CHILDREN'S TEAM SAFEGUARDING POLICY

AUGUST 2025

Acting Safeguarding Lead for Quest and Zest : Emma Williams

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Introduction

The Quest and Zest teams fully recognise their responsibilities for Child Protection and Safeguarding. This overarching policy sets out how we will deliver these responsibilities.

In this document, the term 'child' refers to someone who under the age of 18.

'Staff' as written in this policy refers to anyone who has contact with a child, all Quest and Zest team staff, alternative provision staff, volunteers, and trustees.

A 'vulnerable adult' as written into this policy is so defined as someone who is receiving or may need community care services by reason of mental or other disability, age, or illness, who is unable to take care of themselves to protect him/herself from significant harm or exploitation.

This policy should be read in conjunction with the Quest and Zest Safe Touch and Physical Contact Policy and has been created in line with:
Working Together to Safeguard Children 2023
After-school clubs, community activities and tuition: safeguarding guidance for providers (2023)
Keeping Children Safe in Education 2025.
What to do if you are worried a child is being abused (March 2015)
Information Sharing: Advice for Practitioners (July 2018)

Our Policy

The aims of this policy are:

- To raise awareness with all staff of their personal responsibility to safeguard children;
- To support staff in identifying the indicators of abuse so they are confident to take appropriate action;
- To have a clear, robust, and structured child protection procedure which is well understood by all adults in the team and pro-actively reduce the risk of harm or actual harm;
- To ensure the Designated Safeguarding Lead (DSL) fulfils their responsibility regarding any child abuse concerns by following the policy in a timely manner, recording appropriately, and supporting other staff with advice and training;
- To support staff in the team to provide a safe, caring, positive and stimulating environment that promotes the welfare, safeguarding, learning and development of the individual child;
- To protect children by providing an environment where children feel confident in knowing how to approach adults in the team if they are in difficulty or wish to complain and children are supported to learn how to keep themselves safe or free from prejudice, including when online;
- To support staff to take appropriate action if there is a concern about a member of staff in the setting;
- To know where to seek additional advice if there are issues concerning sexual exploitation, radicalisation or extremism and take appropriate action.

This policy applies to all staff working in or with the Quest and Zest teams. Through following this policy we will ensure that our groups and settings provide a safe environment for children to learn and develop. We will cross reference to other policies relevant to our safeguarding and refer to them where appropriate.

The Quest and Zest Team's Acting Safeguarding Lead is Emma Williams

Our Principles

It is the policy of the Quest and Zest teams to provide a caring, positive, safe & stimulating environment that promotes the social, physical & moral development of the individual child as well as support a child's learning and overall development. We will ensure that all children in our care are kept safe by minimising risks & providing a safe environment.

Safeguarding arrangements within the Quest and Zest team are underpinned by the following key principles:

- Safeguarding is everyone's responsibility: all staff should play their full part in keeping children (and vulnerable adults where appropriate) safe;
- Children have a right to feel safe and are listened to;
- It is better to help children as early as possible.

Safeguarding action may be needed to protect children from harm or abuse. Safeguarding also includes:

- Children's health & safety including intimate care & first aid provision
- Children's wellbeing, including their mental health
- Meeting the needs of children with special or additional needs
- Meeting the needs of children with medical conditions
- Child behaviour policy & physical intervention
- Visits and outings policies
- Online safety & use of mobile phones/cameras policy.

There are 3 main elements to our safeguarding policy:

- Prevention
- Child centred approach
- Protection

We will support children (and staff) who may have been abused and work with parents carers & other agencies to ensure appropriate action is taken.

We recognise that the best results are achieved in partnership and we are committed to working in this way wherever possible.

All staff have a clear understanding regarding abuse and neglect in all forms; including how to identify, respond and report. This also includes knowledge in the process for allegations against professionals. Staff should feel confident that they can report all matters of Safeguarding, where the information will be dealt with swiftly and securely, always following the correct procedures with the safety and wellbeing of the children in mind.

Staff must report all safeguarding concerns to their manager who will communicate with the DSL or Deputy DSL. In the event that the concern involves the manager, the staff member will go directly to the DSL or Deputy DSL. With respect to Zest, safeguarding concerns must also be reported to the headteacher and/or safeguarding lead of the school site in line with their own safeguarding policies.

As a team we will place the needs of children and vulnerable adults as a first concern and always act to ensure their safety and protection, operating with a child-centred approach.

Types of Abuse

Child abuse

Defining child abuse is a difficult and complex issue. A person may abuse by inflicting harm, or failing to prevent harm. Abuse can occur within a family, an institution, or a community setting. Very often the abuser is known or in a trusted relationship with the child (or adult).

In relation to children, safeguarding and promoting their welfare is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's' health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

There are 4 types of abuse as defined in 'Working Together to Safeguard Children' (2023) which is defined in the 'Keeping Children Safe in Education Statutory Guidance 2025' as:

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

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

Sexual abuse - involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether the child is aware of what is happening or not. The activities may involve physical contact or non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment);

- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.
- Respond to, a child's basic emotional needs.

Bullying and forms of bullying, including prejudice based on Cyber Bullying is also abusive which will include at least one of the defined categories of abuse.

Signs of abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

Physical abuse

Most children will collect cuts, bruises, and injuries and these should always be interpreted in the context of a child's medical/social history, development stage and the explanation given.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given; these can often be visible on 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Other signs of physical abuse may include:

- Unexplained bruising, marks, or injuries on any part of the body;
- Multiple bruises – in clusters, often on the upper arm, outside of the thigh;
- Cigarette burns;
- Human bite marks;
- Broken bones;
- Scalds, with upward splash marks;
- Multiple burns with a clearly defined edge.

Changes in behaviour that can also indicate physical abuse:

- Fear of parents being approached for an explanation;
- Aggressive behaviour or severe temper outbursts;
- Flinching when approached or touched;
- Reluctance to get changed, for example in hot weather;
- Depression;
- Withdrawn behaviour;
- Running away from home.

Emotional Abuse

Emotional abuse can be difficult to identify as there are often no outward physical signs. Some indicators may be caused by a delay in development. However, children who appear well-cared for may be emotionally abused by being taunted, or belittled. The may not receive love, affection, or attention from their parents/carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.
Changes in behaviour which can indicate emotional abuse include:

- Neurotic behaviour e.g. sulking, hair twisting, rocking;
- Being unable to play;
- Fear of making mistakes;

- Sudden speech and/or sleep disorders;
- Self-harm;
- Fear of parent being approached regarding their behaviour;
- Developmental delay in terms of emotional progress;
- Depression, aggression, or extreme anxiety;
- Obsession/phobias

Sexual Abuse

It is recognised that there is an underreporting of sexual abuse. All staff should play a crucial role in identifying/reporting any concerns that they may have through, for example, the observation and play of younger children and understanding the indicators of behaviour which may be underlining of such abuse.

Indications of sexual abuse may be physical or behavioural. In all cases children who disclose occurrences of sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

Physical signs of sexual abuse may include:

- Pain or itching in the genital area;
- Bruising or bleeding near genital area;
- Sexually transmitted disease;
- Vaginal discharge or infection;
- Stomach pains;
- Discomfort when walking or sitting down;
- Pregnancy.

