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**Overall Designated Safeguarding Officer for England**

Dave Hitchen

Head of Care

Email: [Dave.Hitchen@pebblescare.com](mailto:Dave.Hitchen@pebblescare.com)

Mobile: 07824770304

**DSL for Darwin School**

Carrie Fraser

Head Teacher

Email: [caroline.fraser@pebbleseducation.com](mailto:caroline.fraser@pebbleseducation.com)

Mobile: 07445 110633

## 1. Policy

Staff know what action to take should they have any concerns about a child/young person, or should they receive information which suggests that the child/young person may be experiencing some form of abuse.

## 2. Who is a child?

A person under 18 years old.

## 3. Children's rights

The United Nations Convention on the Rights of the Child (UNCRC) sets out the wider basic human rights of children/young people everywhere, without discrimination. Children/young people have the right to:

- survival
- develop to the fullest
- protection from abuse, neglect, and exploitation
- be treated as an individual
- have their views heard and considered
- participate fully in family, cultural, and social life
- any intervention by a public authority should be properly justified and should be supported by services working in collaboration

It is good practice for staff to be aware of the UNCRC and for children to have opportunities to gain experience about their rights under the Convention. Children learning about their rights also learn that others have rights too – and that they must not treat others in a way that infringes their rights. The [European Convention on Human Rights](#) is incorporated by the Human Rights Act 1998. This includes:

- Article 3 – freedom from torture and inhuman or degrading treatment
- Article 8 – people's right to respect for their private and family life, home, and correspondence.

Education professionals must balance the rights of children and the rights of parents with regard to Article 8. The role of public services must be concerned with measures to protect children where children's right to health and moral protection is not met by parents or where parents need support in this role. Treatment concerning children/young people should respect children's dignity.

## **4. Children's wellbeing**

A child/young person's wellbeing is influenced by everything around them and the different experiences and needs they have at different times in their lives. Every child/young person has the right to be, and feel, safe and protected from any avoidable situation or acts of commission or omission by others that might affect their wellbeing. Such as:

- being physically, sexually, or emotionally harmed in any way
- being put at risk of physical, sexual, or emotional harm, abuse, or exploitation
- having their basic needs neglected or experiencing that their needs are met in ways that are not appropriate to their age and stage of development
- being denied the sustained support and care necessary for them to thrive and develop normally
- being denied access to appropriate medical care and treatment
- being exposed to demands and expectations which are inappropriate to their age and stage of development

Being safe is also about having a positive state of mind. Children/young people should be helped to develop the knowledge and skills that will enable them to keep themselves safe in situations at home, at school or in the community. Being safe means that children/young people feel secure and protected within trusted relationships where adults are not only acting in their best interests but also listening to them and taking account of their views, preferences, and feelings.

## **5. What is abuse?**

Abuse and neglect are forms of maltreatment of a child/young person. Somebody may abuse or neglect a child/young person by inflicting harm, or by failing to act to prevent harm. Children/young people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child/young person or children/young people.

## 6. What is child protection?

'Child Protection' means protecting a child from abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a likelihood or risk of significant harm from abuse or neglect. Equally, in instances where a child may have been abused or neglected, but the risk of future abuse has not been identified, the child and their family may require support and recovery services but not a Child Protection Plan. In such cases, an investigation may still be necessary to determine whether a criminal investigation is needed and to inform an assessment that a Child Protection Plan is not required.

## 7. Categories of abuse

Child abuse involves the elements of a power imbalance, exploitation, and the absence of true consent, whether they relate to deliberate acts where the predictable outcome would include harm to the child or acts where the outcome is a failure to protect the health, safety, or welfare of a child.

- **Physical Abuse** – Physical abuse is the causing of physical harm to a child/young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning, or scalding or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.
- **Sexual Abuse** – Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child, or encouraging children to behave in a sexually inappropriate way. Any child below the age of consent will be deemed to have been sexually abused when any person, either deliberately or by neglect, causes that child to be involved in any activity that might reasonably be expected to lead to sexual arousal or gratification of that, or any other person, including organised networks. This definition holds whether or not there has been genital contact, and whether or not the child is said to have initiated the behaviour.
- **Neglect** – Neglect is the persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter, and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically

eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children, in particular, the consequences may be life-threatening within a relatively brief period.

