

**CHILD PROTECTION POLICY**  
**Helen Jones School Improvement Services Ltd**

**Policy Review**

This policy will be reviewed in full by the Directors of the company no less than annually.

The policy came into force on 1 March 2018.  
It was reviewed and adapted on 1 September 2025.

It is due for review on 1 September 2025 at the latest.

Signature: *Helen Jones* Date: 01.09.25

Director

Signature: *Roger Stuart Jones* Date: 01.09.25

Director

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## 1. INTRODUCTION

Safeguarding is defined as providing help and support to meet the needs of children as soon as problem emerge, protecting children from maltreatment whether that is within or outside the home, including online, preventing impairment of children's health and/or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children and taking action to enable all children to have the best life chances in line with the outcomes set out in the Children's Social Care National Framework.

(Working Together to Safeguard Children, DfE, 2023, pgs. 7 and 8)

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of a school.

In particular this policy should be read in conjunction with a school's Safeguarding Policy, Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy, Code of Conduct/Staff Behaviour Policy, the safeguarding response of the school to children who go missing from education, E-safety Policy and ICT Acceptable Usage Policy.

**Purpose of this Child Protection Policy** To enable the directors of the company to have a clear understanding of how their responsibilities should be carried out. This is 'identify, manage, help.'

**Mission Statement** Establish and maintain an ethos and culture where children feel secure, are encouraged to talk, and are listened and responded to when they have a worry or concern.

Establish and maintain an ethos and culture where school staff and volunteers feel safe, are encouraged to talk and are listened and responded to when they have concerns about the safety and well-being of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child

in need or have been / are at risk of being abused and neglected.

Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This includes the 2020 requirements for relationships and sex education.

**Implementation, Monitoring and Review of this Child Protection Policy** The policy will be reviewed at least annually by the directors of the company.

## 2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the company will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- The Children and Social Work Act 2017
- Education Act 2002 (Section 175/157)  
*Outlines that Local Authorities and School Governing Bodies have a responsibility to “ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils”.*
- Local Authority Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Keeping Children Safe in Education (DfE, September 2024)
- Keeping Children Safe in Education: Part One- information for all school and college staff (DfE, September 2022) – APPENDIX 1
- Working Together to Safeguard Children (DfE 2023)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74, Serious Crime Act 2015)
- Anti-social Behaviour, Crime and Policing Act 2014 (forced marriage)
- Serious Violence Strategy 2018

The company has in place appropriate procedures for responding to situations in which:

- (a) a child may have been abused or neglected or is at risk of abuse or neglect. The directors know that children may not feel ready or know how to tell someone they are being abused. This will not prevent us from having professional curiosity and speaking to the DSLs/DSPs if we have concerns.

- (b) a member of school or company staff has behaved in a way that has, or may have harmed a child or that indicates they would pose a risk of harm
- (c) a child may be the victim of sexual violence and/or harassment

**3. THE DESIGNATED SENIOR LEADER (DSL)**  
**N.B. Keeping Children Safe in Education, DfE 2023**  
**refers to this role as Designated Safeguarding Lead - DSL**

The company will ensure that the directors know who the DSL and DDSL is for each school or setting visited and that they are aware of the raised profile of their role(s). The company will ensure they comply with any requirements relating to filtering and monitoring in the schools within which they work.

**4. THE GOVERNING BODY**

The company will ensure that the directors know who the nominated governor for child protection is for each school or setting visited. They will check that this governor is a 'senior' member of the governing body. They are aware that governors should receive child protection and safeguarding training as part of their induction and at regular intervals thereafter. This company recommends that governor training is updated annually.

**5. WHEN TO BE CONCERNED**

If the directors of the company have any concerns about a child they will need to decide what action to take. Where possible, there should be a conversation with the DSL or DDSL to agree a course of action, although any director can make a referral to Children's Services by ringing the Children's Services number for the area.

If a child is in immediate danger or is at risk of harm, a referral should be made to Children's Services and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead should be informed as soon as possible that a referral has been made.