Behavioural indicators of sexual abuse may include:

- Sudden or unexplained changes in behaviour e.g., becoming aggressive or withdrawn;
- Fear of being left with a specific person or group of people;
- Having nightmares;
- Running away from home;
- Sexual knowledge which is beyond their age, or developmental level;
- Sexual drawings or language;
- Sexualised play
- Bedwetting;
- Eating problems such as overeating or anorexia;
- Self-harm or mutilation, sometimes leading to suicide attempts;
- Saying they have secrets they cannot share with anyone;
- Substance or drug abuse;
- Acting in a sexually explicit way with adults

Neglect

It can be difficult to recognise neglect; however, its effects can be long term and damaging. Physical signs of neglect may include:

- Being constantly dirty or 'smelly;'
- Constant hunger, sometimes stealing food from other children;
- Losing weight, or being constantly underweight;
- Inappropriate or dirty clothing.

Behavioural indicators of neglect may include:

- Mentioning being left alone or unsupervised;
- Not having many friends;
- Complaining of being tired all the time;
- Not requesting medical assistance and/or failing to attend appointments.

Other Forms of Abuse

Child Sexual Exploitation (CSE) is a type of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to manipulate or deceive a child into sexual activity. This can occur online, and many young people can be persuaded or forced to have sexual conversations by text, online or post sexually explicit images of themselves, or participate in sexual activities via webcam or smartphone. It is common for children to receive gifts, drugs, money, or affection in return for performing sexual activities.

All suspected or actual cases of CSE are a safeguarding concern for which Safeguarding procedures will be followed, including a referral to the police.

Risk Factors for CSE may include:

- Going missing;
- Engagement in offending;
- Disengagement from education;
- Unexplained gifts/money;
- Overly secretive;
- Repeat concerns about sexual health;
- Decline in emotional wellbeing;
- Unexplained injuries;
- Unusual mobile phone usage.

Forced Marriage/Honour Based Violence, Female Genital Mutilation and Breast Ironing/ Flattening

The Quest and Zest teams recognises and understands there is now a mandatory reporting duty for all staff to report to the police where it is believed an act of FGM (Female Genital Mutilation) has been carried out on a girl under 18 in the UK. Failure to do so may result in disciplinary action being taken.

All suspected or actual cases of FGM are a safeguarding concern for which Safeguarding procedures will be followed, including a referral to the police.

Breast ironing (also called breast flattening) is when young girls' breasts are damaged over time to flatten them and delay their development. Sometimes, an elastic belt, or binder, is used to stop them from growing. This is a form of physical abuse which will be reported by Quest and Zest teams to the appropriate Children and Families Services teams with Derbyshire and/or Nottinghamshire county councils. Breast ironing may happen as a result of a child or young person changing or exploring their gender identity. However, this will still be reported due to concerns surrounding the child's health.

Signs FGM might happen may include:

- A relative or someone known as a 'cutter' visiting from abroad;
- A special occasion or ceremony taking place where a girl 'becomes a woman' or is 'prepared for marriage';
- A female relative, like a mother, sister or aunt has undergone FGM;

- A family arranges a long holiday overseas or visits a family abroad during the summer holidays;
- Long or unexpected absences from school;
- Struggling to keep up in school;
- Running away or plans to run away

Signs FGM has already happened may include:

- Days off school;
- Not participating in physical/sporting activities;
- Pain/restricted movement/frequent and long visits to the toilet;
- Confides she had a special procedure, cut or celebration;
- Unauthorised and/or extended leave, vague explanations or plans for removal of a female in a high risk category (parents from country who are known to practice FGM), especially over the summer period;
- Plans to take a holiday which may be unauthorised, unexplained, or extended in a country known to practice FGM.
- Quietness/ depression/ anxiety
- Eating disorders
- Deterioration in behaviour and attainment
- Reluctance to go to the doctors or have routine medical examinations
- Difficulty walking, standing or sitting
- Asking for help but not being explicit about the problem because of being scared or embarrassed.

Signs of Honour Based Violence may include:

- Acting withdrawn or upset
- Bruising or other unexplained injury
- Unexplained absence from school;
- Broken limbs;
- Failure to return from extended leave from school;
- Self-harm / attempting suicide
- Depression/ anxiety
- Deterioration in behaviour and attainment at school
- Unwanted or unplanned pregnancy
- Unable to attend medical appointments without a family member
- Running away from home
- Movements at home being strictly controlled
- Family arguments/ domestic violence
- Family history of relatives going missing

Signs of Forced Marriage may include:

- Acting withdrawn or upset
- Running away from home
- Depression/ anxiety
- A surprise engagement to a stranger you've not heard of before
- Self-harm/ attempting suicide
- A sudden holiday
- No control over their own finances

- Deterioration in behaviour and attainment at school
- Not returning from a visit to another country
- Sibling or a close family member who has married at a young age

Domestic Abuse

Domestic abuse is rarely a one-off incident, but a pattern of power and control. It is any threatening behaviour, violence or abuse between adults who are, or have been in a relationship; or between family members. It can be psychological, physical, sexual, financial, or emotional abuse.
Children living with Domestic Abuse in their home who are caught up in incidents of Domestic Abuse, are victims, and this can seriously harm children and young people.

Some children are physically harmed as they can get caught up in the incident, some children are witnesses to the abuse, or hear the abuse. The impact on children living in a household where there is Domestic Abuse is likely to influence their development and social skills. We will treat any disclosure of information relating to Domestic Abuse as a Safeguarding concern and we will follow local Safeguarding Procedures.

We acknowledge the Domestic Abuse Act 2021 and will work with its new powers when working with our staff, all children, and their families, where we believe Domestic Abuse is a feature and children are living with Domestic Abuse.

The Multi-Agency Risk Assessment Conference (MARAC) is a multi-agency approach in managing cases of Domestic Abuse where children are living. The victim will be seen as high risk of serious harm/homicide. A Multi-Agency response is essential in ensuring that victims and their families are as safe as possible.

Emotional/Mental Health and Wellbeing

All Staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education.

If staff have an emotional or mental health concern about a child, we will respond to the concern, inform, and discuss our concerns with parents/carers/school staff and see ways to support the child in any way we can. This concern will not be taken directly to parents/ carers if to do so will put the child at further risk of potential abuse, neglect or exploitation, and will be referred to the appropriate agencies, such as social services, school safeguarding staff or the designated safeguarding leads for Quest and Zest teams.

Online Safety, Cyber Security

The Quest and Zest teams recognises the importance of keeping children safe when online.

We will ensure that we have information and processes to raise awareness of online safety and cyber security for all our staff, children, and parents.

Where necessary and appropriate, staff and young people will be provided with information about online safety issues regarding using platforms such as social media, gaming apps/platforms and message boards. This list is not exclusive.

The sending of Indecent Images through Digital Media Devices.

Our understanding of this term (from UKCIS 2020) is the sending or posting of nude or semi-nude images, videos, or live streams online by children. This could be via social media, gaming platforms, chat apps or forums. It could also involve sharing between devices which are offline.

The motivations for taking and sharing this nature of images/videos are not always sexually or criminally motivated. We will respond to any occurrence of a child sharing indecent images as a safeguarding concern. In this instance, we will seek advice from the police and consider a referral to children's services.

