



Limehurst

Community Primary School and Nursery

## Child Protection & Safeguarding Policy

Parents and carers will be made aware of this policy through the School Prospectus and the School Website. A copy of this policy will be available in the policies section of the school website or available in hard copy on request from the school office.

It is a fundamental and central aspect of our work that the children receive the highest quality of care. Limehurst School is committed to fostering a positive, supportive and safe environment where children feel valued, listened to and able to report any issue of concern to them, to staff.

This policy sets out how we will respond to concerns about Child Protection Issues that is - to protect children from harm. The policy applies to all members of the community - full and part-time staff, Governors, pupils and volunteers.

The Governing Body of the school will be responsible for ensuring that the school meets its statutory duties with regard to child protection and safeguarding in accordance with the law and Government guidance as recommended in -

*Keeping Children Safe in Education 2016*

*Working together to Safeguard Children 2015*

*Safer working practice for adults who work with children & young people 2015*

*Counter Terrorism and Security Act 2015*

*Section 5B(11) of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015)*

*Equality Act 2010*

*Children's Act 2004*

*and locally through the Oldham Local Safeguarding Children's Board child protection procedures.(OLSCB)*

## **Designated Child Protection/Safeguarding Staff**

**Senior designated person:**

**Mrs Lucia Taylor (DSL, Inclusion Manager)**

**Deputy designated person:**

**Mr Ian Wilson (Associate Head Teacher)**

**Other identified person:**

**Mr Mark Roberts (Head Teacher)**

**Designated Governor:**

**Mr Graham Shuttleworth**

### **Staff Training in Child Protection and safeguarding:**

School is committed to the training and development of all staff in child protection in accordance with DfE guidance.

OLSCB approved child protection training is undertaken every 2 years for designated persons which include training on inter agency procedures, and whole school child protection training every 3 years for all other school staff. Staff and governors should receive training when first appointed.

All staff have been given a copy of the 'Keeping Safe in Education' 2016 (part 1) and have signed to say they have read and understood the statutory guidance regarding their safeguarding responsibilities.

All staff are aware of the 'Early Help' process. Issues of concern are identified at an early stage and consideration will be given to an 'Early Help' referral.

Our Early Help lead is Lucia Taylor (Inclusion Manger)

Staff have annual training where the policy is reviewed and any changes and updates are discussed.

### **Safer Recruitment Procedures:**

In order to ensure the suitability of all staff to work in school the guidance set out in *Keeping Children Safe in Education 2016* will be followed when recruiting staff. A copy of this document is available in school. At least one member of each recruitment panel will have completed the NSPCC safer recruitment training.

In the event of any person being considered no longer suitable to work in any capacity in which they have contact with children school is aware of the duty to report to the Disclosure and Barring Service (DBS) and will ensure that information is reported. **See Safe recruitment and selection policy.**

## **VISITORS**

All visitors are required to sign in and are allocated a Visitor's pass. DBS and ID checks are made when necessary. Visitors are supervised at all times by an appropriate adult. Staff know to challenge a stranger they meet in school if they do not have a badge/pass. References will be sought for visitors where it is felt necessary, for example, a talk to the children about a specific topic.

**See Policy for visitors in school.**

## **DEFINITION OF CHILD ABUSE**

Child abuse can take many forms and may involve deliberate acts of cruelty or a persistent failure to provide adequate standards of care, whether physical or emotional.

Most inflicted injuries are not the result of conscious, premeditated acts by the parent or caregiver, but the unintended consequence of a sudden outburst or temporary loss of control.

Neglect and emotional abuse may be associated with hostility and rejection, but are more often the result of the parent's inability to provide the skills necessary for good parenting or their limited abilities have been overwhelmed by adverse circumstances.

## **CATEGORIES OF ABUSE**

If children do not receive their Basic Needs (see below) it will be for one or more of the following reasons;

### **Physical Abuse**

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

### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruptions of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, 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 {e.g. rape, buggery or oral sex} or non-penetrative acts such as masturbating, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities or 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 commit acts of sexual abuse, as can other children.

**Link to policy for children displaying sexually harmful behaviour**

[http://greatermanchestercb.proceduresonline.com/chapters/p\\_harm\\_sex.html](http://greatermanchestercb.proceduresonline.com/chapters/p_harm_sex.html)

### **Neglect**

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 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}
- ensure access to appropriate medical care or treatment

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

- a) **Basic Physical Care:**  
Warmth, shelter, food, rest, hygiene and protection from danger
- b) **Affection:**  
Physical contact, (holding, cuddling). Comforting, patience, time, approval.
- c) **Security:**  
Continuity and consistency of care, stable and predictable environment.
- d) **Stimulation of innate potential:**  
Praise, encouragement, responsiveness.
- e) **Guidance and control:**  
To teach adequate social behaviour.
- f) **Responsibility:**  
Self-care, tidying etc. gaining experience through mistakes as well as successes and receiving praise and encouragement to strive and do better.
- g) **Independence:-**  
Making decisions, first about small things, but increasingly about the various aspects of life within the confines of the family and society codes.

See Appendix 1 for possible indicators of abuse.

More information is available in -

*What to do if you are worried a child is being abused 2015- Advice for practitioners.*

Copies are available in school and on the school's First Class conference.

