated on a regular basis but **at least every 2 years**.

Senior staff in schools must adopt and sign this policy after each update. A copy of the revised policy must be made available to all staff, volunteers, parents and students.

Signed and dated by School Principal

Signed and dated by the school Designated Safeguarding Leaders



## Appendix C Training and Support

Nord Anglia Education and our schools will undertake to ensure that:

1. All staff and volunteers in schools will be provided with appropriate generalist safeguarding training on joining the organisation and then at least every 3 years. This training will be available both through Nord Anglia University (NAU) and through face-to-face events with Designated Safeguarding Leaders in schools.
2. Training and relevant policies are made available in a range of languages.
3. Staff and volunteers are also provided with support and the necessary skills to recognise and take appropriate action regarding children who are at risk or potentially at risk.
4. Those who have the Designated Safeguarding Lead responsibility in schools have appropriate knowledge, which is up to date and that they access appropriate additional training to help with the responsibilities of their post.
5. Designated Safeguarding Leads in school's access appropriate specialist training as approved by the Group Education Director/Assistant Director for Safeguarding in addition to the basic child protection training received by all staff and volunteers. This will be refreshed every 2 years.
6. All staff and volunteers are subject to a full induction which includes an overview of what to do and who to contact if concerned about a child.
7. Appropriate staff are trained in safe recruitment. This safe recruitment training should be renewed every 5 years.
8. Training for new starters must be complete before any new starter can have unsupervised contact with children.
9. Any child who has or is suffering any form of harm will receive support. Once agreed with any investigating agency (if involved) children can be offered direct support through school counsellors or external agency input. All Nord Anglia Education schools will hold information in relation to local, regional or national bodies that may be able to offer direct support in these circumstances.

Nord Anglia Education and our schools recognise our duty of care to our employees and where staff have been involved in reporting and responding to abuse we recognise that this can be very difficult to deal with in isolation. Nord Anglia Education's schools will therefore be in a position to offer or broker appropriate external support or counselling for any staff member affected by a safeguarding issue. Nord Anglia Education's schools will keep a list of organisations (such as law firms, hospitals, counsellors which can be made available to staff on request).





## Appendix D Terminology

### **SAFEGUARDING**

Safeguarding is wider than 'child protection' and refers to the action the school takes to promote the welfare of children and protect them from harm. This includes:

- Protecting children from maltreatment;
- Preventing impairment of health and development;
- Ensuring that the school environment is consistent with the provision of safe and effective care;
- Taking action to ensure children in school have the best outcomes.

### **ABUSE AND NEGLECT**

Abuse and neglect are forms of maltreatment of a child. Child abuse can take a variety of forms. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children. Children are abused if they are neglected. This could involve failure to provide proper food and warmth, but it might also be failure to attend to the emotional well-being of the child.

### **PHYSICAL ABUSE**

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

### **EMOTIONAL ABUSE**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the 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 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, though it may occur alone.



## **SEXUAL ABUSE**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

## **NEGLECT**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs and is 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 and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **SIGNIFICANT HARM**

Some children are in need because they are suffering or likely to suffer significant harm. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.



## Appendix D Forms of Abuse and Specific Risks and Safeguarding Issues

There are a significant number of ways that children are exposed to risk and danger but all require a response.

**Abuse is defined as any form of maltreatment of a child.** This can manifest itself in direct harm to a child or by a failure to act to protect a child who is at risk or already suffering harm.

The more commonly referred to types of abuse are;

1. **Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning, scalding or otherwise causing harm to a child;
2. **Emotional abuse:** the persistent maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. This may involve conveying to a child that they are worthless, unloved or valued only in so far as they meet the needs of another person;
3. **Sexual Abuse:** Involves forcing or enticing a child to take part in sexual activities, whether the child is aware of what is happening or not. This form of abuse can involve direct contact activities but also non-contact activities over social media or the internet;
4. **Neglect:** This is the persistent failure to meet a child's basic physical or psychological needs likely to result in the serious impairment of the child's health or development.

While the above are the broad four main areas of potential abuse, abuse itself can take many forms many of which will have either an emotional, physical, sexual or neglectful impact (or combination of more than one of these). Some examples of these risky and or often harmful situations are identified below.

School staff need to be aware of what to look for and what actions to take when concerned about any of these issues (or any other concerns).

### E safety

The growth in electronic media in everyday life and a developing variety of devices create additional risks for children. Risks and dangers of being online include:

- Inappropriate content.
- Ignoring age restrictions and communicating with unknown adults or other children (which make children vulnerable to bullying and grooming).
- Grooming and sexual abuse.
- Sharing personal information.
- Gambling or running up debts.
- Cyber Bullying.