In cases where these images and videos of children are shared by adults, this is a form of child sexual abuse and in this instance, will be referred to the police as a matter of urgency.

The Criminal Exploitation of Children

Criminal exploitation is child abuse where children are manipulated and coerced into committing crimes and may or may not include a child being forced into modern slavery (such as by traffickers). For the purpose of this document, modern slavery is defined as a form of organised crime in which individuals such as children and young people, are treated as commodities and exploited for criminal gain.

County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub into other areas.

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation such as drug dealing, sex work, habitation, and financial abuse.

Children living in these properties are at risk of neglect and other types of abuse.
Signs of criminal exploitation and/or modern slavery may include:

- Persistently missing from school or home;
- Rarely leaving home or having no time to play;
- Being unsure of what town, city or country they are in;
- Living in low-standard accommodation;
- Spending a lot of time doing household chores;
- Not being registered with a school or GP practice;
- Being seen in inappropriate places such as factories;
- Having no access to a parent/guardian;
- Giving a prepared story that is similar to other children;
- Unexplained gain of money, clothes, or mobile phones;
- Excessive receipts of texts/calls;
- Relationships with controlling/older individuals;
- Leaving home/care without explanation;
- Suspicion of physical assault/unexplained injuries;
- Parental concerns;
- Decline in school results/performance;
- Self-harm or significant changes in emotional well-being.

Peer on Peer abuse, Sexual Violence & Harassment

Children are vulnerable to physical, sexual, and emotional bullying and abuse by their peers. Peer on peer abuse applies when there is an allegation or suspicion that a child has abused or is at risk of abusing another child or adult, including:

- Within their household (e.g. sibling abuse or violence towards parents/carers);
- Outside the child's immediate household;
- Education or community settings;
- On-line and/or offline.

Peer on peer abuse can take various forms, including:

- Serious bullying/cyber-bullying;
- Relationship abuse;
- Domestic abuse;
- Child sexual exploitation;
- 'sexting'/youth produced sexual imagery;
- Violence;
- Gang related activity.

Peer on peer abuse is often gender based. It is more likely that girls will be victims and boys' perpetrators. However, both can experience peer on peer abuse abut are likely to experience it differently.

All suspicions or incidents of this abuse will be treated as and responded to as a safeguarding concern.

Coercive control

This refers to using harsh parental or carer behaviour and psychological control in order to enforce compliance of a child and assert dominance.

Signs of coercive control may include:

- Hitting
- Yelling
- Scolding
- Threatening
- Rejecting
- Using negative commands
- Name-calling
- Overt expressions of anger

Incidents of such behaviour from a parent/carer or responsible adult (such as a teacher or youth group leader) will be considered a safeguarding concern and will be dealt with as such.

Spiritual Abuse

Spiritual abuse against children happens when an individual uses their spiritual or religious beliefs to scare, hurt or control them. Children are unlikely to be able to identify this as abusive behaviour due to being potentially forced into accepting the abuse as common practice within their families / school/ place of worship.

Signs of spiritual abuse may include:

- The perpetrator ridiculing or insulting their religious or spiritual beliefs and/or preventing them from practising their religious or spiritual beliefs
- The child experiencing deep fear, shame or guilt
- The perpetrator using religious texts or beliefs to minimise or rationalise abusive behaviour (such as physical, financial, emotional or sexual)
- The child not recognising that they are being abused
- Experiencing physical punishments
- Demonstrating an 'us vs. Them' mentality
- Being too mature for their age
- Having an overactive conscience
- Demonstrating subdued behaviour
- Lack of exposure to other cultures, religions and experiences
- Anxiety and/or depression

Some forms of spiritual abuse may be difficult to identify and may be considered acceptable within a child's religious or spiritual community. However, the Quest and Zest teams recognise that we have a duty of care to the children that we work with and as such, any perceived spiritual abuse will be treated as a safeguarding concern.

Financial Abuse

Financial abuse is an act of using money to take advantage of a child or young person.

Signs of financial abuse may include;

- Child's belongings being sold or missing
- Benefit claims for the child that are not real and fabricating illnesses
- Misusing allowances/ grants intended for the child's care
- Children working without pay (see Child Criminal Exploitation in relation to modern slavery)
- A looked after child's payments being spent, but not to the benefit of the child

The child may be worried about belongings being removed or stolen from them.

Any identification of possible financial abuse will be treated by the Quest and Zest teams as a safeguarding concern.

Discriminatory Abuse

Discriminatory abuse in this context relates to a child being treated as a disadvantage to others due to their disability, race (including skin colour, nationality, or a person's ethnicity), religious belief, appearance, sex and sexual orientation. This includes direct and indirect discrimination, harassment and victimisation.

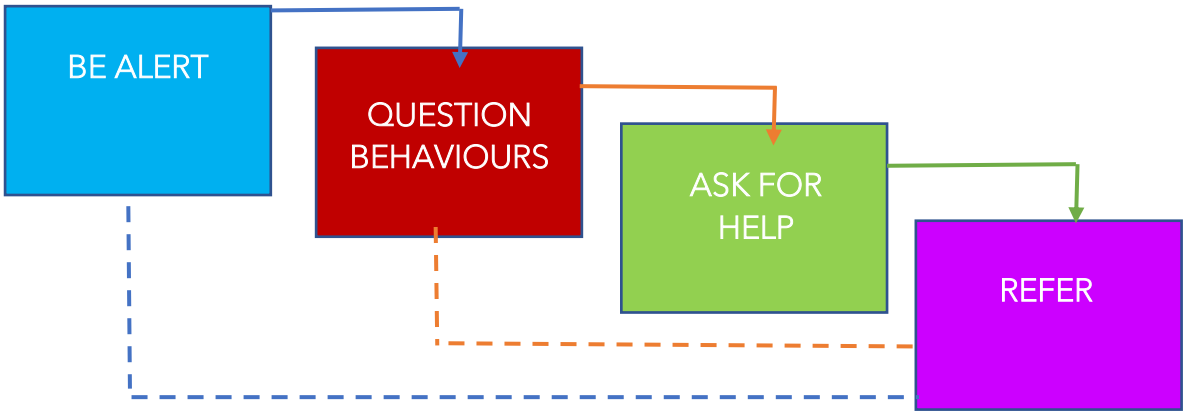
Signs of discriminatory abuse may include;

- A tendency to withdraw or self-isolate
- Depression/ anxiety
- Displaying fear

- Being refused access to appropriate services
- Experiencing bigoted/ racist/ ableist/ sexist/ homophobic and/ or transphobic derogatory language and insults
- Experiencing physical/ sexual and/or verbal abuse

The Quest and Zest team recognise that the ways in which an individual may be discriminated against may be covert or overt. Any signs of discriminatory abuse will be dealt with as a safeguarding concern.

Safeguarding Roles and Responsibilities



All suspicions and incidents of any types of abuse listed above will require a discussion with the team's Designated Safeguarding Lead or Deputy Safeguarding Lead who will consider and take the necessary further actions and referrals.