### **Female Genital Mutilation (FGM)**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs.

Teachers have a statutory duty where they discover (either by disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary actions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by 'to discover that an act of FGM appears to have been carried out' is used for all professionals. Cases must be reported to the police and the MASH.

Warning signs include-

- Girls talking about holidays where they will 'become a woman' or 'become just like my mum and sister.'
- If other women are known to have undergone FGM then there is an increased risk to other girls in the family.
- Girls who have had the procedure performed will often avoid exercise, ask to go to the toilet more often, find it hard to sit still for long periods of time or have further time off school due to problems related to the procedure.

### **Peer abuse**

Members of staff should be aware that children and young people are vulnerable to physical, sexual and emotional bullying by their peers. Any incidents of abuse by children or young people should be taken as seriously as abuse perpetrated by an adult, and reported to the designated safeguarding lead or other nominated designated safeguarding staff immediately.

Staff should be alert to the possibility that a child or young person who has harmed another may also be victim and therefore have unmet needs themselves. However, the interests of the victim must always be the paramount consideration and staff should be alert to the fact that there is likely to be a risk to children other than the current victim.

Peer abuse can have gender specific issues and staff are vigilant for this; it could include girls being sexually abused/touched or boys being subjected to hazing. It can also include sexting. We are especially vigilant for peer on peer abuse on school trips/residential trips.

### **Hazing definition -**

The practice of rituals, challenges and other activities involving harassment, abuse or humiliation used as a way of initiating a person into a group. Hazing is seen in different social groups, gangs, sports teams and institutions.

The initiation rites can range from relatively benign pranks to protracted patterns of behaviour that can rise to the level of abuse or criminal misconduct. It may include physical or psychological abuse. It may include nudity or sexual assault. We are aware this could look different at different ages in our school but we are always vigilant.

**Sexting definition - 'children under the age of 18 sending or posting sexually suggestive images.'**

If an incident of sexting occurs the school response would be;

1. Report to the Designated Safeguarding Lead.
2. Interview the child with a staff member present.
3. Communicate with parents.
4. If there is any concern that a young person has been harmed or at risk, we will refer to MASH and inform the police.

**Online safety**

The Governing Body ensures appropriate filters and appropriate monitoring systems are in place to limit children's exposure to online risks. Guidance in 'Keeping Children Safe in Education' 2016 Annex C is adhered to.

**See Safe Internet usage and e-safey policy.**

**See safe use of social media policy.**

**Prevent Duty**

Preventing children from risk of radicalisation is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism.

School has a duty under section 26 of the Counter Terrorism and Security Act 2015, to have due regard to the need to prevent people from being drawn into terrorism.'

All teachers and TAs have undertaken online prevent training (16.06.16) and Mr S Dickinson has undertaken 'Raising awareness of prevent' (WRAP) training. (08.06.17)

School has completed a Prevent self-assessment which has been approved by Governors and the Local Authority.

**See policy for preventing radicalisation and extremism.**



## CP PROCEDURES

- If staff suspect that any of the above are happening over a period of time or have any concerns it is important to notify the Designated Person.
- Staff should complete an incident report/expression of concern form and pass this to the Designated Person who will decide on any appropriate action.
- Completed forms are kept in a file in a locked cabinet in the Inclusion Manager's office. If children tell a member of staff that something serious has happened the procedures outlined in **Appendix 2** must be followed.
- **Appendix 3** outlines procedures to follow for allegations against staff members.
- **Appendix 4** - Incident Report/Expression of Concern Form.
- **Appendix 5** - *Body Map to accompany concern form if necessary.*

Where English is not the first language and/or a child is considered to be vulnerable, efforts will be made to actively engage with them by talking directly about their wishes and feelings, if necessary through the use of an interpreter.

Staff are requested to take note of the DCSF guidance for Safer Working Practice for Adults who work with Children and Young People 2015 and to avoid putting themselves in a position where a false allegation is difficult to disprove. Avoid situations where you are left alone with a child and out of view of other adults. Never use force to reprimand a child.

Copies of the guidance can be found in school and on the school's First Class conference .

Where a child and family would benefit from coordinated support from more than one agency (for example education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed.

The 'Early Help' assessment in school would be carried out by Mrs Lucia Taylor, Inclusion Manager.

Advice can also be found on the LSCB website - [www.oldham.gov.uk/lscb](http://www.oldham.gov.uk/lscb)



## **ROLE OF DESIGNATED LEAD/PERSONS**

1. To ensure child protection procedures are followed.
2. To make appropriate, timely referrals to statutory services.
3. On receipt of any concerns, check existing records to see whether the child has a CP plan/CIN plan/LAC or has had an Early Help referral.

## **ROLE OF SAFEGUARDING GOVERNORS**

1. To liaise with the Designated lead/persons.
2. To be informed of safeguarding activity in school.

## **ROLE OF GOVERNING BODY**

**To ensure the school has an effective policy that is compliant with LCSB guidelines.**

## **REFERRALS TO CHILDREN'S SOCIAL CARE**

These will be made by the designated person when it is judged that there is sufficient evidence to make a proper referral. In cases where a child is considered to be at 'risk' a referral should be made to children's social care immediately.

A disclosure or allegation of abuse should always be referred to the local authority MASH team for assessment.