**Contextual safeguarding.**

Directors of the company will consider the context within which they raise safeguarding concerns and will ensure as far as possible that the D/DSL is aware of them.

## **Implications of the Equality Act 2010**

Directors will be aware that schools must not discriminate unlawfully against pupils because of their protected characteristics. Schools should make reasonable adjustments accordingly.

## **A child centred and coordinated approach to safeguarding:**

Safeguarding and promoting the welfare of children is everyone's responsibility. In order to fulfil this responsibility effectively, each professional should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

## **Children who may require early help**

The directors of the company will make sure they are aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating.

The directors of the company will be alert to the potential need for early help for children also who are more vulnerable. For example:

- Children with a disability and/or specific additional needs.
- Children with special educational needs.
- Children who are acting as a young carer.
- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children who frequently go missing from care or from home
- Children who have unexplained and/or persistent absences from education.
- Children who are misusing drugs or alcohol
- Children who are at risk of slavery, trafficking or exploitation
- Children whose family circumstances present challenges, such as substance abuse and adult mental health or learning disability. The company will ensure that the directors are aware of the possible detrimental and long-term impact of domestic abuse, including where children see, hear or experience its effects, on children's health, well-being, development and ability to learn.

- Children who identify as LGBTQ+ and gender questioning.
- Children who have returned home to their family from care
- Children who are showing early signs of abuse and/or neglect
- Children who are at risk of being radicalised or exploited
- Children who are privately fostered.

The directors will be aware of the main categories of maltreatment: physical abuse, emotional abuse, sexual abuse and neglect. They will also be aware of the indicators of maltreatment and specific safeguarding issues so that they are able to identify cases of children who may be in need of help or protection.

The directors will be particularly vigilant to signs of harmful online challenges and hoaxes. They will escalate to the DSL/DSP concerns about online safety raised by schools' IT filters, which should be up to date and fit for purpose.

*See Appendix 4 for information on indicators of abuse and Appendix 1 for specific safeguarding issues.*

### **Children with special educational needs and disabilities:**

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- ❖ Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- ❖ Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- ❖ Communication barriers and difficulties
- ❖ Reluctance to challenge carers , (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- ❖ Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- ❖ A disabled child's understanding of abuse.
- ❖ Lack of choice/participation

## ❖ Isolation

### **Child on child abuse/sexual violence and harassment**

The directors will be aware that safeguarding issues can manifest themselves via child on child abuse including bullying and cyberbullying, physical abuse, sexual violence and sexual harassment, sexting and initiating violence or rituals. Directors recognise that children are capable of abusing their peers and will not pass off their suspicions as 'banter' or 'part of growing up.'

The directors are fully aware of the recommendations from the Ofsted report in sexual violence in schools and will aim to check that schools have followed these recommendations.

Education settings are an important part of the inter-agency framework not only in terms of identifying, evaluating and referring concerns to Children's Services for the area and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- whether the perpetrator has repeatedly tried to harm one or more other children; or
- Whether there are concerns about the intention of the alleged perpetrator.

Child on child abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/ sexual assaults, sexting, sexual comments, online sexual harassment, teenage relationship abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

The directors will refer to KCSIE (2023) Part Five for more information on child on child abuse and serious violence.

The directors will be aware of the recommendations for schools from the 2021 DfE report on sexual violence and harassment between children.

The directors will be aware of the indicators of serious violence which include:

- Increased absence from school
- A change in friendships or relationships with older individuals or groups
- A significant decline in performance
- Signs of self-harm or a significant change in well-being
- Signs of assault or unexplained injuries
- Unexplained gifts and/or new possessions.

The directors recognise that children are capable of abusing their peers and this should not be tolerated or passed off as “banter” or “part of growing up”.

## **6. DEALING WITH A DISCLOSURE**

If a child discloses that he or she has been abused in some way, the directors will:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay

### **Support**

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The directors should, therefore, consider seeking support for him/herself and discuss this with the DSL.

## **7. RECORD KEEPING**

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing using the school's agreed method of recording. If in doubt about recording requirements the directors will discuss with the designated safeguarding lead. GDPR allows directors to share information for safeguarding purposes under the category 'special category personal data.'