Responding to a disclosure

If you witness inappropriate behaviour which could be interpreted as abuse or an incident is disclosed to you, the following action needs to be taken:

- Ensure the environment is welcoming, giving opportunity for the child to talk in private but making sure others are aware the conversation is taking place. Where possible make sure there is another adult present for the conversation.
- Take immediate action if there is a need of urgent or medical attention.
- Keep calm. Do not show shock or distress.
- Listen carefully and uncritically at the child's pace. offer reassurance that they have done the right thing.
- Indicate your acceptance of their disclosure. Resist the temptation to suggest what might have happened (do not ask leading questions) and be aware of body language.
- Do not ask them to repeat themselves/part of their story.
- Do not take photographs or examine any injury.
- Do not investigate the 'allegation' or ask leading questions.
- Do not agree to keep secrets. Explain that you will 'have to share the information with appropriate safeguarding professionals whilst still maintaining confidentiality' to help them.

- Record your conversation and bring it to the attention of the Designated Safeguarding Lead(s) (DSL) as well as the school safeguarding lead. In an emergency call the Children's Social Care Duty Team for advice.

Any initial concerns should be discussed with the DSL, who will decide, with the member of staff the most appropriate action to take, depending on the circumstances and the support/action required, including telephone referral if urgent and immediate, to Starting Point. If the DSL needs help deciding, they should speak to a manager/trustee or member of social care. The decision made should be clearly recorded and if no further action is considered necessary, the reason should be documented, and the form placed on file.

If it is decided that a referral should be made, the DSL will complete an online referral form. They will also inform the duty officer of the Children's Social Care Team, who has a duty to investigate and ensure the safety of the child. It is important that they are clear about:

- The nature of the concerns
- How and why they have arisen
- The apparent needs of the child

The referral should be followed up appropriately. A copy should also be filed appropriately and securely.

Formal acknowledgement of the referral should be received within 3 working days of the receipt of the written referral. If no response is received, the referrer should re-refer the matter to social care.

The Quest Team and Zest teams will ensure they have spoken to the family about any concerns and proposed actions unless to do so would place the child at significant risk or when in exceptional circumstances; the decision not to inform parents/carers must be justified and the details recorded.

Essential information for making a referral includes:

- Full names and dates of birth of the child and other members of the family
- Addresses and daytime phone numbers for their parents, including mobile.
- The Child's address and phone number
- Whereabouts of the child (and siblings)
- Child and family's ethnic origin
- Child and family's main language
- Actions taken and people contacted
- Special needs of the child as applicable
- Clear indication of the family's knowledge of the referral and whether they have consented to the sharing of confidential information
- Details of the person making the referral

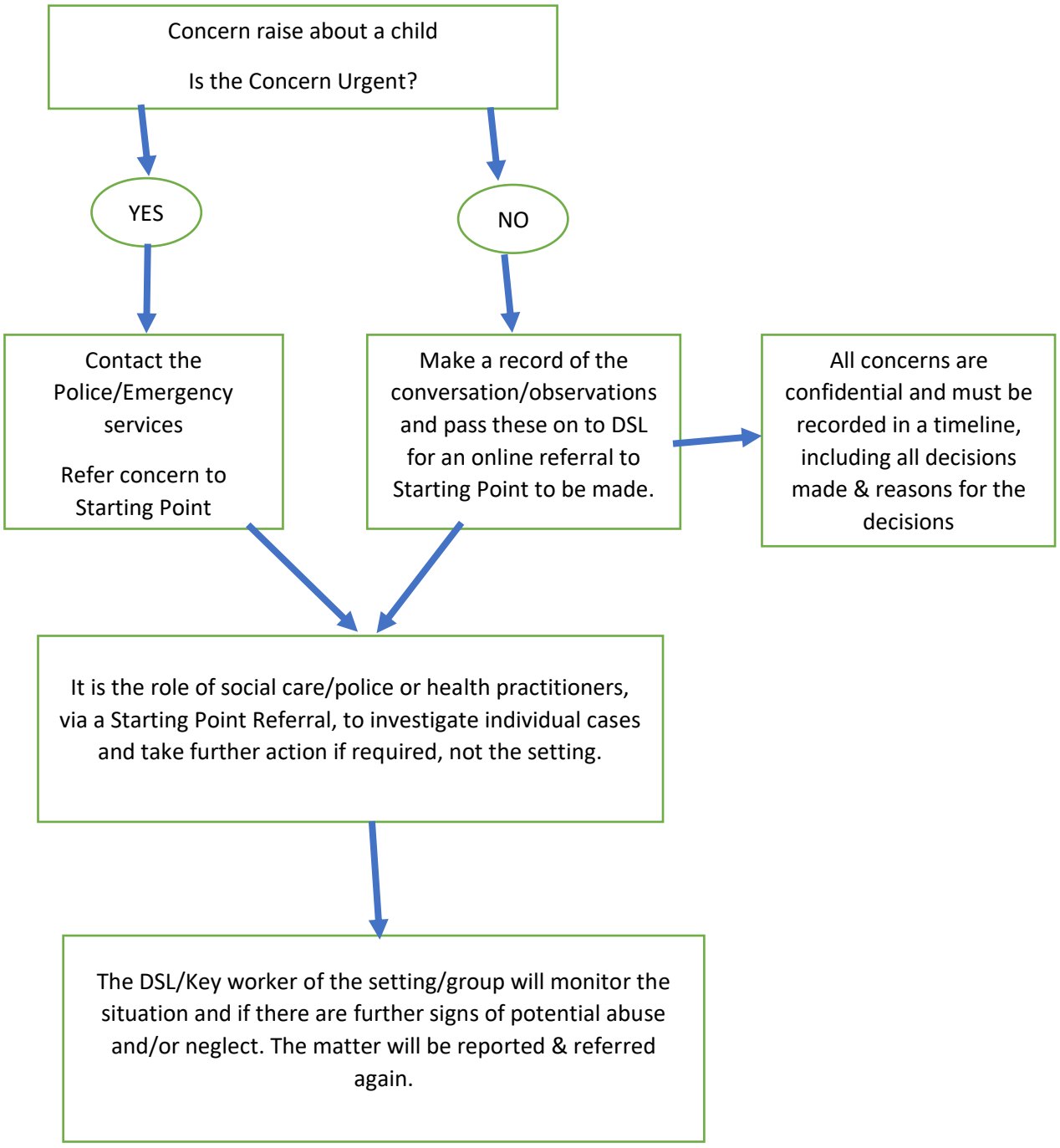
Other information which may be needed:

- Any other information that is likely to impact on the undertaking of an assessment. Addresses of wider family members;
- Previous addresses of the family;
- Schools and nurseries attended by the child and others in the household;
- Name, address & phone number of GP/Midwife/Health visitor/school nurse;
- Hospital ward/consultant/named nurse and dates of admission/discharge
- Details of other children who may be in contact with the alleged abuser

- Details of other practitioners involved with the family;
- Child's legal status and anyone not already mentioned who has parental responsibility;
- History of previous concerns and any previous assessments completed;

Further Safeguarding and Good Practice Guidelines are outlined in Appendix 1.

Safeguarding Concern – How to Respond Flowchart



Record Keeping

The DSL for each Zest club, as well as the Children's team DSL is responsible for ensuring that the necessary paperwork is completed and sent to the relevant people and stored in a safe and confidential place. All records will include decisions made, actions taken, outcomes and feedback to the referrer. We will endeavour to keep centralised records, hold them as private and confidential but allow access to key staff who are designated in a role to safeguard children in the Quest and Zest teams. Paper copies of any completed forms relating to a Safeguarding concern will be kept in the Quest Office and electronic copies on the Team's SharePoint.

