



# **SAFEGUARDING CHILDREN POLICY**

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# SAFEGUARDING CHILDREN POLICY

This policy refers to under 18s including younger children and teenagers engaged in activities that take place within the responsibility and control of Reflect Church.

## **Reflect Church is committed to:**

- Listening to, relating effectively with and valuing children whilst ensuring their protection within Reflect Church buildings and activities.
- Encouraging and supporting parents / carers.
- Ensuring that staff members, contractors and volunteers are given relevant support and training.
- Having a clear system for dealing with concerns about safeguarding issues.
- Maintaining good links with the statutory childcare authorities.

## **Reflect Church will:**

- Provide an environment where all children are safe from abuse, and in which any suspicion of abuse is promptly and appropriately responded to.
- Comply with national and local guidance on child protection.
- Follow **Safer Recruiting** procedures and policies for all staff members, contractors and volunteers.
- Appoint **Designated Safeguarding Officer(s)** with responsibility for coordinating action within Reflect Church and for liaison with other agencies.

In order to achieve this Reflect Church will endeavour to:

## **1. EXCLUDE KNOWN ABUSERS**

It is important that all possible steps are taken to prevent unsuitable people working with children. Anyone whose work gives them 'substantial unsupervised access on a sustained and regular basis to children under the age of eighteen' must declare all previous criminal convictions which are then subject to checks.

It will be made clear to all potential employees, contractors and volunteers within Reflect Church, that working with children within Reflect Church (whether voluntary or paid) is exempt from the provisions of the Rehabilitation of Offenders Act 1974.

All paid staff, contractors and volunteers working with children or vulnerable adults within Reflect Church will be subject to a check by the Disclosure and Barring Service (DBS).

All volunteers are hand-picked by the team leaders, from regular Reflect Church attenders, that have been known to us for at least three months and Reflect Church is confident that they are suitable and can be safely entrusted with children.

High risk/sex offenders will be appropriately supervised and managed within our facilities with clear boundaries reinforced so that they are never alone, for the protection of themselves as well as others.

## **2. PRACTISE SAFER RECRUITING**

Reflect Church is committed to safer recruiting in order to deter people who might abuse children or vulnerable adults at risk from applying to these roles where they will have access to these groups.

Reflect Church has a Safer Recruiting policy in place to identify and reject applicants who are unsuitable to work with children and young people, including conducting interviews, obtaining references and performing DBS checks.

This policy includes a procedure to respond to concerns appropriately either during or after the recruitment process. We will not appoint anyone where there are doubts as to their suitability.

All staff and volunteers who work with children will take part in safeguarding training as part of their induction, and will be required to refresh this training annually.

For further information please refer to the Reflect Church Safer Recruiting Policy.

### 3. SEEK AND SUPPLY TRAINING

Reflect Church will provide relevant support and training to all employees, contractors and volunteers, to ensure that they recognise the symptoms of child abuse.

Safeguarding training will be provided and will be updated annually. A record of all training completed will be held by Reflect Church.

### 4. PREVENT ABUSE BY MEANS OF GOOD PRACTICE

- Adults will not be left alone with a child unless completely unavoidable.
- Adults who have not undertaken satisfactory DBS checks will not take children to the toilet by themselves.
- Adults should treat all children and teenagers with dignity and respect in attitude, language used and actions. They will support and encourage the child to be as independent and autonomous as possible, depending on the child's age and ability. They will respect the privacy of children.
- Adults must not initiate physical contact with a child (e.g. hugging or kissing). Where a child initiates physical contact, adults must ensure that their response is appropriate, proportionate, and takes place in a public or observable setting.
- Adults must not engage in any behaviour that is, or could reasonably be perceived as, questionable or inappropriate, including rough play or sexually suggestive games, comments, or behaviour.
- Where confidentiality is important (e.g. counselling a young person) all adults must ensure that another adult is present.
- No adult will promise to 'keep a secret' at any time. In the event of a disclosure by a child, the appropriate procedures will be followed.
- Adults should not use digital communication platforms such as email, social media or text to have one on one conversations or interact in any way online (including following from personal profiles) with children or teenagers.
- All digital communication should be directly with parents or carers or with the consent of parents or carers through a group chat with at least two adult team members present.
- Adults should not give a lift to a child without parent's consent except in emergencies. As much as possible, this should not happen without others present in the car. In the event of an emergency, only a person with a valid DBS certificate should be allowed to give a lift to a child.
- Whenever children's activities are provided, the following adult to child ratios will be adhered to wherever possible:
  - 1 - 2 years      1:3
  - 2 - 3 years      1:4
  - 4 - 8 years      1:6
  - 9 - 12 years    1:8
  - 13 - 18 years   1:10