Cyber bullying is an increasingly common form of bullying behaviour and is most often related to social networks and mobile phones.

Nord Anglia Education believes the best way to protect children is to teach awareness and understanding of risk, particularly through personal, social and health education, sex and relationship education or wellness programmes. The school's curriculum includes appropriate and frequent opportunities to teach children how to recognise when they and others are at risk and equips them with the skills, strategies and language they need to take appropriate action.



### Mobile phone and Camera Images

It is our policy that practitioners, teachers and visitors to our school should not routinely use personal mobile phones to take images of children.

Permission to capture images, videos or audio recordings should be sought from the Designated Safeguarding Leader or Principal.

### Photographs for School Publications:

- Photographs of children being used by staff for learning or marketing are to be taken only on school cameras / devices.
- Images should be saved on a secure server/database and printed copies only used within the school for purposes such displays, records and learning journals. Images to be used for marketing need to be agreed with parents before use.
- Staff personal phones should be kept out of classrooms and learning areas. Where they are necessary they should be switched off and only accessed during breaks between lessons.
- Visitors and parents are asked not to use mobiles devices within the school and/or early years setting except where permission has been granted to capture images of their own child or children.
- All parents should be asked to sign a consent form to give permission for photographs to be used for publicity purposes and to sign a disclaimer if they do not wish their child's image to be used externally.

### Allegations against staff and volunteers

An allegation can be made against a staff member or volunteer at any point. It is important that any such allegations are treated seriously and appropriate procedures followed.

An allegation is different to a complaint and can be defined as follows:

- Where someone has behaved in a way that has harmed a child or may have harmed a child;
- Where someone has possibly committed a criminal offense against a child (either under UK legislation or local legislation);
- Where someone has behaved in a way towards a child or children that he or she would pose a risk to children.

In the event of an allegation being made against a member of the school staff (or a volunteer helper), it will always be investigated by the Principal unless a criminal act may have been committed, in which case the matter should be referred to the local authorities.

In all cases (criminal or not) the Principal and the Assistant Director, Head of Safeguarding for Nord Anglia Education must be informed as soon as possible and certainly within 48 hours.

HR must also be informed by contacting the regional HR Director as soon as possible. In the case of the allegation being against the Principal, the Regional HR Director and the Regional Managing Director as well as the Assistant Director Head of Safeguarding, should be informed. No action to investigate the concern should be taken before consultation with the Assistant Director, Head of Safeguarding and HR and agreement reached about how best to approach and investigate the concern. If it is felt, after these initial consultations, that further enquiries are needed, then the member of staff may be suspended. Suspension is a neutral act, and does not imply that the person is guilty of any wrongdoing. However, it is acknowledged that this would be distressing for the person concerned, and the school will do all it can to balance the interests of any individual with that of the need to keep children safe. The school will seek advice



from the Regional HR Director/Assistant Director, Head of Safeguarding before acting and will comply with national and locally agreed guidance on these matters. The school is expected to have researched and mapped the local arrangements and guidance for dealing with allegations.

Staff will reduce the possibility of an allegation being made by ensuring that they are aware of the expectations within the Nord Anglia Education code of conduct for staff and volunteers.

### Whistleblowing

Nord Anglia Education and our schools recognise that we cannot expect children to raise concerns in an environment where adults fail to do so.

All staff and volunteers should be aware of their duty to raise concerns about the actions or attitude of colleagues. Appropriate concerns raised for the right reasons are considered to be a protected disclosure and even if proven to be unfounded no action would be taken against the whistle blower.

Malicious whistleblowing would be seen as a potential disciplinary matter. (see Nord Anglia Education's whistleblowing policy)

### Anti-Bullying

Bullying is a safeguarding matter and if left unresolved can become a more serious child protection matter. Staff at every level will take seriously any concerns raised in relation the bullying of any child or young person. Action will always be taken to investigate the concerns and act to prevent repeat incidents or behaviours. Bullying may involve either face to face bullying or the misuse of social media or ICT.

Each school must have its own policy and approach to restorative practices but all our schools will demonstrate a commitment to help resolve specific issues.

### Female Genital Mutilation (FGM)

FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child safeguarding/protection structures, policies and procedures.

We recognise that this is cultural practice in some countries but it is potentially damaging to children both emotionally and in terms of health issues.

The practice of FGM would be a breach of a number of articles under the UN convention on the rights of the child and is illegal in 26 countries across Africa and the Middle East, as well as in 33 other countries including the United States and the UK.

### Forced marriages (FM)

A Forced marriage (FM) is a marriage conducted without the valid consent of one or both parties, and where duress is a factor. Forced marriage is when someone faces physical pressure to marry (e.g. threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if someone is made to feel like they're bringing shame on their family). This is very different to an arranged marriage where both parties give consent.