We will follow the recommended GDPR guidelines of all records kept on staff and children in relation to Safeguarding. We know that the Data protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

We will not destroy any child protection/welfare records including records which hold information on allegations against staff.

Prevent Duties

Protecting children from the risk of radicalisation is part of our wider safeguarding duties and as a team we will follow any concerns up via our safeguarding procedures. We support children to build resilience to radicalisation by promoting fundamental British values & enabling them to challenge extremism.

We meet the requirement of this duty by:

- Risk assessment: being alert to changes in children's behaviour which could indicate they need help/protection
- Training
- IT policies: staff awareness of the risks posed by online activity of extremist/terrorist groups and managing access to the internet.
- Partnership working: building close links with other local organisations as well as parents to be able to offer support & guidance.

We will ensure all staff adhere to their duties in the Prevent guidance to prevent radicalisation. The Safeguarding Trustee and DSL for the children's teams will

- Establish or use existing mechanisms for understanding the risk of extremism
- Ensure staff understand the risk and build capabilities to deal with issues arising
- Communicate the importance of the duty
- Ensure all staff implement the duty

We will respond to any concern about Prevent as a Safeguarding concern and will report in the usual way using local Safeguarding Procedures. We will seek to work in partnership, undertaking risk assessments where appropriate and proportionate to risk, building our children's resilience to radicalisation.

If we have immediate concerns regarding this matter, we will contact Derbyshire Police and Children's services.

In all other cases the DSL will complete a Child Referral form to request early help and assessment which will trigger multi agency enquiries, including the local police PREVENT

team & referral into a multi-agency panel (CHANNEL) depending upon the information gathered & level of risk.

All Staff who have contact with a child have responsibility for the following:

- Listening to and seeking out, the view, wishes and feelings of children throughout their practice;
- Being alert to the signs of abuse, including specific issues in Safeguarding and their need to refer any concerns to the Safeguarding Designated Lead(s);
- Knowing who the Designated Lead(s) for Safeguarding are and who is the link Trustee for Child Protection and Safeguarding;
- Feeling able to obtain feedback on all concerns they have reported to a Designated Safeguarding Lead;
- Feeling able to make their own referrals of Safeguarding concerns to 'outside' agencies;
- Being aware of procedures and feeling able to report concerns about other staff members with whom they are working;
- Being aware of safer working practices, within the team and when on 'location;'
- Sharing information and working together with agencies/local authorities to provide children with the necessary support and/or protection;
- Identifying children who may be vulnerable to criminal and sexual exploitation and knowing what action to take, referring into children's services and/or the police;
- Being aware of what is extremism in all its forms, including ideologies and race hate. Therefore, understanding their duties under PREVENT;
- Recognising that children can abuse other children or their peers. That this may constitute sexual violence and/or harassment and is a child protection concern requiring action and reporting;
- Ensuring that their Child Protection training is up to date and undertaking refresher/updated training at least annually.
- Disclosing to the setting any change of circumstances where they could be barred from working with children;
- To keep up to date with knowledge and training about safeguarding and know what to do if a concern is raised;
- Being vigilant and alert to potential warning signs to minimise risk;
- Their own behaviour, understand the need for professional boundaries and to avoid putting themselves into compromising situations which could be misinterpreted and lead to allegations;
- Being alert to any inappropriate behaviour of others and report any concerns immediately.

The Designated Valley CiDS Safeguarding Officer is: Ian Tannahill, CEO

The Designated Link Trustee for Safeguarding is: Jonathan Brook.

All other safeguarding leads are named on the front page of this document.

Trustees are responsible for:

- Taking leadership responsibility for Valley CiDS Safeguarding and Child Protection arrangements;

- Ensure we are up to date with emerging issues in Safeguarding and recognise the strategies by the Local Authority in trying to keep children safe in Derbyshire;
- Ensure there are robust safer recruitment procedures and a framework for checks, tracking & monitoring;
- That they are up to date with emerging issues in Safeguarding and recognise the strategies by the Local Authority in trying to keep children safe in Derbyshire;
- Ensuring that we have a nominated link trustee for Child Protection and Safeguarding who can also provide a link to the Local Authority on matters of Safeguarding and with other partners and agencies;
- Ensuring we have a Designated Safeguarding Lead for Child Protection appointed from the Senior Management Team. Also ensuring the DSL's are fully equipped to undertake the Safeguarding role and that they have access to the appropriate training, updated at least annually and with certified training every two years;
- Ensure there is always cover and there is a clear pathway for raising and reporting concerns in a timely way. This will include a DSL being a point of contact for trips, outings, and residential visits;
- That there are procedures in place in handling allegations against Staff and any concerns Staff have been referred to the Local Authority Designated Lead (LADO (Local Area Designated Officer)) in every case;
- Anyone who has contact with a child working with the Quest Team will be given a mandatory induction, which includes knowledge regarding abuse, neglect, and familiarisation with Child Protection responsibilities. The induction will also include procedures to be followed if anyone has any concerns about a child's safety or welfare, and knowledge about Quest Team's policies and procedures. If a partner project has assumed all responsibility for safeguarding matters, they will work within their agreed safeguarding framework (such as the Derbyshire diocese) and take responsibility for ensuring all staff/volunteers have received the appropriate training. This will be reviewed by the Quest team on a regular basis.
- Ensuring all staff have regular reviews of their own practice to ensure ongoing personal/professional development;
- All Staff who has contact with a child receives the appropriate training which is regularly updated;
- That we have in place, effective ways to identify emerging problems and potential unmet needs for individual children and families;
- That important policies, such as those for behaviour and bullying, are kept up to date;
- That we understand the updated definition of Child Sexual Abuse and expectations around identifying, reporting & responding to any potential or actual cases;
- Ensuring we use Local Authority Case Referral Pathway on reporting concerns about extremism or views considered to be extreme which may include a referral to PREVENT/CHANNEL and/or Social Care;
- Ensures all Staff are aware of the GDPR 2018 regulations and that these should not be used as a reason for not sharing information about the welfare, health, or safety of a child;
- Making sure the Child Protection/Safeguarding Policy is available to parents/carers as appropriate, including displaying it on the Valley CiDS website.

Creating a Safe Environment

The following information is taken from the NSPCC Website as guidance for how many adults are needed to supervise children safely.

With our groups there will be at least two adults present when working with or supervising children and young people. The recommended adult to child ratios as the minimum numbers to help keep children safe are:

- 0 - 2 years - one adult to three children
- 2 - 3 years - one adult to four children
- 4 - 8 years - one adult to six children
- 9 - 12 years - one adult to eight children
- 13 - 18 years - one adult to ten children

A risk assessment will be completed for each group and/or activity and our staff ratios will always be based upon this. Any risk assessment will take into consideration, the needs and abilities of the children, and the nature of the activity.

If young people are helping to supervise younger children only people aged 18 or above will be included as adults when calculating adult to child ratios.

We will ensure that all Staff are competent to carry out their responsibilities for Safeguarding in promoting the welfare of children by creating an environment and an ethos whereby all Staff feel able to raise concerns, along with being supported in their Safeguarding role.