- Emotional Abuse – Emotional abuse is persistent emotional neglect or ill-treatment that has severe and persistent adverse effects on a 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 involve the imposition of age – or developmentally – inappropriate expectations on a child. It may involve causing children to feel frightened or in danger or exploiting or corrupting children. Some level of emotional abuse is present in ill-treatment of a child; it can also occur independently of other forms of abuse.

## 8. Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Signs that may indicate physical abuse include:

- bruising in or around the mouth, on the back, buttocks, or rectal area
- finger-mark bruising or grasp marks on the limbs or chest of a small child
- bites
- burn and scald marks
- large numbers of scars of varied sizes or ages
- fractures to arms, legs, or ribs in a small child - Fractures should be suspected if there is pain, swelling or discolouration over a bone or joint. The most common non-accidental fractures are to long bones

## 9. Sexual abuse

Sexual abuse involves forcing or enticing a child/young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Signs of sexual abuse may include:

- Injuries in the genital area
- Infections or abnormal discharge in the genital area
- Excessive sexual awareness or knowledge of sexual matters which is inappropriate for the child's age
- Acting in a sexually explicit manner

- Other signs and symptoms
- Sudden changes in behaviour or school avoidance
- Displays of affection in a sexual manner which are inappropriate to the child's age
- Tendency to cling or need constant reassurance
- Tendency to cry easily
- Regression to younger behaviour
- Complaints of genital itching or pain
- Bleeding or swelling in the genital area
- Distrust of a familiar adult
- Unexplained gifts of money
- Depression and withdrawal
- Secrecy
- Wetting, day, or night
- Sleep disturbances or nightmares
- Chronic illnesses such as venereal diseases or throat infections
- Anorexia or bulimia
- Unexplained pregnancy
- Fear of undressing
- Phobias or panic attacks

## 10. Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child/young person, such as to cause severe and persistent adverse effects on the child/young person's emotional development. Signs that may indicate emotional abuse include:

- excessively clingy or attention-seeking behaviour
- very low self-esteem or excessive self-criticism
- excessively withdrawn behaviour or fearfulness; a 'frozen watchfulness'
- despondency
- lack of appropriate boundaries with strangers
- eating disorders

## 11. Neglect

Neglect is the persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of the child's health or development. Signs that may indicate signs of physical and emotional neglect can include:

- inadequate nutrition leading to ill-health, constant hunger, stealing or gorging food
- failure to seek or to follow medical advice such that a child's life or development is endangered
- inappropriate clothing for conditions
- diarrhoea
- voracious appetite
- a child thriving away from home
- unresponsiveness in the child
- staying frozen in one position for an exceptionally long time

For a set of circumstances to qualify as abusive, three elements must be considered:

- whether there is demonstrable damage or harm to a child or a prediction of harm to the child
- whether the injury/state of the child must have been avoidable through action by parents or carers responsible for that child
- whether the potential harm or future risk is linked to the action or inaction of the parent or other carer. This would also apply where it was not possible to establish the identity of the perpetrator

As a rule, an open mind and a cautionary approach should be combined with seeking opportunities and sources to assess the validity of concerns.

## 12. Extremism and radicalisation

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, go on to participate in terrorist groups. Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas. (HM Government Prevent Strategy 2011)

Extremism and radicalisation may also fall under the definition of child protection. Children under 16 years of age have been recruited to join extremist/terrorist groups. Many of the vulnerabilities that

can lead to a child being groomed for exploitation can also, in some circumstances, lead to a child being groomed for extremism and terrorism. Indicators of vulnerability include:

- identity crisis – the child is distanced from their cultural/religious heritage and experiences discomfort about their place in society
- personal crisis – the child may be experiencing family tensions, a sense of isolation, and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging
- personal circumstances – migration, local community tensions, and events affecting the child/young person's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- unmet aspirations – the child may have perceptions of injustice, a feeling of failure, rejection of civic life
- experiences of criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration
- special educational need – the child may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

More critical risk factors could include:

- being in contact with extremist recruiters
- accessing violent extremist websites, especially those with a social networking element
- possessing or accessing violent extremist literature
- using extremist narratives and a global ideology to explain personal disadvantage
- justifying the use of violence to solve societal issues
- joining or seeking to join extremist organisations
- significant changes to appearance or behaviour
- experiencing a high level of social isolation resulting in issues of identity crisis or personal crisis.