Staff can find guidance about what are healthy, problematic or harmful behaviours using the Brook Traffic Light Model. Copies are available in school and on the Brook website. Children displaying sexually harmful behaviours must also be referred to the MASH team.

Concerns about children who already have an open case with social care, can be passed directly to the named social worker appointed to the family.

MASH (Multi Agency Safeguarding Hub) 0161 770 7777.

Online referral: <https://apps1.oldham.gov.uk/childreferral/CRWO1Referral.aspx>

Below is the link on the LSCB website for the LSCB guide on 'Making a Child Protection Referral' that staff may refer to -

[https://www.oldham.gov.uk/lscb/downloads/file/15/guide\\_booklet](https://www.oldham.gov.uk/lscb/downloads/file/15/guide_booklet)

The LA assessment tool may be used as a guide to inform our own assessment of a safeguarding concern -

[https://www.oldham.gov.uk/lscb/downloads/file/18thresholds\\_for\\_assessment](https://www.oldham.gov.uk/lscb/downloads/file/18thresholds_for_assessment)

If school wish to challenge a decision by statutory services ie. Children's social care we can refer to the LSCB 'Escalation policy' -

[http://www.oldham.gov.uk/lscb/downloads/file/97/resolving\\_professional\\_disagreements](http://www.oldham.gov.uk/lscb/downloads/file/97/resolving_professional_disagreements)

## **RECORDING, STORING AND SHARING INFORMATION**

School have an effective system for recording concerns about a child including contact with other agency professionals. Staff are actively encouraged to pass issues of concern in verbal or written form to the designated person, who will respond accordingly.

All records are kept securely, separate from the pupil's main academic file. Only the designated person/s has access to this information. All child protection information is shared on a 'need to know' basis.

The designated person is responsible for ensuring that when a child transfers to another school the child protection information is passed immediately to the designated person at the receiving school. Where the child has a child protection plan the child's social worker should be informed. Note: where a child who has a child protection plan is absent for more than two days, contact should be made with the child's social worker.

Staff should be aware that a child has the same right as an adult in relation to confidential, sensitive details about his/her personal life and circumstances.

Threats to a child's safety and welfare can set aside normal principles of confidentiality. A child's welfare is always the paramount concern.

## **CONFIDENTIALITY AND CHILD PROTECTION ISSUES**

Each child has the right to complete confidentiality and consideration at all times. School staff and governors do not have a right to be in possession of all information about a child at Limehurst. Information will be held and passed on a "need to know basis" only and will be limited to essential information also.

All staff/adults must treat these issues sensitively. The staff room is not a suitable place to discuss children and pass on information unless in an agreed formal meeting. Any person doing so could be breaching the child's rights and subject to prosecution.

All staff (teaching and non-teaching) must inform either the senior or deputy designated person as soon as a possible when a Child Protection issue arises. Staff are asked to rigidly adhere to the guidelines given in this Child Protection Policy.

## **PASTORAL CARE**

Parents entrust their most precious possession to us - their children. Staff are in loco parentis and must carry out this duty with care, respect and diligence. This compliments our child protection procedures. Ways to achieve this are:

- a) To build positive relationships based on respect
- b) To be an example
- c) By working with each individual child, to achieve their potential
- d) To give equal value to each child taking into account S.E.N., and equal opportunity
- e) To nurture home/school partnership
- f) To reinforce and praise appropriate behaviour
- g) To deal with misbehaviour in a controlled and thoughtful way
- h) To create a safe and attractive environment in school for the children
- I) To be ever ready to listen - to children and parents
- j) To develop the whole person of the child.

All children in school know (and are regularly reminded) that there is an identified adult in school that they can go to if they need to talk. This adult is their Class Teacher. However, they can speak to any adult in school who they feel they have a relationship with (this is often a Learning Support Assistant) If a child wishes to make the Class Teacher aware there is a problem, they can put a note in the 'Worry' boxes situated in all classrooms; this can be just a name for the younger children or an explanation of the problem for the older children. The Class Teacher will then follow this up at an appropriate time. Children are reminded that any issue can be discussed, not just those related to school.

## **ADDITIONAL NEEDS**

Children with SEN and/or physical disabilities may face additional challenges. They may face barriers when recognising abuse and neglect. I.e. assumption about their behaviour, mood or injury that may be linked to their disability, communication barriers and/or difficulties in overcoming these barriers. Staff are aware that these children may need extra support in communicating their concern and also, not to assume anything.

## **LOOKED AFTER CHILDREN (LAC)**

The LAC designated person is Lucia Taylor (Inclusion Manager)

The LAC designated Governor Shirley Buckley

The named person has all information relating to the children's looked after status and child care arrangements. **See LAC policy.**

## **VULNERABLE GROUPS**

At Limehurst, we have a small percentage of the school population who are NWB, EAL or New Arrivals. We are mindful of the different vulnerabilities regarding these groups that may not be as prevalent in the majority of the White British community our school mainly serves. As a staff, we are never complacent and are vigilant at all times.

## **CURRICULUM LINKS**

Through our whole school ethos children are encouraged to develop care, consideration and respect for themselves and others and are effectively taught how to make a positive contribution to keeping themselves and others safe.