FM is illegal in the UK and the United States and most European countries. In 2013, the first United Nations Human Rights Council also adopted a resolution against child and forced marriages. This resolution recognizes child, early, and forced marriage as involving violations of human rights which "prevents individuals from living their lives free from all forms of violence and has adverse consequences on the enjoyment of human rights, such as the right to education.

### Children with Special Educational Needs or Disabilities



All staff need to recognise that children with special Educational needs and disabilities can face additional safeguarding challenges. Depending on the nature of a child's special needs or disability, additional barriers can exist which make it more difficult to identify and recognise signs of abuse.

For example, it is easy to assume that a child's mood, behaviour or any injury relates to the child's disability rather than the fact that the child may be suffering abuse.

It should also be recognised that children with disabilities may be disproportionately impacted on by behaviours such as bullying but they may not show any outward signs of this. Communication difficulties in particular may make it very difficult for a child to indicate what's happening and therefore may make it very difficult to overcome any such barrier. Staff need to be extra vigilant and report any and all concerns and avoid making assumptions about the causes of any injury or behaviour.

### Allegations made by a child about another child (Peer on peer abuse)

Nord Anglia Education and all our schools recognise that children are capable of abusing their peers. Where an allegation is made that one child may have abused another this will always be taken seriously and dealt with as a safeguarding matter.

Peer on peer abuse can take many forms but gender issues can be prevalent when dealing with this type of abuse.

Examples can include girls being touched/assaulted inappropriately by boys or boys themselves being subject to initiation violence. This type of peer on peer behaviour will not be tolerated.

Under no circumstances should an allegation that one child has possibly abused another be treated "as just children being children" or "experimentation".

If the alleged actions are unwanted or involve minors who may not be able to give consent by virtue of their age or any disability, then this is potentially abusive and the school procedures must be followed in the same way as for any other safeguarding or child protection matter.

### Self -Harm.

Self-harm can take a number of physical and/or emotional forms.

There are many reasons why children and young people try to hurt themselves. Once they start, it can become a compulsion. This is why it is so important for schools to spot it as soon as possible and do everything possible to help. Self-harm is not usually a suicide attempt or a cry for attention. Instead, it is often a way for young people to release overwhelming emotions and a way of coping. So whatever the reason, it should be taken seriously.

The exact reasons why children and young people decide to hurt themselves are not always easy to work out. In fact, they might not even know exactly why they do it but there are links between depression and self-harm.

Quite often a child or young person who is self-harming is being bullied, under too much pressure, being emotionally abused, grieving or having relationship problems with family or friends.

The feelings that these issues bring up can include: low self-esteem, low confidence, loneliness, sadness, anger, numbness and lack of control in their lives.

Often, the physical pain of self-harm might feel easier to deal with than the emotional pain that is behind it. It can also make a young person feel they are in control of at least one part of their lives. Sometimes it can also be a way for them to punish themselves for something they have done or have been accused of doing.





Young people will sometimes go to great lengths to cover self-harm scars or injuries and or they will explain any indications of self-harm as accidents. There are some common themes that may help staff identify concerns including:

Physical indicators such as: Cuts, bruises, burns, bald patches (where hair has been pulled out).

Emotional indicators such as: depression, sudden weight loss, drinking or drug-taking or unusual eating habits and isolation or withdrawal.

If staff suspect that a child is self-harming this must be referred to the Designated Safeguarding Leader who will consider the next steps. It is likely that this will require discussion with the young person involved and their parents (or carer) to agree a course of action or referral to a body that may be able to support the young person.

### Safeguarding pupils who are vulnerable to extremism.

Nord Anglia Education Schools value freedom of speech and the expression of beliefs or ideology as fundamental rights underpinning our society's values. Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion. Any freedom of speech which promotes violence against anyone or anything else will not be tolerated.

A short awareness course on Extremism can be found on the following link:

[http://course.ncalt.com/Channel\\_General\\_Awareness/01/index.html](http://course.ncalt.com/Channel_General_Awareness/01/index.html)

### Physical Intervention/ restraint.

There may be times when adults in schools, in the course of their school duties, have to intervene physically in order to restrain children and prevent them from coming to harm. Such intervention will always be both reasonable and proportionate to the circumstances and be the minimum necessary to resolve the situation. UK government guidance has been issued in relation to the use of reasonable force and can be used as best practice advice.

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>.

The Principal requires any adult involved in any such incident to report the matter as soon as possible. The staff member is required to document the incident in full giving a description and full account of the incident. Witnesses to the incident should be identified where possible.

Where intervention has been required, a senior member of staff should be asked to debrief the child and allow the child to describe the incident from their point of view. Written notes of this conversation should be kept and the child/young person checked for any injuries.