We will endeavour to create a culture of listening to children, taking account of their wishes, feelings, and voices.

We will ensure that all buildings; including their surroundings, are safe and places where children can feel safe as well as ensuring the buildings are always secure and in any significant event we will use lockdown procedures.

That parents/carers know about our principles in Safeguarding,

Safer Working Practices

We must prevent people who pose a risk of harm from working with children and will do this by complying with statutory responsibilities in:

- Recruitment and staffing
- Records and record keeping of personnel who are working and have worked in or with the Quest Team.
- Having a code of conduct, for when working on site and when out in the community and including when online.
- Managing allegations against staff
- Using national and local procedures aimed to identify and prevent unsuitable adults from working with children

We will co-operate and provide information in any enquiries from LADO, police and/or children's social services.

All Staff will be made aware of current government guidance on safer recruitment and receive training and support around conduct and practice when in environments with children.

Mobile phones, cameras & use of ICT Policy

We recognise that this technology is an effective communication tool which we wish to manage effectively & safely. The use of this equipment is restricted to avoid distraction and disruption to the care of children and to minimise the opportunities for any individual/group to put children into potential risk of harm.

Personal mobile phones/devices should not be used with the children present. They should never be used by staff to take photos or record/share images of children in any circumstances.

All mobile phones must be switched off whilst driving with children during a working capacity to avoid potential distractions & injury to children, self & others. Unless hands free and with management knowledge used only as a navigation tool.

Any misuse or incidents related to ICT must be reported to a manager and the DSL who will take appropriate action.

Photos will only be taken of children with parental permission using the settings camera/tablet and only those which will help us support a child's learning & development or share events. Photographic files will be stored safely and according to the requirement of the Data Protection Act (2018).

Messages should not be sent via WhatsApp to children or young people under the age of 18.

We will make sure that any devices with access to the internet or computer games are suitable for the age of the child using/viewing the games etc & supervised in their use. Staff must not accept or request to be friends on social network sites with parents of children that attend the setting or make any contact by their personal phone/devices (unless they already know the parent outside of work). Staff must not share information about the setting or individual children or bring the setting into disrepute.

Recruitment

The Quest and Zest teams will ensure that Safer Recruitment practices are always followed and that the requirements outlined in the statutory guidance 'Keeping Children safe in Education' and any other supporting DBS documentation are followed in all cases.

We will ensure that all Staff are aware of Government Guidance on Safer Recruitment and Safer Working Practices and that the recommendations are followed.

The Quest and Zest teams will ensure there is a Staff Code of Conduct, ensuring all Staff and Volunteers are familiar with Safer Working Practices which includes all new staff, volunteers and all others working within the Quest and Zest team.

We will ensure that Safeguarding considerations are at the centre of each stage of the recruitment process and if in any doubt will see further HR or legal advice.

The Disclosure and Barring Service (DBS)

The Disclosure and Barring Service (DBS) helps employers make Safer Recruitment decisions which helps preventing unsuitable people from working with vulnerable groups, including children.

The DBS are responsible for:

- Processing requests for criminal records checks
- Deciding whether it is appropriate for a person to be place on or removed from a barred list
- Placing or removing people from the DBS Children's and/or Adult's Barred list for England, Wales, and Northern Ireland
- Providing an online DBS

The DBS search police records and in relevant cases, the barred list information, before issuing a DBS certificate to the applicant.

A DBS check will be requested as part of the pre-recruitment checks following an offer of employment, including unsupervised volunteering roles, and staff engaging in regulated activity, where the definition of regulated activity is met.

We will have a clear understanding of what regulated activity is and implications for those who volunteer with the Quest and Zest teams. This may mean undertaking risk assessments on any activity.

Student/Work Placements

We will induct all work experience and student placements, and supply them with this safeguarding and child protection policy and other policies deemed relevant for them to carry out their duties safely and consistently.

We will use a risk assessment model with the student to determine suitability, and expectations around the placement when starting.

If the student is over 18 years of age, we will seek a DBS check. If there are any concerns about this student, we will apply the Allegations against Professionals, volunteers, and carers criteria as an adult.

If the student on placement is under 18 years of age, in some circumstances we will seek a DBS check, to help in determining this, we will seek advice. If there are any concerns about this student, we will follow Local Children's Safeguarding Procedures.

Dealing with allegations against Staff, Volunteers & Carers

The term 'whistle blowing' is used to describe incidents where people report an alleged wrongdoing within an organisation.

Valley CiDS and the Quest and Zest teams recognise that all Staff have the right and responsibility to raise matters of concern regarding poor practice at work as detailed in our organisational handbook.

All concerns or allegations raised about the suitability and/or behaviour of any member of staff must be shared with the DSL (or alternative if they are the subject of the concern). If a member of staff has concerns about a colleague, then this will be referred to the CEO of Valley CiDS (or the Board of Trustees).

All staff working in Quest and Zest are expected to know that inappropriate behaviour with or towards a child or children is unacceptable. This is in line with our Behaviour Policy and our Staff Code of Conduct. Safeguarding concerns about a colleague must be reported by a team member to their line manager, who will adhere to Safeguarding Policy and liaise with HR regarding appropriate action. All Safeguarding matters regarding other staff members of Quest and Zest, school staff or volunteers, will be taken with the utmost

seriousness and will be dealt with immediately after being reported. Safeguarding matters that cannot be handled through additional training (such as appropriate language/ behaviour to use with young people or filing errors etc) and are related to serious concerns of the team member's past or current conduct, will be reported to the local authority designated officer (LADO).

We will ensure that the allegations threshold is considered, where it is alleged that anyone working as part of the Quest and Zest teams has:

- 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;
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or,
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

This may also mean a referral to the police. A referral to the police will also apply to:

- Regardless of whether the group/project/lessons is where the alleged abuse took place.
- Allegations against someone who is no longer working for Valley CiDS.
- Historical Allegations of Abuse should also be referred to the police.

In our considerations where it is felt it meets the criteria, or you require advice we will make a referral in every case to the Local Authority Designated Lead (LADO) using the Derby and Derbyshire LADO Referral Form and that this is done by an appropriate member of the Senior Management Team.

We will inform all our staff that anyone can report directly to LADO any concerns about a member of staff on 01332 642376.

The Quest Team will ensure we have followed all the necessary duties and processes under this process and under Whistle Blowing if this applies.

If a report of an allegation/s is determined to unsubstantiated, unfounded, false, or malicious, the DSL will consider if the child who has made the allegation needs help or may have been abused by someone else and a referral to Children's Social Care services may be appropriate.

Where the allegations are substantiated, the Quest and Zest teams and Valley CiDS will fully ensure any specific actions are taken on the management of this outcome.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures. The phone number can be found at the end of this document.

All Staff must be aware of team's Child Protection and Safeguarding Policy and Procedures, as well as understand their responsibilities in being alert to, and acting appropriately in cases of abuse, or suspected abuse and know how to recognise and refer any concerns.