The school has a systematic approach to teaching the children about looking after themselves through Assembly themes and our PSHCE curriculum. We teach the children about keeping safe in different ways. This includes Internet safety, stranger danger etc. We work on other areas of safety such as sun, road, railway and water.

## **ATTENDANCE**

School monitors pupil attendance rigorously and follows up all absences from school to ascertain the reasons why.

**See Attendance policy.**

## **COMPLAINTS**

1. General complaints made by parents are directed to the Headteacher.
2. If they are not resolved, the parents can be directed to the Chair of Governors.
3. Complaints about a member of staff will be referred to the LADO (Colette Morris)
4. The procedures are clearly set out in the school's Complaints Policy. This is displayed on the school website.
5. The school liaises with the Local Authority Complaints Officer (Janet Francis) when necessary.

**See Complaint's policy.**

This policy should be read alongside the Behaviour and Teaching & Learning policies.

Updated by Lucia Taylor July 2017

Approved by Governors July 2017

## Appendix 1

### POSSIBLE INDICATORS OF ABUSE

The following is a list of warning signs which MAY be an indicator that a child is being, or has been abused or neglected, or is at risk of abuse. Education professionals should be alert to these warning signs, but should be careful not to assume that abuse is the reason. Some signs can be present in children who are not abused at all. Nor should assumptions be made that they point to any particular form of abuse, simply because a pupil presents with any of these problems. They may suggest abuse if a child exhibits several of them or if a pattern emerges.

#### **Possible signs of Physical abuse:**

- Unexplained injuries or burns, particularly if they are recurrent.
- Refusal to discuss injuries.
- Untreated injuries or lingering illness not attended to.
- Shrinking from physical contact.
- Fear of returning home or of a parent being contacted.
- Fear of undressing
- Fear of medical help
- Aggression/bullying.
- Over complicated behaviour or 'watchful attitude'
- Running away
- Significant changes in behaviour without explanation.
- Deterioration in work
- Unexplained pattern of absences, which may serve to hide bruises or other physical injuries.

#### **Possible signs of Emotional Abuse:**

- Continual self-deprecation.
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self-harm or mutilation.

- Compulsive stealing/scrounging.
- Drug/solvent abuse.
- 'Neurotic' behaviour - obsessive rocking, thumb sucking, and so on.
- Air of detachment - 'don't care' attitude.
- Social isolation - does not join in and has few friends.
- Desperate attention-seeking behaviour.
- Eating problems, including overeating and lack of appetite.
- Depression, withdrawal.

### **Possible signs of Neglect**

- Constant hunger.
- Poor personal hygiene.
- Inappropriate clothing.
- Frequent lateness or non-attendance at school.
- Untreated medical problems.
- Low self esteem.
- Poor social relationships.
- Compulsive stealing or scrounging.
- Constant tiredness.

### **Possible signs of Sexual Abuse**

- Bruises, scratches, burns or bite marks on the body.
- Scratches, abrasions or persistent infections in the anal or genital regions.
- Pregnancy - particularly in the case of young adolescents who are evasive concerning the identity of the father.
- Sexual awareness inappropriate to the child's age - shown, for example in drawings, vocabulary, games and so on.
- Frequent public masturbation.
- Attempts to teach other children about sexual activity.
- Refusing to stay with certain people or go to certain places.
- Aggressiveness, anger, anxiety, tearfulness.
- Withdrawal from friends.

### **Possible Signs in older children**

- Promiscuity, prostitution, provocative sexual behaviour.
- Self-injury, self-destruction behaviour, suicide attempts.
- Eating disorders.
- Tiredness, lethargy, listlessness.
- Over-complicated behaviour.
- Sleep disturbances.
- Unexplained gifts of money.
- Depression.
- Changes in behaviour.

### **Possible signs in young children**

- Over compliant behaviour.
- Mature sexual behaviour.
- Acting out aggressive behaviour (tantrums.)
- Tummy pains - no medical explanation.
- Child doesn't trust anyone.
- Air of detachment - don't care attitude.



## Appendix 2

### HOW TO RESPOND IF A CHILD MAKES A DISCLOSURE

(1) Teacher needs to tell another colleague that immediate cover is required.

(2) Child can be taken to a part of the school where privacy can be respected and where the member of staff speaking to the child is able to be seen by other colleagues. When these arrangements have been made the following guidance should be adhered to:

1. Listen carefully
2. Give time and attention
3. Allow the child to give a spontaneous account
4. Do not offer false confidentiality
5. Empathise
6. Reassure the child:
  - a) that you are glad they told you
  - b) that they have done nothing wrong
  - c) what you are going to do next
7. Record:
  - a) what was said
  - b) the context in which it was said
  - c) who was present
8. Always tell the Designated Teacher who will inform Children's Social Care
9. Do not investigate
10. Do not ask leading questions.