Parents/carers should always be informed when an intervention has been necessary.

### Safe Recruitment and Selection.

Nord Anglia Education and all our schools will do all they can to ensure that all those working with children in our schools and across the whole organisation are suitable people. In order to do this both at an organisational level and school level all staff who will work in an unsupervised capacity with children or young people will be recruited using safe recruitment procedures. (see Nord Anglia Education's revised Safe Recruitment Policy implemented from 1st April 2017).



Safe Recruitment involves scrutinising applicants through the interview process and application forms, verifying identity, qualifications and obtaining appropriate references, as well as Criminal Background Checks, from all countries where the applicant has lived or worked in the last 10 years.

From July 2017, at least one member of every interview panel for staff at both the organisational and school level, who are interviewing for a post or posts that may have unsupervised contact with children, will have undertaken safe recruitment training.

All schools will keep a central record of all the recruitment checks undertaken on all staff. This record will include details relating to the DBS (Disclosure and Barring Service check- for anyone who has lived or worked in the UK only) i.e. date completed and number, other countries' criminal records checks or certificates of good conduct, qualifications, prohibition order checks.

Where information is disclosed as part of the criminal records checking process whether this is information about cautions, convictions or soft information, any disclosure will lead to a risk assessment being completed prior to appointment. This risk assessment will be signed off by the Principal or Regional HR Manager.

For staff who work exclusively or at least for the main part of their role in Early years/Early Childhood settings (0 to 5 years), there will be an additional requirement that a suitability declaration is completed which will state clearly that they are not living with someone who has been convicted of specific offenses relating to children of serious violent crime.

### Child Sexual Exploitation(CSE).

The sexual exploitation of children and young people under 18 can involve exploitative relationships where young people receive something in return for performing sexual acts.

Exploitation of children can occur on a face to face level or through the use of technology, such as mobile phones or computers. In these situations, children and young people are often encouraged to send or post indecent images of themselves.

In all cases the person or people exploiting the child/young person does so by misusing the power they have over them. This power may come through virtue of age, gender intellect physical strength and/or economic resources. Violence, intimidation and coercion are common in exploitative relationships.

### Sexting.

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages. These images are usually sent using mobiles, tablets, smartphones, laptops or any device that allows you to share media and messages.

Sexting may also be referred to by children and young people as trading nudes, dirties or pic for pic. There are many reasons why a young person may want to send a naked or semi-naked picture, video or message to someone else. For example:

- Joining in because they think that 'everyone is doing it'.
- Boosting their self-esteem.
- Flirting with others and testing their sexual identity.
- Exploring their sexual feelings.to get attention and connect with new people on social media.
- They may find it difficult to say no if somebody asks them for an explicit image, especially if the person asking is persistent.





Children and young people often do not realise that in creating and sending these images they are potentially committing a criminal act but ideally we would not want to deal with these issues as criminal acts. Learning and support can be a more beneficial way of tackling sexting.

**Note:**

The above is not an exhaustive list of all the potential safeguarding issues which school staff may have to deal with on occasions. For more examples of additional types of concern and more detail on a range of safeguarding matters please see "Keeping Children Safe in Education" 2016.

This is a UK publication but the types of abuse discussed are valid and can apply to any country around the world.



## Appendix E: Action

### E1: WHEN TO BE CONCERNED

Staff should be concerned about a student if he or she:-

- has any injury which is not typical of the bumps and scrapes normally associated with children's injuries.
- regularly has unexplained injuries.
- frequently has injuries (even when apparently reasonable explanations are given).
- confused or conflicting explanations are given on how injuries were sustained.
- exhibits significant changes in behaviour, performance or attitude.
- indulges in sexual behaviour which is unusually explicit and/or inappropriate to his or her age.
- discloses an experience in which he or she may have been significantly harmed.

### E2: DEALING WITH A DISCLOSURE:

#### **Receive, Reassure, Record, Refer.**

**Action to take if you receive an allegation of, or suspect, abuse of a child.**

#### **1) Receive**

If a student discloses that he or she has been abused in some way, the member of staff should:

- a) listen to what is being said without displaying shock or disbelief
- b) accept what is being said
- c) allow the child to talk freely
- d) not promise confidentiality
- e) listen, rather than ask direct questions
- f) ask open questions rather than leading questions
- g) not criticise the alleged perpetrator
- h) explain what has to be done next and who has to be told.

#### **2) Reassure**

- a) Try to stay calm, make no judgements and empathise with the child.
- b) Never make a promise you can't keep.
- c) Give as much reassurance as you can.
- d) Tell the child what your actions are going to be.
- e) Reassure the child that they are doing the right thing by telling you.