Key Contact Information

Name		
Emma Williams (Acting DSL for Quest & Zest)	07484 069671	emma.williams@valleycids.co.uk
Ian Tannahill (CEO & Valley CiDS Designated Safeguarding Officer)	07535 214907	ceo@valleycids.co.uk
Jonathan Brook (Designated Link Trustee for Safeguarding)	07535 216890	jonathan@valleycids.co.uk
Starting Point Referral Service (for children living in Derbyshire) Starting Point advice & guidance for professionals		(01629) 533190 (01629) 535353 (Mon-Fri 8am-6pm)
NSPCC Whistle Blowing Helpline		0800 028 0285 help@nspcc.org.uk (Mon-Fri 8am-8pm)
Local Area Designated Officer (LADO)		(01629) 533190/ 01332 642376.
PREVENT at Derbyshire County Council		(01629) 538494

Appendix 1: Safeguarding and good practice guidelines

Background

Whilst there is no legal ban on physical contact between children and practitioners. The Children Act 1989 places the wellbeing of the child at the centre of keeping them safe and does not prevent staff from using positive handling in a range of normal daily interactions to support emotional needs or care routines. These include first aid and distress. However, there are measures which must be put into place to ensure the safety and wellbeing of the child or young person, as well as to ensure the safety of the Quest or Zest team member.

The Early Years Foundation Stage 2021 states that physical contact should never be used as a punishment, and restrictive physical intervention should only be used in extreme circumstances:

3.53 "Providers must not give or threaten corporal punishment to a child and must not use or threaten any punishment which could adversely affect a child's well-being."

3.54 "Providers must take all reasonable steps to ensure that corporal punishment is not given by any person who cares for or is in regular contact with a child, or by any person living or working in the premises where care is provided."

"A person will not be taken to have used corporal punishment (and therefore will not have committed an offence), where physical intervention was taken for the purposes of averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if absolutely necessary."

For the sake of this policy. The above will be adhered to when working with all children and young people aged 18 and below in order to adhere to best practice and safeguard the children's physical and mental wellbeing.

Aim

The aim of this appendix is to ensure that all physical contact between adults and children in Quest, Zest and Get Set, promotes the child's/children's safety and welfare.

The principles underlying this are as follows.

1. In accordance with the Children Act 1989, the rights and welfare of the child are paramount.
2. All members of staff in the provision are responsible for safeguarding and promoting the welfare of each child attending.
3. Each staff member is responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions (this includes unsolicited and unnecessary touch such as instigating a hug with a child, or touching them in any other way that demonstrates inappropriate affection). If a child instigates a hug, staff are expected to navigate this by keeping your hands to their side, getting down to the child's level and speaking in reassuring tones. Where a child is in extreme distress, a comforting

arm may be placed around a child by being at their side, and when another member of the team is present so as to protect

4. Staff work, and should be seen to work, in an open and transparent way and always work in partnership with parents.
5. The same professional standards are always applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
6. Staff continually monitor and review their practice and ensure they follow the guidance provided by the provision.

Behavioural expectations of staff and volunteers

- Treat all children and young people with respect and dignity befitting their age.
- No children to leave the building unaccompanied
- Do not accompany children into the toilets. If the event of a toileting accident, team members are excepted to seek assistance from a member of school staff who is still on site. Following this, the team member is required to contact the child's family/carer to collect the child.
- Avoid rough, physical, or sexually provocative games.
- Volunteers should not make sexually suggestive comments about or to a young person, even in fun.
- Avoid inappropriate and intrusive touching of any form.
- Do not scapegoat, ridicule or reject a child or young person.
- Do not smack or hit a child.
- Avoid offensive language and shouting, change voice tone if necessary.

Expectations of staff and volunteers during clubs and groups

- All team members are expected to join in with the songs, stories, and prayer times.
- Children can go to the toilet at any time. They just need to ask an adult first if they can go. However during the story and prayer times children will be asked to wait to avoid disruption.
- Encourage the children to participate in all activities. Some children will need more encouragement than others.
- Work on each individual child's positives. Do not compare them with each other but encourage them and build them up.
- Build healthy relationships with children and be a good role model, setting a good example. Children cannot be expected to observe ground rules if you break them yourself.
- Take care to give quieter and well-behaved children attention and do not allow some children to take all your time and energy.
- Place names on anything the children make or colour.

Dealing with disruptive behaviour

- Separate children who tend to be disruptive together. Give them a chance, warn them first then separate them if disruptive behaviour continues.
- Be consistent in what you say and ensure that other team members know what you have said – this avoids manipulation.

- Each child is unique, special, and individual and each child needs to be dealt with differently. We need to ask why a child may be behaving in such a way.
- Sit any disruptive children with an adult helper particularly during quiet times
- Be proactive do not wait to be told to deal with a disruptive situation.
- Take a disruptive child to one side, challenge them in a constructive way to change whilst encouraging their strengths. Also consider the possible reasons for the disruption.
- If a child's behaviour is constantly disruptive, seek advice and guidance from the main leader.
- Remember prevention is better than cure, try to prevent a situation happening with positive encouragement.
- It is the responsibility of each one of us to prevent the physical, sexual, and emotional abuse of children and young people. Any matters that may cause concern please refer the situation to the club leader.

Physical Handling

All members of the Quest and Zest team are expected to encourage children to take responsibility for their own behaviour, using a range of approaches which help to safeguard each child and promote their welfare. These approaches will include:

a. positive role modelling

b. providing a range of planned interesting and stimulating activities

c. setting and enforcing appropriate boundaries and expectations

d. giving positive feedback.

There are occasions, however, when a child's behaviour presents particular challenges that may require physical handling. This policy sets out expectations for the use of physical handling.

There are three main types of physical handling that staff in the provision may use.

Physical Touch: Support and Guidance

The positive use of touch is part of normal human interaction and may be appropriate in a range of situations, such as:

a. giving guidance to children, such as how to hold a paintbrush or use the climbing equipment

b. providing emotional support, for example placing an arm around a distressed child. All measures must be taken to manage the situation if a child hugs a team member from the front. In this situation, the team member is expected to keep their hands to their side, crouch (where able) to the child's level and reassure them through gentle facial expressions and soothing tones. If it is unavoidable to hug a child (for example, not being hugged leads to further distress), team members must ensure that another member of the team is present and aware of the situation before returning a hug that does not touch any sensitive areas on the child's body (e.g. below the waist or touching the chest). Team

members must remember to never hug a child back without another member of the team present and never instigate a hug or other unsolicited touch.

c. providing first aid.

All Quest and Zest team members will use appropriate care when touching children and will be sensitive to those children for whom touch may not be appropriate, such as a child who has a history of physical or sexual abuse, or is from a particular cultural group. In all such cases, discussion will take place with parents/carers about the most appropriate forms of promoting the child's welfare.

Environmental Interventions

This may include mechanical or environmental means, such as a locked door, gate or high chair. Such measures are used to ensure a child's safety and promote their welfare.

Possible scenarios requiring such interventions may include:

- Keeping children safe during a toddler group through the use of a high chair or a baby gate. Placing a toddler into a high chair will require them to be watched at all times to ensure their safety, whilst also allowing them independence. Whereas a baby gate ensures that the children are kept within a safe space away from possible hazards (e.g. hot drinks, electronics, wires etc.)
- Keeping children safe at an after school club by ensuring that the outside gate/ doors are closed and/or locked and where possible that entry is only possible via permission to enter through the locked door. This is to ensure that a child is unable to leave the premises without a member of the team's knowledge and also prohibits any other individuals from accessing the site and/or the space being used without consent to enter.