### Appendix 3

#### HOW TO RESPOND IF A CHILD MAKES A DISCLOSURE ABOUT A MEMBER OF STAFF.

- Details must be reported to the Headteacher immediately.
- It is not appropriate to disclose any details of the allegation to the member of staff concerned.
- The Headteacher will carry out an initial assessment to establish whether or not the allegation is demonstrably false (e.g. the member of staff was not in school at the supposed time of the allegation).
- In all other circumstances the Local Authority Designated Officer (LADO) will be informed and a joint decision made whether to follow the LA's agreed procedure for dealing with allegations of abuse by members of staff.
- Where the Headteacher is suspected of having abused a child it is the responsibility of the Deputy Headteacher to inform the designated LADO at the Safeguarding team Tel 770 8870

*Remember that the child is always the primary client. First consideration must be given to the child.*

ANY ALLEGATION OF ABUSE OCCURRING ON THE SITE OF REGISTERED PROVISION SHOULD BE REPORTED TO OFSTED WITHIN 14 DAYS  
TEL. 0300 123 1231



Limehurst

Community Primary School and Nursery

#### Appendix 4

### **Child Protection Policy - Incident Report/Expression of Concern**

Please complete as soon as possible after incident and pass to Designated Person.

Aim to be clear and precise. Make a factual record of the discussion using the child's own words, note any questions the child asks and include anything about the child's appearance.

In event of a disclosure inform Designated Person immediately and refer to guidance in Appendix 2 of Child Protection Policy.

Name of Child	Class/Year Group	Date of incident
Incident Report/Expression of Concern. (Please underline/highlight)		

Continue on another sheet if necessary - please number pages.

Signed	Print Name	Designation
Date		

**Please pass to Designated Person.**

To be completed by Designated Person

Record of any follow up actions - include dates.

--

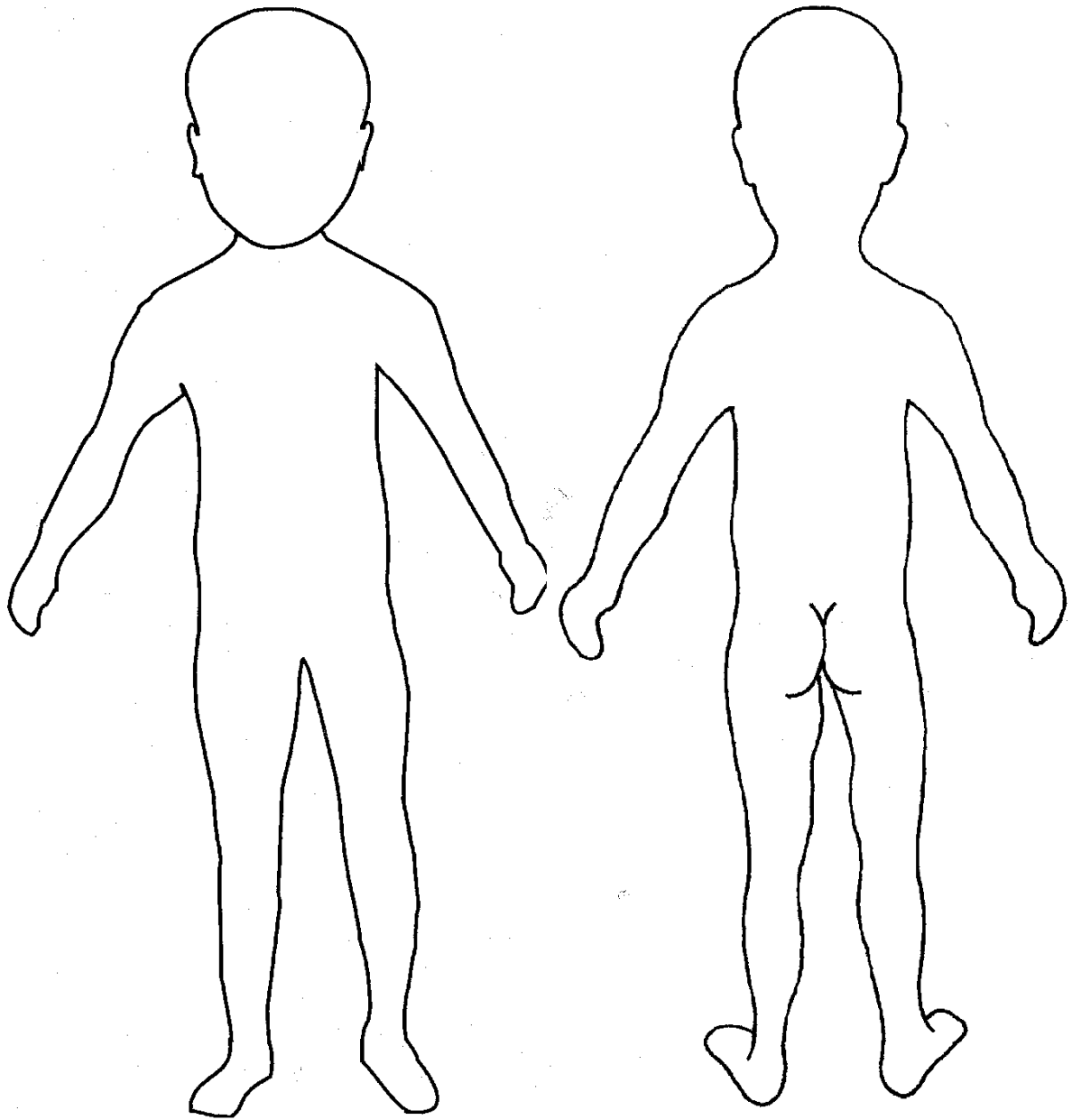
**Appendix 5**

**Confidential**

**Body Map (to accompany completed 'Cause for Concern' form)**

<b>School name</b>	
<b>Name of pupil</b>	<b>Class/Year Group</b>
<b>Name of staff member completing form</b>	
<b>Date</b>	<b>Time</b>