### 3) Record

When a student has made a disclosure the member of staff should:-

- a) ensure any immediate medical needs are dealt with
- b) make brief notes as soon as possible after the conversation
- c) not destroy the original notes in case they are needed by another external agency
- d) record the date time, and place and any noticeable non-verbal behaviour and the words used by the child
- e) (may decide to) draw a diagram to indicate the position of any bruising or other injury
- f) record statements and observations rather than interpretations or assumptions.

### 4) Refer

After receiving and recording, the member of staff should:

- a) inform the Designated Safeguarding Leader
- b) pass on the records and information
- c) not ask the child to repeat what they have already disclosed.

### 5) Support

- a) Dealing with a disclosure from a child, and a Child Protection case in general, is likely to be a stressful experience. The member of staff should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Leader or Principal.

## E3: FURTHER ACTION WHICH MAY BE TAKEN BY THE DSL OR PRINCIPAL

**Consider whether a child now needs immediate protection.** Consider the child who has told you of concerns, and any other child, in the light of what you have been told or suspect. Initiate or take the necessary temporary protective action (for example, by staying with the child on site until satisfactory arrangements for the child are made). You can ask and take into account the child's wishes about any immediate protection.

**Decide whether the allegation or suspicion indicates that a child is suffering, or is likely to suffer, significant harm.** The Principal/DSL should consider whether:

- the allegation or suspicion appears to you to be seriously meant;
- if true, it would constitute or seriously risk a child suffering, or being likely to suffer significant harm;



- the actual or likely harm is of a sexual, physical, emotional or neglect nature, sufficient to affect the child's normal physical, sexual, emotional, educational or social development.

Remember, even if there are doubts and whether or not you personally believe it, the benefit of the doubt must always be in favour of making the report.

If the allegation is of a serious nature and may lead to the involvement of other agencies such as the police, or if the allegation concerns a member of staff, the Principal will discuss with Nord Anglia.

Do not reveal details of the allegation or identify the staff or individuals concerned. Child protection issues should remain confidential to those designated as responsible for dealing with them. An individual member of staff who has heard a child's disclosure may feel under some pressure from colleagues to explain but should be aware they are under a contractual obligation to maintain the circle of trust.

#### D4: ACTION TO TAKE IF YOU OBSERVE ABUSE WHILE IT IS TAKING PLACE

You must do all you can to stop the abuse immediately without putting yourself or the person being physically, sexually or emotionally abused at further risk.

Inform the perpetrator of your concerns.

Advise them to stop the action immediately.

Ask them to remove themselves from the area and to one without contact with children and young people.

Advise them that you will immediately be informing the appropriate authorities.

- If they fail to desist – ring or call for help.
- If they do desist, accompany the victim to a place of safety away from the perpetrator and leave them in the care of a responsible adult.

Inform the principal immediately of the action you have taken and why.



## Appendix F Record Keeping And Confidentiality

All records of child protection concerns, disclosures or allegations are treated as sensitive information and are kept together securely and separately from the child's general school records. The information is shared with all those who need to have it, whether to enable them to take appropriate steps to safeguard the child, or to enable them to carry out their own duties, but it is not be shared wider than that.

Child protection records are stored in a secure, locked filing cabinet or in a secure electronic system, accessible through the Designated Safeguarding Leaders and Principal. Care should be taken when storing records electronically. Records of any student disclosure need to be clearly dated and filed without future amendment.

Child protection records are kept separate to the general education file but the pupil's general school record file should be marked to indicate that a child protection file exists (e.g. red star or similar). All staff who may need to consult a child's school file should be made aware of what the symbol means and who to consult if they see this symbol.

A child protection file (electronic or otherwise) will be started for an individual pupil as soon as the school is aware of any child protection concerns about that pupil. This may arise in a number of ways, for example:

- If a member of staff raises a concern about the welfare or wellbeing of a pupil – this should be recorded in writing (see below for guidance).
- If information is forwarded to the school by a previous school attended by the pupil.
- If the school is alerted by another agency of child protection concerns about that pupil.

Members of staff should make a written/typed account of any concern they have regarding the welfare or wellbeing of a child, using the school's pro forma for this. This record should be passed as soon as possible to the Designated Safeguarding Leader. Concerns which initially seem trivial may turn out to be vital pieces of information later, so it is important to give as much detail as possible. A concern raised may not progress further than a conversation with the Designated Safeguarding Leader but could also potentially lead to matters being dealt with through a legal system. If there hasn't been a specific incident that causes concern, all records need to be specific about what it is that is causing a worry or concern.

If any information is removed from a file (electronic or otherwise) for any reason, a dated note is placed in the file indicating who has taken it, why and when.