If staff suspect that a child/young person is becoming radicalised, they should:

- NOTICE – Consider what signs of radicalisation they have observed
- CHECK – With the person about whom they have a concern or someone who understands 'Prevent'



- SHARE – Where a child is involved, there is a duty to share concerns with the named person.

### 13. Harm and significant harm

- Child protection is closely linked to the risk of 'significant harm'. 'Significant harm' is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child and their family. Where there are concerns about harm, abuse, or neglect, these must be shared with the relevant agencies so that they can decide together whether the harm is, or is likely to be, significant.
- Significant harm can result from a specific incident, a series of incidents or an accumulation of concerns over some time. It is essential that when considering the presence or likelihood of significant harm that the impact (or potential impact) on the child takes priority and not merely the suspected or reported abusive behaviour. It should be remembered that the threshold for referral to the Children's Reporter is not the significant harm threshold, but when it is considered that a child needs protection, guidance, treatment or control and Compulsory Measures of Supervision might be necessary. The following sections illustrate considerations that need to be considered when exercising that professional judgement.

### 14. Identifying and responding to concerns

Risk is a part of everyday life and can be positive as well as negative. In the context of this policy, risk is the likelihood or probability of a particular outcome given the presence of adverse factors in a child's life. Children/young people may be harmed by abuse or neglect, either suddenly or over a longer period of time. Children/young people may be harmed by adult members of the family, siblings, carers, adult friends, teachers, youth leaders, other children/young people, or strangers.

Staff are in a position to notice more subtle signs which may be indicative of abuse and may present as lower-level concerns which develop into patterns over time. Factors which increase children and children/young people's vulnerability include:

- domestic violence
- unstable parental relationships
- parental misuse of drugs or alcohol
- parental mental illness.

Staff should be aware of signs and indicators of abuse and neglect, such as:

- physical injury caused by others
- physical punishment by blows to the head, shaking or punishment using an implement
- sexual abuse or organised abuse such as prostitution or ritual abuse
- failure to thrive, even though they have no specific medical condition

- emotional abuse
- physical neglect
- being emotionally or physically affected by parental drug or alcohol abuse
- racial abuse
- being forced to accept cultural practices such as circumcision or forced marriage.

Staff should be able to judge when children's and children/young people's behaviour puts them at risk, or when their behaviour may be a response to the trauma of abuse or neglect, such as:

- inappropriate use of computers or social media
- ill-judged relationships
- inappropriate social behaviour such as bullying
- misuse of drugs or alcohol
- sexually explicit language or behaviour
- eating disorders
- self-harming
- running away.

Staff should also recognise that children with additional support needs or complex disabilities are more vulnerable to abuse for many reasons, including:

- inability to recognise inappropriate behaviours
- reduced opportunities for socialisation
- increased experiences of intimate care, sometimes from multiple carers
- impaired communication skills
- low self-esteem and self-image
- increased family stresses
- hesitancy to report concerns due to no obvious alternative supports.

## **15. Responding to concerns, disclosures, and allegations**

Concerns regarding children/young people are likely to emerge in one or more of the following ways:

- the child/young person discloses abuse
- a member of staff observes an injury which may be indicative of abuse

- sustained concerns about the presentation or behaviour of a child which may be indicative of abuse
- the school is contacted by another agency as part of a child protection inquiry or investigation
- a parent, friend of the child or member of the public, may express concern or make an allegation of child abuse.

Children/young people often take time to seek out and test adults to whom they wish to disclose abuse. Disclosure is more often a process than an event. Whoever receives the information from the child/other should:

- listen carefully
- let the child/young person tell their story
- reassure the child/person
- explain that they will have to share the information with the designated safeguarding lead.
- inform the Designated Safeguarding Lead (DSL). This is the Headteacher for the school.

Whoever receives the information from the child/young person, must not:

- promise to keep secrets/guarantee confidentiality
- express their views on the matter
- interview the child or inquire into details – this is the responsibility of social work or police as the investigating agencies who are trained in investigative interviewing of children.