Positive Handling Interventions

At Valley Cids we do not use physical restraint when working with children and young people. However, we do recognise that working with children and young people may carry a degree of risk and that the safety of the child/young person and the team, is paramount.

Rather than physical intervention, staff will make use of other strategies, such as saying "stop" and/or diverting the child to another activity.

Whilst staff will not use restrictive physical intervention, they recognise that there may be emergency situations where this is needed to be performed by a trained professional. For example;

- If a child has become a danger to themselves through self-harm or as a result of extreme distress
- If a child has become a danger to others through physical violence

In the event of these scenarios happening, the Quest and Zest teams will seek urgent support from staff who are still on site within a school building/ at the club that is being undertaken and will phone emergency services wherever it is deemed necessary.

In the event of a situation where other children and staff are thought to be at risk of harm, staff are responsible for ensuring that everyone is removed to an agreed safe location (e.g. another room or out of the building whilst awaiting emergency services).

Recording and Monitoring

All incidents requiring positive handling interventions will be recorded as soon as possible and within 24 hours of the incident. This record will include:

a. who was involved (child and staff, including observers)

b. the date and time of the incident

c. the length of time of the situation

d. any injuries or subsequent distress

e. the action taken.

Parents will be informed and given a copy of the record form.

Following the intervention, the child, parents and staff will be supported to talk through what happened and why. An appropriate risk assessment will then be completed to ensure any necessary adjustments are made to keep the child/children safe and promote their wellbeing.

Appendix 2: Safeguarding Concern Recording Form

1. Name of child	
2. Date of birth of child	
3. Child's address(es)	
4. Name of parent/carer(s)	
5. Phone numbers of parent/carer(s)	
6. Date and time of incident	

7. What is the nature of the concern/disclosure? Please include where you were when the child made the disclosure, when and where the incident occurred, who saw or heard what. *(Use additional sheet if required.)*
8. Was there an injury YES / NO Did you see it YES / NO
9. Describe the injury: Have you filled in the body map YES /NO
10. Was the child able to say what had happened? If so, how did they describe it (write down all the conversation - always use their words and no leading questions)
11. Who else, if anyone, was involved and how? Was anyone with you?
12. Has this happened before? YES / NO Did you report the previous incident YES / NO
13. Were there any obvious signs e.g. bruising, bleeding, changes of behaviour?
14. Are the parents/carer aware of the concern/incident and the referral being made to safeguarding?
15. Are there any concerns about the immediate safety of the child or a reason not to discuss these concerns with the parents?

16. Actions taken and reasons – including dates and who this was reported to. Has this been reported with the DSL? When?	
17. Is the child known to any other services? – i.e. child protection plan in place or child in care – if so contact social care	
18. Date reported to starting point and record advice	
Staff name Staff signature Date	

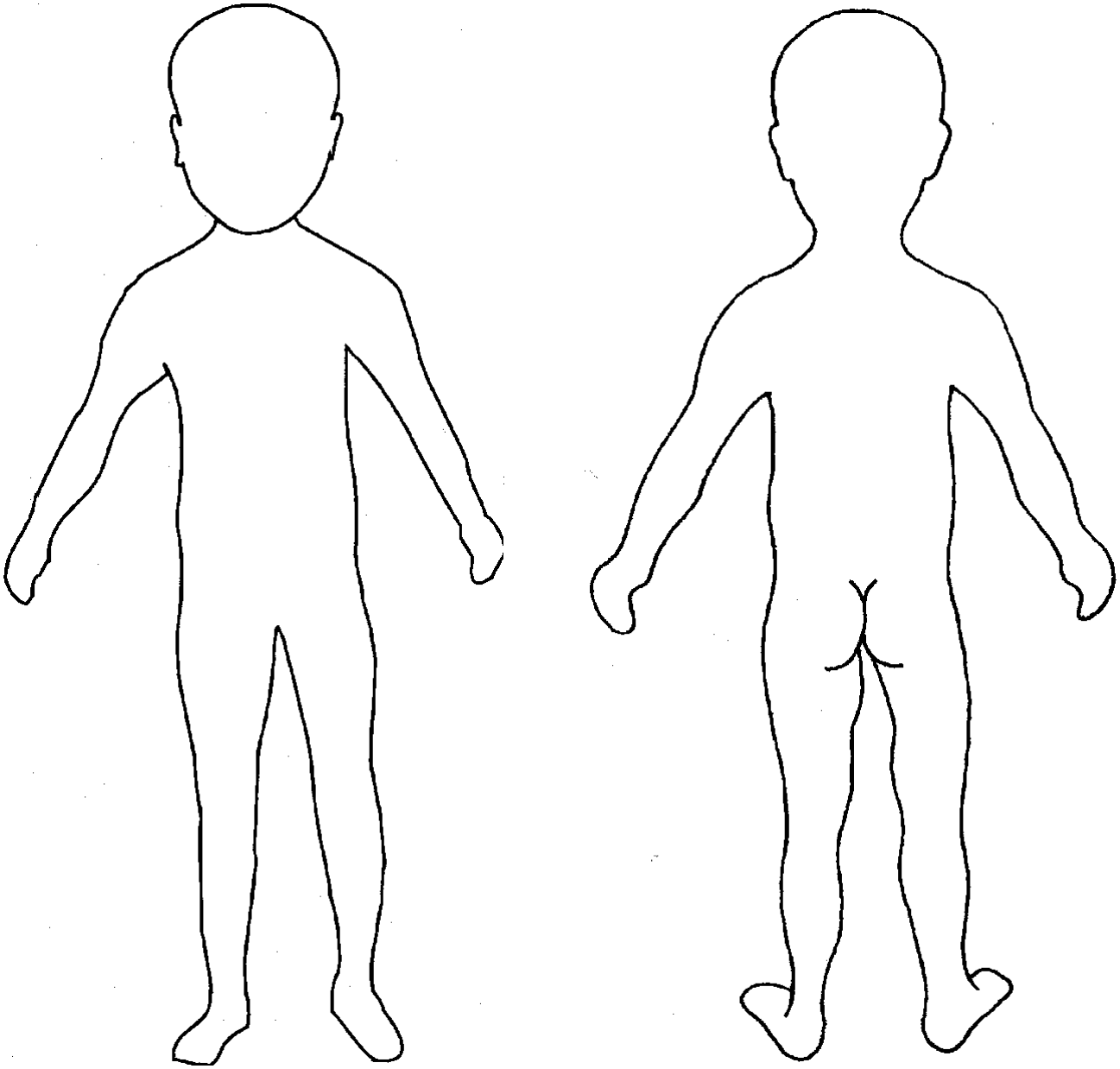
Appendix 3: Body Map

A body map is simply a record of what can be seen and/or what has been said about the injury.

Name of Child……..

Date & time of observation…….

Please note on the body map any bruising, scars, injuries, red marks or the like, giving as much detail as possible under the prevailing circumstances as to size, colour etc



Name of Child……..

Date & time of observation…….

Please note on the body map any bruising, scars, injuries, red marks or the like, giving as much detail as possible under the prevailing circumstances as to size, colour etc