The record pro forma includes (see Appendix G):

1. A record of the pupil's details: name, date of birth, address and family details.
2. Date and time of the event / concern.
3. The nature of the concern raised.
4. The action taken and by whom.
5. Name and position of the person making the record.

In the case of disclosure, remember the record made should include:

1. As full an account as possible of what the child said (in their own words).
2. An account of the questions put to the child.
3. Time and place of disclosure.



4. Who was present at the time of the disclosure.
5. The demeanour of the child, where the child was taken and where returned to at the end of the disclosure.

### Confidentiality

Our schools will regard all information relating to individual safeguarding or child protection issues as confidential, and will treat it accordingly. Information will be passed on to appropriate persons only at the discretion of the Principal or Designated Safeguarding Leader and this will always be based on the need to know.

All records relating to child protection will be secured appropriately. Such information can be stored electronically but contemporaneous notes should be scanned and kept in original format.



## Appendix G: Confidential Record of Concern

<b>Name of student:</b>	<b>Form/Class:</b>
<b>Date:</b>	
<b>Nature of Concern:</b> What prompted this record? (Please include dates, locations, times, incidents, discussions, observations, behaviours. Use the Skin Map in Appendix E if needed.)	
<b>Notes:</b> Information that could explain child's behaviour/situation	
<b>Does the concern fall into one of the following categories?</b> Neglect Sexual Abuse Physical Abuse Emotional Abuse	
<b>Has this information been passed to Designated Senior Person for Child Protection?</b>	
<b>Further Action:</b>	
<b>Name of person making this report:</b> Signed:	

The Designated Senior Person is available to support any child protection concern if needed. When completed this form should be handed to the Designated Senior Person **by hand**. It will then be securely stored in the confidential Child Protection File.



## Appendix H: Signs and Symptoms Of Abuse

### 1. SIGNS AND SYMPTOMS

#### 1.1. First indications

The first indication that a child is being abused is not necessarily the presence of severe injury. Concerns that a child is being abused may be aroused by the sight of bruises or marks on a child's body or by remarks made by a child, his/her parents or friends. They may also be aroused by observation of a child's behaviour or reactions, from awareness that a family is under stress and may need help with caring for the children or from a number of other factors.

While the situation may not seem initially to be serious it is worth remembering that prompt help to a family in trouble may prevent minor abuse escalating into something more serious. Anyone who is worried that a child may be at risk should discuss their concern with the Designated Senior Person who may seek advice and/or refer the matter as soon as possible. The following is not a comprehensive or definitive list, but it does provide a guide to the more common non-accidental injuries and, taken in conjunction with the skin map, indicates situations in which more expert advice should be sought.

#### 1.2 Bruises

a. Symmetrical bruised eyes are rarely accidental, although they may occur where there is a fracture of the head or nose and blood seeps from the injury site to settle in the loose tissue around the eye. A single bruised eye may be the result of an accident or abuse.

Careful consideration is required whenever there is an injury around the eye. It should be noted whether the lids are swollen and tender and if there is damage to the eye itself.

- b. Bruising around the mouth (especially in small babies).
- c. Grasp marks on arms - or chest of a small child.
- d. Finger marks (e.g. you may see 3-4 small bruises on one side of the face and one on the other).
- e. Symmetrical bruising (especially on the ears),
- f. Outline bruising (e.g. belt marks, handprints).
- g. Linear bruising (especially on the buttocks or back).
- h. Bruising on soft tissue with no obvious explanation.
- i. Different age bruising (especially in the same area, e.g. buttocks).

#### Accidental and non-accidental bruising

i. Most falls or accidents produce one bruise on a single surface - usually on a bony protuberance. A child who falls downstairs generally has only one or two bruises. Bruising in accidents is usually on the front of the body as children generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall.

ii. Bruising may be difficult to see on the skin of a mixed-race or non-white skinned child. Mongolian blue spots may be mistaken for bruising. There are purplish-blue skin markings most commonly on the backs of children whose parents are non-white.

iii. The following are uncommon sites for accidental bruising:

- a) back of legs, buttocks (except, occasionally along the bony protuberances of the spine)
- b) mouth, cheeks, behind the ear
- c) stomach, chest
- d) under the arm
- e) genital, rectal area
- f) neck.





### 1.3 Bites

These can leave clear impressions of the teeth. Human bites are oval or crescent shaped. If the distance is more than 3cm across, they must have been caused by an adult or older child with permanent teeth.

### 1.4 Burns / scalds

It can be very difficult to distinguish between accident and non-accidental burns. However as a general rule of thumb, burns or scalds with clear outlines are suspicious, as are burns of uniform depth over a larger area and also splash marks above the main burn area (caused by hot liquid being thrown).