Staff may experience strong emotions if they come across signs of children/young people being harmed. Staff must seek advice and support from the designated safeguarding lead.

Where a child has made a disclosure, a written factual record, using the child/young person's words, should be made and this information then entered onto the safeguarding database. Where no disclosure has been made, but a member of staff has concerns regarding the welfare or wellbeing of a child/young person, they should discuss this concern with the DSL, who can then decide on the next appropriate steps.

Recorded child protection concerns should be passed to the designated safeguarding lead as soon as possible and in any case within 24 hours. In some cases, it may be necessary to pass concerns verbally to the designated safeguarding lead and follow it up in writing soon after. Concerns that appear initially to be trivial may turn out to be vital pieces of information, so it is important to give as much detail as possible. The designated safeguarding lead will make a professional judgment about what action needs to be taken. The incident report should include:

- date of the incident
- date and time of the record being made

- name and date of birth of the child/young person concerned
- a factual account of what happened, and the location where the incident took place
- a note of any other people involved
- action taken and any future plans
- details of any other agencies informed
- printed name, job role and signature of the person making the record

In the case of a disclosure, the record should also include:

- as full account as possible of what the child/young person said
- an account of any questions put to the child/young person
- time and place of disclosure
- who was present at the time of the disclosure
- the demeanour of the child/young person

Any handwritten notes after the event, for example, a disclosure, can act as evidence of them being written at the time in any future court case. Therefore, these should not be destroyed if the details are recorded more formally but instead kept securely attached to the child/young person protection concern/referral form. The child protection file should contain:

- a detailed chronology, updated on a regular basis, at the front of the file
- any concerns raised by staff
- safeguarding/concern reports, notes and correspondence referring to the child/young person
- any child protection information received from schools or other agencies
- notes/minutes of any Child Protection Conferences and Core Group Meetings etc.

## **16. Communication with parents/carers**

The guiding principle to remember in relation to communication with parents or carers is that parents should always be informed by the designated safeguarding lead. The exception to this would be if the designated safeguarding lead believes a child may have been harmed by a parent or carer, a criminal offence may have been committed against the child/young person by a family member, or by doing so, the child/young person would be placed at a higher level of risk. In these circumstances, the designated safeguarding lead should discuss and agree with the child/young person's social worker on informing the parents/carers. Often means and methods of communication with parents/carers and others will be agreed at a strategy meeting.

## 17. Police involvement

Child protection concerns will always be passed to social work, who will involve the police in due course in line with local inter-agency guidelines. The school should only consider contacting the police when:

- there are immediate concerns for a child/young person's safety
- staff suspect a crime has been committed or is about to be committed
- there are threats or intimidation of staff or children by a parent (or a non-contact parent/relative) or another adult
- there are concerns about the motivation of an individual seen in the vicinity of the school
- a child/young person reports an incident or crime to a member of staff

## 18. Supporting children/young people involved in child protection

Staff need to be able to anticipate children's support needs when they are experiencing or have experienced traumatic events or are coping with the processes that follow after a disclosure or allegation. Staff should be willing to support a child/young person's choice of staff to support them. This may not always be the staff with the most experience in child protection. The designated safeguarding lead should guide and support the chosen member of staff. A child/young person may change their mind about who they want to support them, and the level of support they want. This should be respected too – children/young people should feel as much in control as possible about who hears their story in interviews and meetings.

## 19. Allegations against members of staff

At Pebbles Care, the safety and welfare of children and young people are paramount. Any allegation against staff is handled promptly, transparently, and in line with safeguarding protocols to ensure the protection of all involved.

### Prioritising the Child's Safety

The immediate safety and welfare of the child(ren) involved must always be the primary concern. Where necessary, immediate action will be taken to safeguard the child, including risk assessments and implementing protective measures, while the allegation is being investigated.

To ensure the safety of all parties, consultation with HR may take place to consider options such as adjusting staff duties or, if necessary, the suspension of staff without prejudice. Any such decisions will be taken with the welfare of children as the top priority and in line with the organisation's policies and legal guidance.