## 5. RESPOND APPROPRIATELY TO SUSPICIONS OF ABUSE OR NEED

All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately, and anything in the child's behaviour or appearance that gives cause for concern will be investigated. In these cases it is the aim of Reflect Church to minimise damage or distress to the child and to promote recovery.

All staff, contractors and volunteers will comply with the procedures of Reflect Church, as stated in Appendices.

All such suspicions and investigations will be kept confidential, shared only with those who need to know. Where there are concerns about a child, the **Designated Safeguarding Officer(s)** is responsible for deciding what steps should be taken.

In all cases an accurate record of events will be made using the relevant reporting forms.

## 6. WORK IN PARTNERSHIP WITH PARENTS / CARERS AND OTHER AGENCIES

### Involving parents / carers

Reflect Church believes that parents are the most important people in a child's life and should be involved in decisions relating to their child. It therefore seeks to work alongside parents, carers and families to encourage and support them. Where there is a conflict of interest between the child and parent, the welfare of the child must be paramount.

The Children Act 1989 Section 3(5) states that:

“A person who does not have parental responsibility for a particular child, but has care of the child, may (subject to the provision of the Act) do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.”

Therefore any concerns would normally be discussed with parents / carers before approaching other agencies, and parental consent would be given before making a referral to another agency. However, there may be occasions when doing so would put the child or others at risk, in which case another agency may be contacted **before** informing parents / carers.

### Multi-agency work

Reflect Church aims to work in partnership with other agencies in the best interests of the children and families it is supporting, and will cooperate fully with social care where they are conducting Child Protection enquiries.

Reflect Church will share information with other agencies as necessary, in accordance with current government guidance on information sharing.

## **7. ENSURE THE APPROPRIATE USE OF PHOTOGRAPHY ON DIGITAL PLATFORMS AND PRINT MEDIA**

Reflect Church believes that digital communication such as social media can be an effective and essential method for communicating Christ's message throughout the church. To ensure the safety of children, we commit to the following:

- No photographs of children under the age of 16 should be taken or used on any form of digital platform such as social media, website or print media unless written consent has been given by a parent or carer.
- Staff, contractors and volunteers must not use any images of children taken at a church event under the age of 16 on their own personal social media platforms.
- Any images of children under the age of 16 will only be used on official Reflect Church platforms.

**THIS POLICY WAS REVIEWED:**                      **3rd June 2025**

**NEXT REVIEW DATE:**                              **3rd June 2026**

# **APPENDIX 1**

## **DEFINITIONS & GUIDANCE ON RECOGNISING ABUSE**

### **A CHILD IN NEED**

Not all worries about a child will be about abuse. You may feel that the family needs additional support from their local authority. The government classes these children as being 'in need'. A child is classed as being in need if:

- they are unlikely to achieve or maintain or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of service by the local authority
- their health or development is likely to be significantly impaired, or further impaired without the provision of such service
- they are disabled.

### **CHILD ABUSE**

Child abuse is the term used to describe how children are significantly harmed, often by adults, but also by other children and young people.

Child abuse can take a number of forms but can be identified under four general categories:

- physical abuse (including bullying)
- neglect
- emotional abuse (including exposure to domestic violence)
- sexual abuse (including child sexual exploitation, forced marriage & female genital mutilation)
- radicalisation.

## RECOGNISING ABUSE

### PHYSICAL ABUSE

May involve:

- hitting
- squeezing
- shaking
- biting
- twisting a child's arms or legs
- burning or scalding
- poisoning
- giving alcohol or drugs to a child
- drowning
- suffocating
- throwing
- kicking
- reporting non-existing symptoms
- deliberately causing ill health to a child.