**Remember also:**

- a. a responsible adult checks the temperature of the bath before a child gets in,
- b. a child is unlikely to sit down voluntarily in too hot a bath and cannot accidentally scald its bottom without also scalding its feet,
- c. a child getting into too hot water of its own accord will struggle to get out again and there will be splash marks,
- d. small, round burns may be cigarette burns (but may be friction burns, and accident, if along the bony protuberances of the spine).

### 1.5 Scars

Children may have scars, but notice should be taken of an exceptionally large number of differing age scars (especially if coupled with current bruising), unusual shaped scars (e.g. round ones from possible cigarette burns), or of large scars that are from burns or lacerations that did not receive medical treatment.

### 1.6 Fractures

These should be suspected if there is pain, swelling and discoloration over a bone or joint. The most common non-accidental fractures are to the long bones (i.e. arms, legs and ribs). It is very rare for a child under one year to sustain a fracture accidentally. Fractures also cause pain, and it is difficult for a parent to be unaware that a child has been hurt.

### 1.7 Skin Map

The skin map (attached) identifies common sites on the body for accidental and non-accident injury.

### 1.8 General Points

Some bruises and marks may seem insignificant by themselves but repeated injuries, even of a very minor nature, may be symptomatic of a family in crisis and, if no action is taken, the child may be injured more seriously.

Any school is entitled to expect a parent to tell them if there is anything wrong with a child. If this is made clear from the start it can become an accepted part of routine and therefore be less difficult to comment on an injury that may look suspicious. Parents will usually be asked for an explanation of any injury (as long as it does not put the child at additional risk) that is observed and consideration given to the feasibility of the explanation, whether it is appropriate to the child's age and whether it was dealt with suitably. If there is any doubt, the parents should be told the matter will have to be taken further. It is important, at this stage, not to accuse the parents (if it really was an accident, they will feel guilty enough anyway), but to involve them in any action taken (e.g. medical examination).

### 1.9 Emotional abuse

Emotional abuse may take the form of failure to meet a child's need for affection, attention and stimulation (even though good physical care may be provided) or there may be constant verbal abuse, rejection, scapegoating, threats of violence or attempts to frighten the child.

Conversely, some parents may be so over-protective and possessive that they prevent normal, social contact or normal physical activity. Both states can be difficult to document or evaluate, but may have crippling long-term effects on a child's development. Children suffering from emotional abuse may exhibit these behavioural symptoms:



- a. excessively clingy or attention seeking behaviour
- b. low self-esteem
- c. apathy
- d. be fearful or withdrawn
- e. constantly seek to please
- f. be over ready to relate to anyone, even strangers.

Where emotional abuse is suspected, it is important to seek help for the child.

#### **1.10 Neglect and delay in growth (failure to thrive)**

Neglect includes not only poor physical care and inattention to the child's basic needs, e.g. for regular feeding, cleanliness and clothing, but also a failure to provide the necessary stimulation to sustain behavioural and emotional development. Warning signs include:

- a. poor growth for which no medical cause is found, with a dramatic improvement on a normal diet away from home,
- b. unkempt, dirty appearance,
- c. medical needs of child unmet - failure to seek medical advice for illness, severe untreated nappy rash, missed immunisations,
- d. developmental delay,
- e. lack of social responsiveness,
- f. self-stimulating behaviours such as head banging or rocking,
- g. repeated failure to prevent (accidental) injury.

#### **1.11 Parental responses and history**

There are certain parental responses which should cause concern (especially if the child has bruising or otherwise seems in need of medical attention). These include:

- a. an unexplained delay in seeking medical treatment which is obviously needed, or seeking it at an inappropriate time, e.g. late at night,
- b. denial, or lack of awareness of any injury to the child: unwillingness to take responsibility to protect a child from injury however caused,
- c. the explanation given is not compatible with the injury, or the child is said to have acted in a way that is inappropriate to its age or developmental level, or several differing explanations may be given (note that the child or other members of the family may support the explanations, however improbable),
- d. a third party, e.g. another child, may be blamed for the injury,
- e. there is a reluctance to give information or failure to mention previous injuries known to have occurred,
- f. attention is sought for problems unrelated to the injury, or the injury is not even mentioned,
- g. consent for further medical investigation is refused,
- h. the parents cannot be found or the adult with the child is drunk or violent,
- i. in the past there may have been frequent attendance at clinics, surgeries, or accident and emergency departments with minor injuries or trivial complaints. Such constant attendance may have represented a 'cry for help' which, if ignored, may be followed by more serious injury.

If you are in any doubt or think a child might be at risk - consult your DSL for Child Protection.