### Notification and Partnership with the LADO

All allegations must be reported to Pebbles Care's Designated Safeguarding Lead (DSL) without delay. The DSL is responsible for ensuring that:

- The Local Authority Designated Officer (LADO) is notified of the allegation within one working day, using the LADO Notification Form to make a referral (emailed to

lado@northyorks.gov.uk). **For Darwin School, the Duty LADO contact number is: 01609 533080.**

- Relevant managers within the organisation and external agencies are informed and involved as required.
- Guidance from the LADO is followed, and the appropriate course of action is identified.
- Any multi-agency strategy meetings are attended by the appropriate individuals, and actions are co-ordinated effectively across teams.

While the DSL maintains oversight of the process, specific tasks, such as gathering information, attending meetings, or implementing safeguarding measures, may be delegated to an appropriate manager who is trained to handle safeguarding matters.

### **Support for the Accused Staff Member**

Pebbles Care recognises the importance of ensuring fairness in the investigative process. The accused staff member will:

- Be informed of the allegations made against them in a timely and sensitive manner, while confidentiality is maintained as far as possible.
- Be provided with appropriate support, including access to welfare services, throughout the process.

The DSL oversees the provision of support but may appoint an appropriate manager to ensure this is carried out.

### **Documentation and Record-Keeping**

The DSL ensures that detailed and secure records are maintained of all actions, decisions, and communications related to the case. While the DSL oversees this process, specific record-keeping responsibilities may be assigned to an appropriate manager involved in the case.

### **Oversight of Investigations**

The DSL oversees all aspects of the investigation to ensure it is conducted thoroughly and in line with statutory guidance. This includes:

- Monitoring communication with the LADO, police, and other agencies to ensure safeguarding protocols are followed.
- Ensuring that actions recommended by external agencies or strategy meetings are implemented appropriately by the designated manager.
- Reviewing progress regularly to ensure a timely resolution of the case.

### **Reporting to Senior Leadership**

The DSL remains accountable for ensuring senior leadership is regularly updated on the progress of the case, safeguarding responsibilities are met, and confidentiality is maintained.

### **Conclusion**

Pebbles Care is committed to fostering a culture of safety, transparency, and accountability. By maintaining oversight of the process, working collaboratively with the LADO and other agencies,

consulting with HR where necessary, and delegating tasks to an appropriate manager, the organisation ensures the highest safeguarding standards are upheld.

## 20. Minimising risk

Staff should consider the appropriateness of their behaviour and that of their colleagues. Staff and children/young people alike should feel confident about discussing behaviour which they do not like, or which makes them uncomfortable - a positive environment helps build a climate of openness where this can happen.

The designated safeguarding lead should ensure staff have a good understanding of the professional code of conduct expected of staff and should use this as a guide to interactions with children/young people. Where a member of staff feels that their actions have been or might have been, misinterpreted, they should make a written report to their line manager without delay. In the event of an investigation subsequently being undertaken in response to this or any future allegations, this report will form part of the investigation.

A number of day-to-day activities in school should be considered by staff in relation to approaches to helping and supporting children/young people to meet their needs, e.g.:

- Private meetings with children/young people – If one-to-one meetings are necessary, such as tutor sessions, they should take place in a room with visual access or where possible, with the door open.
- Physical contact with children/young people – This is likely to occur through reassurance or comfort when a child/young person is distressed. Contact should be minimal and respectful of the child's comfort and preferences.
- Relationships – If a staff member is concerned that a child/young people have feelings for them beyond the bounds of a professional relationship, they should seek the advice of their line manager.
- Restraint – When necessary to protect the child/young person or others from harm, and always as a last resort (after other attempts to de-escalate or defuse a situation), it may be necessary to physically intervene with a child/young person. If so, the minimum force necessary should be used and, if possible, another member of staff should witness and assist. Where staff are required to physically restrain children/young people on a regular basis, they should receive regular and specialised training. All Incidents of restraint should be logged on the database.
- Verbal banter – Positive relationships between staff and children/young people can often involve humour. Staff should, however, be aware that there is a fine line between remarks perceived as fair and humorous and those which are felt to be hurtful, humiliating and embarrassing.



## 21. Supporting staff

Staff who become involved in child protection matters, contribute to decisions that make a profound impact on the lives of children and whole families. At times, staff may feel a strong emotional response including guilt, anger, frustration, despair and doubting of their suitability for the profession.