### Signs of Physical Abuse

The following signs may indicate the possibility of abuse. It is important to remember that none of the following are conclusive proof of abuse and all can have an innocent explanation:

- any injuries at all – even small bruises – to young babies who are not yet able to move independently
- injuries that the child cannot explain or that they explain unconvincingly or injuries which do not match the explanation given for them
- children seeking to conceal injuries by keeping their arms and legs covered
- bruises in places where you would not normally expect to find them or where it is difficult to injure yourself
- bruises which have a distinctive shape or pattern, like handprints, grasp or finger marks or belt marks
- burns or scalds with clear outlines – cigarette burns
- bite marks – bruises like 'love bites'.
- bruising in or around the mouth, especially in babies
- untreated or inadequately treated injuries
- the child appearing sad, withdrawn or depressed
- aggressively or disruptive behaviour
- fear of certain adults
- over-compliance
- lack of confidence and low self-esteem
- signs of alcohol or drug intoxication or poisoning
- violence or aggression toward others including bullying.

### NEGLECT

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. This may warrant extra services being put in place for the family but this does not mean that their children are being neglected. Neglect involves ongoing, severe failure to meet a child's physical and/or emotional needs, likely to result in the serious impairment of the child's health or development.

Neglect can result when adults are unable to, or fail to, meet the physical or emotional needs of the children they are responsible for.

All children need adequate food, clothing, shelter, warmth, love and attention to grow and develop properly. If they do not receive enough of any of these, their growth and development may suffer and they may even become disabled.

Children may also be neglected when carers do not ensure that they receive proper medical care or knowingly placing them in dangerous situations.

### **Signs of Neglect**

The following examples may indicate neglect (but are not designed to be used as a checklist):

- hunger, stealing food or scavenging food compulsively
- untreated illnesses or injuries
- continually smelly, scruffy and dirty appearance
- poorly or inappropriately dressed for the weather
- repeated accidents, suggesting a lack of proper supervision
- tiredness or listlessness
- poor concentration
- affection/attention seeking behaviour
- failure to achieve developmental milestones, for example growth, weight
- failure to develop intellectually or socially.

### **EMOTIONAL ABUSE**

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

Emotional abuse may happen when a carer behaves in a persistently indifferent or hostile way towards a child, perhaps through bullying, rejecting, frightening, criticising or scapegoating the child. 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 happen when a carer's behaviour is inconsistent so that the child never knows what reaction to expect. It may happen when carers are very possessive or over-protective, severely limiting the child's exploration and learning or preventing the child participating in normal social interaction. In severe cases, children may be subjected to cruel treatment and punishment, like being locked in cold, dark surroundings or being made to do endless, inappropriate household tasks. A child living with domestic violence is also suffering emotional harm.

### **Signs of Emotional Abuse:**

- depression, withdrawal and isolation
- over-reaction to mistakes, continual self-deprecation
- persistently blaming for things that go wrong
- carries out tasks inappropriate to their age
- not allowed to do normal childhood activities
- excessive fear of their parents or carers
- clinginess and tearfulness
- delayed physical, mental, emotional development
- sudden speech or sensory disorders
- neurotic behaviour (rocking, banging head, regression, tics and twitches)
- self-harming, drug or solvent abuse
- inappropriate emotional responses, fantasies

- running away
- compulsive stealing.
- appetite disorders (anorexia nervosa, bulimia)
- behavioural problems
- struggling to concentrate
- soiling or enuresis inappropriate to their age/development

## **SEXUAL ABUSE**

Sexual abuse occurs when someone engages a child in sexual activity, to fulfil their own sexual desires, which the child may not really understand and to which the child is not able to give informed consent. Child abusers can be male or female. They may be an adult, young person or child. The abuser may use different ways to persuade the child to co-operate such as bribery, threats or physical force.

Sexual abuse can take different forms from touching to intercourse and often does not cause any outward signs of physical injury. It can happen to boys as well as girls and to children of any age (birth to 18). Sexual abuse may include non-contact activities such as involving children in looking at, or in the production of, online sexual images or watching sexual activities or encouraging children to behave in sexually inappropriate ways. Often abusers will go to great lengths to win the trust of the child and to prevent them from disclosing the abuse.