## 2. SEXUAL ABUSE

### 2.1 Child sexual abuse

2.1.1 In recent years there has been an increasing recognition that children are involved in sexual practices by adults to a far greater extent than had previously been realised. It has become apparent that these activities, which are usually kept very secret, are detrimental to children, both in the short and in the long term. As adults use their authority over the child to gain his/her co-operation, the practice has been termed Child Sexual Abuse (or CSA for short).

2.1.2 Both boys and girls of all ages are abused and the abuse may carry on for several years before it comes to light.

### 2.2 Recognition

2.1.2 Sexual abuse often presents itself in a veiled way. Although some child victims have obvious genital injuries, a sexually transmitted disease or are pregnant, relatively few show such a florid picture.

2.2.2 Recognition of sexual abuse generally follows either a direct statement from the child (or, very occasionally, from the abuser), or more often, suspicion based on the child's circumstances, behaviour, or physical symptoms or signs.

2.2.3 The following lists of commonly observed indicators are not exhaustive and there may be situations where none of them is present, even though a child is known to have been abused sexually. Suspicion increases when several features are present together.

### 2.3 Physical manifestations

- a. Vaginal bleeding in pre-pubescent girls.
- b. Genital lacerations or bruising.
- c. Sexually transmitted disease.
- d. Abnormal dilation of vagina, anus or urethra.
- e. Pregnancy (especially in younger girls or when identity of the father is uncertain).
- f. Itching, redness, soreness or unexplained bleeding from vagina or anus.
- g. Pain on passing urine, recurrent urinary tract infections.
- h. Faecal soiling or retention.

### 2.4 Emotional and behavioural manifestations

#### a. Behaviour with sexual overtones:

explicit or frequent sexual preoccupations in talk and play, sexually provocative relationships with adults, hinting at sexual activity through words, play or drawings, sexual activity between two young people may be a sign that one of them or both have been victims of abuse.

#### b. General:

withdrawn, fearful or aggressive behaviour to peers or adults, running away from home, suicide attempts and self-mutilation, child psychiatric problems, including behaviour problems, withdrawal, onset of wetting or soiling, severe sleep disturbances, inappropriate displays of affection between fathers/daughters, mothers/sons, e.g. flirtatious or seductive behaviour, very possessive fathers who appear over involved with their daughters, learning problems or poor concentration (N.B. for some sexually abused children school may be a haven: they arrive early, are reluctant to leave and perform well), marked reluctance to participate in physical activity or to change clothes for P.E., etc.

### 2.5 Family factors

2.5.1 There are no typically sexually abusing families but there are some family circumstances that are more likely to be associated with CSA. These include families where the child has a poor relationship with parents, especially the mother; where parents, especially mothers, are unavailable - through absence or illness; and families where there is a stepfather.

2.5.2 Most known abusers are men, although some women do sexually abuse children or may passively condone it. Most child victims are sexually abused by someone they know - either a member of their family or someone well known to them or their family. The children are likely to have been put under considerable pressure not to reveal what has been happening, and many children feel guilty and responsible about their involvement.

**Any suspicion that a child is being sexually abused must be taken seriously. Doubts should be shared with the DSL.**



## Appendix I Body Map Guidance

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. These should be drawn up sent to the Designated Safeguarding Leader at the same time as completing the record of concern form at Appendix G.

Always use a pen (never a pencil) or type the document and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

At no time should staff seek to record injuries on photographic equipment. Body maps such as those shown below should be used.

If you notice an injury to a child try to record as much of the following as possible in respect of all the injuries you can see.

1. Exact site of injury on the body, e.g. upper outer arm/left cheek.
2. Size of injury - in appropriate centimetres or inches.
3. Approximate shape of injury, e.g. round/square or straight line.
4. Colour of injury - if more than one colour, say so.
5. Is the skin broken?
6. Is there any swelling at the site of the injury, or elsewhere?
7. Is there a scab/any blistering/any bleeding?
8. Is the injury clean or is there grit/fluff etc.?
9. Is mobility restricted as a result of the injury?
10. Does the site of the injury feel hot?
11. Does the child feel hot?
12. Does the child feel pain?
13. Has the child's body shape changed/are they holding themselves differently?

Importantly, the date of the recording must be noted as well as the name and designation of the person making the record. Add any further comments as required.

If appropriate a body map (should also be completed and given to the Designated Safeguarding Leader along with the record of concern form. Even if the injury to the child has a plausible explanation, a completed body map helps track a history or pattern of repeated injuries.

Where any child has any form of injury that requires attention please ensure that first aid is applied where necessary.

A copy of the body map should be kept on the child's concern/confidential file.



## Body Map

Name of the person completing the body map:

Role:

Date of injury and form being completed:

Date this form was completed and returned to DSL (if different):