Since it is often children/young people who choose which member of staff they will disclose information to, it may be younger inexperienced staff that children/young people will approach. Child protection training will remain abstract until the reality of a child's experience of abuse or neglect is presented to a staff member in living reality. Staff welfare and support systems must be in place to help staff cope with this. In addition, there are several issues which should be taken into consideration:

- Key staff supporting children/young people may feel a strong attachment to the case.
- The member of staff may later be rejected by the child/young person or may feel displaced by other professionals who take on a statutory or support role. Good debriefing for staff involved with children/young people will help this to be discussed.
- Staff should always be allowed to set their limits on what support they feel able to provide to children and to set limits on their level of involvement in child protection proceedings. Even where a child/young person has approached them for support, staff should feel confident to defer to other staff, and should never feel under pressure to become involved in situations where they feel out of their depth.
- Staff may support children/young people to attend Hearings, Reviews or may attend case conferences, in which they may hear information about children/young people and families that they were previously unaware of, and which is traumatic for them. Good debriefing must be arranged for staff following their involvement.
- Many adults have experienced abuse in the past, which they may not have come to terms with. Staff faced with the experiences of children/young people may become overwhelmed by buried emotions for which they require support and counselling themselves. Some staff may be particularly zealous as a result of their experiences, for which they should also be provided with support and counselling. Some of these issues may not come to light unless there is good debriefing for staff as a matter of course.
- Staff who experience health problems following their involvement in cases may have a stress-related illness. The establishment should not wait until this occurs to offer support but should ensure following any time off, there is an appropriate back-to-work discussion to consider further support needs.
- The formal expectation by the establishment of an individual debriefing for staff following involvement in each stage of a child protection case helps guard against staff perceiving the seeking of support as stigmatising.



Staff debriefing should:

- take place after each stage of an investigation and subsequent action, and at any time afterwards when staff feel the need for it
- be provided by a consistent member of senior staff, ideally trained for this role
- involve discussion and be a separate process from reporting and recording
- allow the member of staff to reflect, express feelings and seek reassurance

It may be helpful to keep a brief record of these meetings. Staff welfare and support systems back up the formal debriefing, and must be:

- confidential and discreet
- available for as long as it is required, and may begin sometime after involvement in a case if it is not desired immediately
- must be presented as a service for both experienced and inexperienced staff, male and female

Support must not be associated with personal weakness, personal problems, or lack of professional skill. It is an aspect of professional development open to staff.

Staff recruitment and selection:

The recruitment and selection policy reflects the recommendations of the 1992 Warner Report entitled, 'Choosing with Care'. No staff members are exempt from the requirements of this policy regardless of their experience or status. Staff members are subject to enhanced criminal background checks and must complete a 6-month probationary period before being offered permanent contracts. A clearly defined Induction Programme must also be satisfactorily completed before a new staff member can actively begin to undertake the role for which they were appointed. It will be made clear at interview and induction, that staff members have a responsibility to report any safeguarding concerns that they have, with regard to the young people in their care at Darwin School.

## 22. Reporting concerns

It is the responsibility of every staff member to report concerns, suspicions or allegations of abuse or harm as per this policy. You must report immediately to the Designated Safeguarding Lead without delay.

Legislative framework and guidance

- [https://assets.publishing.service.gov.uk/media/66d7301b9084b18b95709f75/Keeping\\_child\\_ren\\_safe\\_in\\_education\\_2024.pdf](https://assets.publishing.service.gov.uk/media/66d7301b9084b18b95709f75/Keeping_child_ren_safe_in_education_2024.pdf)

- [https://assets.publishing.service.gov.uk/media/65797f1e0467eb000d55f689/Working\\_together\\_to\\_safeguard\\_children\\_2023 - statutory framework.pdf](https://assets.publishing.service.gov.uk/media/65797f1e0467eb000d55f689/Working_together_to_safeguard_children_2023_-_statutory_framework.pdf)

## 23. Revision history

Date of next review: Jan 2026

Name	Document Owner:	Reviewed by	Version:	Review Date:
Child Protection Policy	Care Operations	Annette Stedman	01	May 2020
Child Protection Policy	Care Operations	Russell Shackford	02	30/01/2024
Child Protection Policy	Care Operations	Dave Hitchen	03	29/01/2025