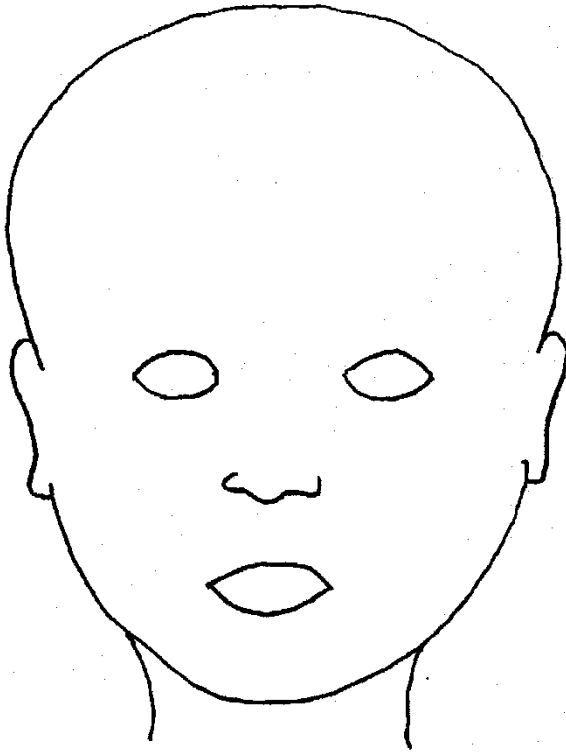
**Must be completed at the time of reporting**



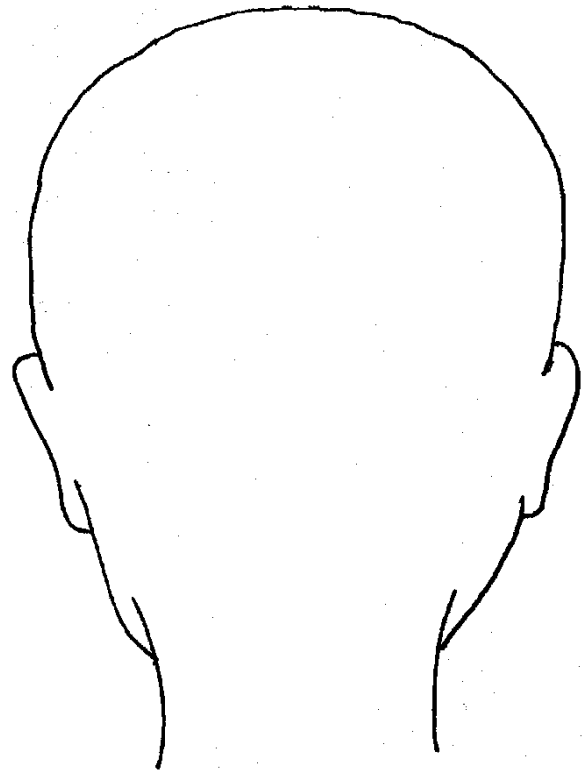


Name of pupil:

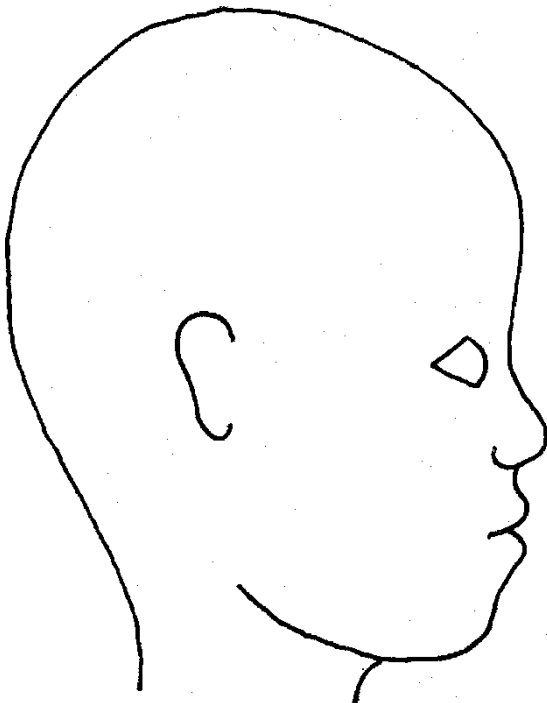
Date and time of observation:



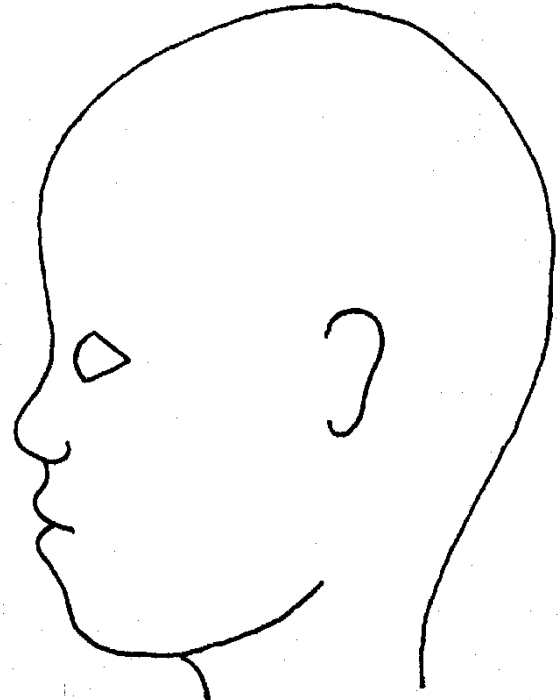
**FRONT**



**BACK**



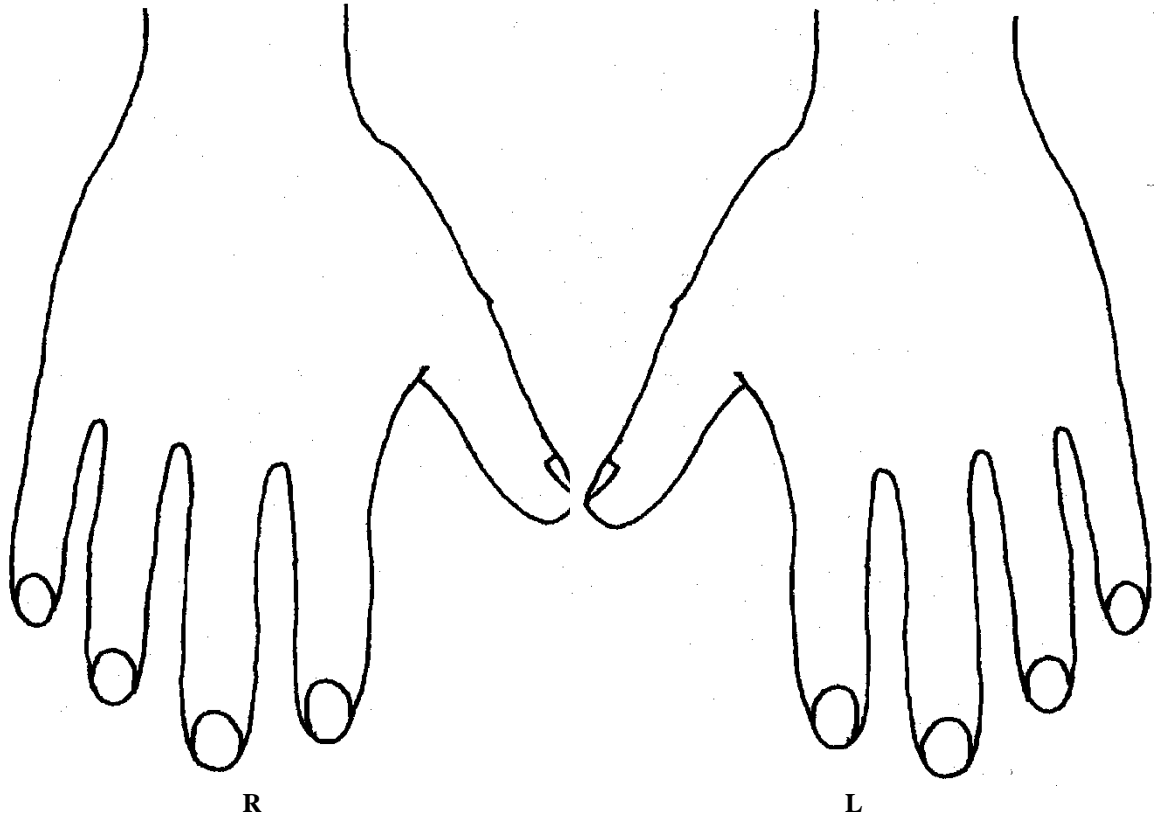
**RIGHT**



**LEFT**

Name of pupil: \_\_\_\_\_

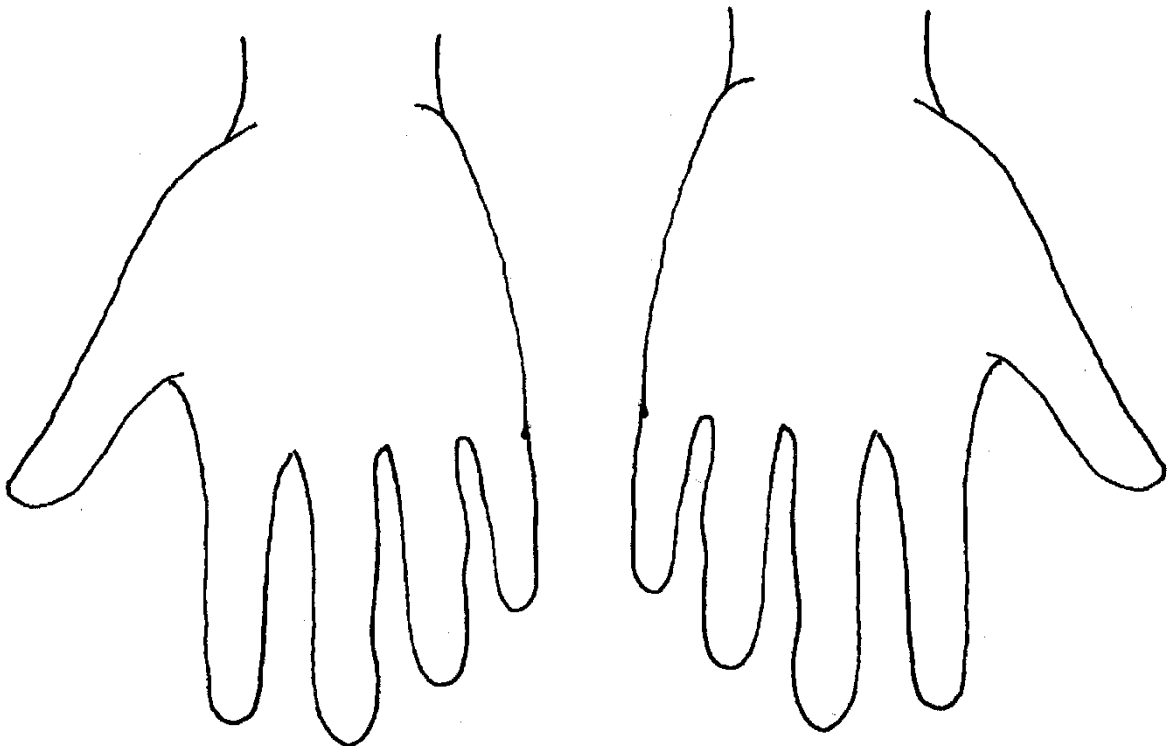
Date and time of  
observation: \_\_\_\_\_



R

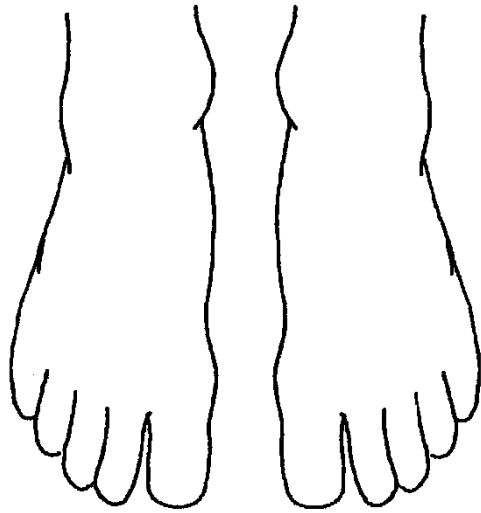
BACK

L

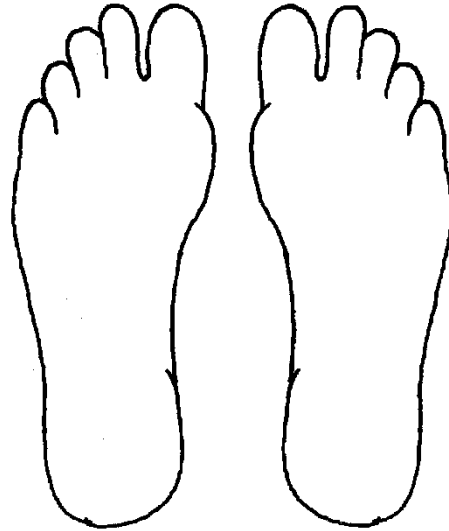


Name of Pupil: \_\_\_\_\_

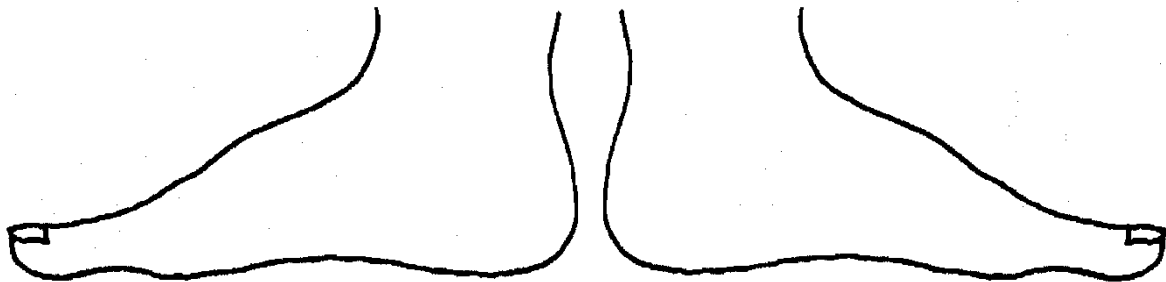
Date and time of observation: \_\_\_\_\_



R TOP L



R BOTTOM L



R L  
INNER



R L  
OUTER

Printed Name,  
Signature and Job  
title of staff: \_\_\_\_\_

## Body Map Guidance for Schools

- Body Maps should be used to document and illustrate visible signs of harm and physical injuries.
- Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

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

At no time should an individual teacher/member of staff or school be asked to or consider taking photographic evidence of any injuries or marks to a child's person, this type of behaviour could lead to the staff member being taken into managing allegations procedures, the body map below should be used in accordance with recording guidance. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. LADO or the child's social worker if already an open case to social care.

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

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

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

Ensure First Aid is provided where required and record.

A copy of the Body Map should be kept on the child's concern/confidential file, attached to the concern form.