When a child has made a disclosure, the directors will ensure the DSL records the incident immediately. If this is not possible, they will::

- Record as soon as possible after the conversation. If relevant, they will use the school record of concern sheet
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions
- Will not destroy the original records in case they are needed by a court

All records need to be given to the DSL/DDSL promptly. No copies will be retained by the directors.

## **8. CONFIDENTIALITY**

Safeguarding children raises issues of confidentiality that are clearly understood by the directors.

- If a child confides in a director and requests that the information is kept secret, it is important that the director tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. This will ultimately be in the best interests of the child.
- If the directors receive information about children and their families in the course of their work they should share that information only within appropriate professional contexts.

## **9. SCHOOL PROCEDURES**

*Please see Appendix 3: What to do if you are worried a child is being abused : flowchart.*

If the directors are concerned about a child they must inform the DSL/DDSL. The DSL will decide to whom the concerns should be referred. While it is the DSL's role to make referrals, a director can make a referral to Children's Services. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSL/DDSL, the DSL should be informed as soon as possible.

## **10. ALLEGATIONS INVOLVING SCHOOL STAFF/SUPPLY STAFF/VOLUNTEERS**

An allegation is any information which indicates that a member of staff/supply member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/member of supply staff/volunteer has contact within their personal, professional or community life.

The company will ensure that the directors know that lessons from safeguarding concerns about adults should include all cases and not just those which have been substantiated.

### **What the directors should do if they have concerns about safeguarding practices within the school or college**

The directors will raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements.

If the directors have concerns about a staff member then this should be referred to the Head Teacher or Principal. Where there are concerns about the Head Teacher or Principal, the directors will refer to the Chair of Governors/ Chair of the Management Committee/Proprietor as appropriate. Where the head teacher is also the sole proprietor of an independent school, directors will report allegations directly to the designated officer(s) at the local authority.

In the event of allegations of abuse being made against the Head Teacher, where the Head Teacher is also the sole Proprietor of an independent school, the directors will report allegations directly to the Local Authority Designated Officer (LADO).

# Safe in education

## Statutory guidance for schools and colleges

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**May 2016: For information only**

**Guidance will commence: 5 September 2016**

### APPENDIX 1: KEEPING CHILDREN SAFE IN EDUCATION (DfE 2023)

Part One: Information for all school and college staff

Annex A: Further information

Where appropriate, directors will check that **all** staff have access to this document and have read Part 1 and Annex A

### APPENDIX 3: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS (DfE 2018)

Flowchart

## Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation.
- Know what systems the school have in place regarding support for safeguarding e.g. induction training , staff behaviour policy / code of conduct and the role of the Designated Safeguarding Lead ( DSP) .

## Question behaviours

- Talk and listen to the views of children, be non - judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries
- To raise concerns about poor or unsafe practice , refer to the HT or principal, if the concerns is about the HT or Principal, report to Chair of Governors. Utilise whistleblowing procedure.

## Ask for help

- Record and share information appropriately with regard to confidentiality
- If staff members have concerns, raise these with the school's or college's Designated Safeguarding Lead ( DSP)
- Responsibility to take appropriate action, do not delay.

## Refer

- DSP will make referrals to children services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to the LA Children's Services.

## APPENDIX 4: INDICATORS OF ABUSE AND NEGLECT

The framework for understanding children's needs:



**Working Together to Safeguard Children (DFE, 2018)**

**Abuse, neglect and exploitation**

<b>Physical abuse</b>	
A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.	
<b>Child</b>	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injury	Fabricated or induced illness -

<b>Parent</b>	<b>Family/environment</b>
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

### **Emotional abuse**

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber 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.

### **Child**

Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
<b>Parent</b>	<b>Family/environment</b>
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

## Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## Child

Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery

Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
<b>Parent</b>	<b>Family/environment</b>
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

### **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **Child**

Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
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Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	Inability to sit on bottom on a chair or carpet
<b>Parent</b>	<b>Family/environment</b>
History of sexual abuse	Marginalised or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child.	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.