Sexual abuse can have long-lasting effects. Some children who have been abused go on to abuse other children. Some find as they grow up that they are unable to have close relationships with other people. Others deliberately injure themselves because they feel so awful about themselves.

### **Signs of Sexual Abuse**

Children who are sexually abused may display physical and behavioural signs of abuse. The following signs may indicate sexual abuse:

- sexually explicit play or behaviour
- anal or vaginal discharge, bruising, soreness or scratching in genital area
- stomach pains or discomfort walking or sitting
- inability to concentrate, tiredness
- inappropriate sexual knowledge for age or use of sexually explicit language
- reluctance to go home, or running away from home repeatedly
- attention seeking behaviour, self-mutilation or substance abuse
- over-compliant behaviour
- regressive behaviour: soiling, enuresis
- depression, withdrawal, isolation from peer group
- refers to a new, 'secret' friendship with an adult or young person
- displays unexpected fear or distrust of a particular adult

## **CHILD SEXUAL EXPLOITATION**

Child Sexual Exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (e.g. food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim, which increases as the

exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. Sexual abuse covers penetrative sexual acts, sexual touching, masturbation and misuse of sexual images – for example on the internet or by mobile phone.

Any child or young person can be a victim of sexual exploitation, but children are believed to be at greater risk of being sexually exploited if they:

- are homeless
- have feelings of low self-esteem
- have had a recent bereavement or loss
- are in care
- are a young carer.

### **Signs of CSE**

The signs of child sexual exploitation may be hard to spot, particularly if a child is being threatened. Signs that might suggest a child is being sexually exploited may include the child or young person:

- going missing for periods of time or regularly returning home late
- skipping school or being disruptive in class
- appearing with unexplained gifts or possessions that can't be accounted for
- experiencing health problems that may indicate a sexually transmitted infection
- having mood swings and changes in temperament
- using drugs and alcohol
- displaying inappropriate sexualised behaviours, such as over familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ("sexting")
- they may also show signs of unexplained physical harm such as bruising and cigarette burns.

However, it is also important to recognize that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

### **FEMALE GENITAL MUTILATION**

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

There are a range of potential indicators that a child or young person may be at risk of Female Genital Mutilation (FGM), which individually may not indicate risk but if there are two or more indicators present this could signal the child or young person might be at risk. The following are some signs that a girl may be at risk of FGM:

- the family belongs to a community in which FGM is practiced
- the family makes preparations for the child to take a holiday, e.g., arranging vaccinations, planning an absence from school
- the child talks about a 'special procedure/ceremony' that is going to take place
- an awareness that the procedure has already been carried out on a mother, prompting concern for any daughters, girls or young women in the family

It should be noted that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, but she might talk about, being taken 'home' to visit family, a special occasion to 'become a woman', an older female relative visiting the UK. She may ask another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

### **Signs of FGM**

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear
- complain of pain between their legs, or talk about something someone did that they are not allowed to talk about.

## **RADICALISATION**

The Counter Terrorism and Security Act (2015) places a duty on certain bodies to have 'due regard to the need to prevent people from being drawn into terrorism'. While Reflect Church is not required by law to comply with this duty, it is our policy to ensure that Reflect Church is a safe place in which children and young people can understand and discuss sensitive topics, which may include terrorism and the extremist ideas that are part of terrorist ideology, and learn how to challenge these ideas.

### **The following indicators could suggest that a young person is being radicalized:**

Physical changes such as:

- sudden or gradual change in physical appearance
- sudden or unexpectedly wearing religious attire
- getting tattoos displaying various messages
- unexpectedly growing a beard
- unexpectedly shaving their head (skinhead)
- possesses unexplained gifts and clothing (groomers will sometimes use gifts such as mobile phones and clothing to bribe a young person).

Social changes:

- cuts ties with their friends, family or community
- starts to become socially withdrawn
- becoming dependent on social media and the internet
- begins to associate with others who hold radical views
- bullies or demonises other people freely
- begins to attend rallies and demonstrations for extremist causes
- associates with known radicals
- visits extremist websites, networks and blogs

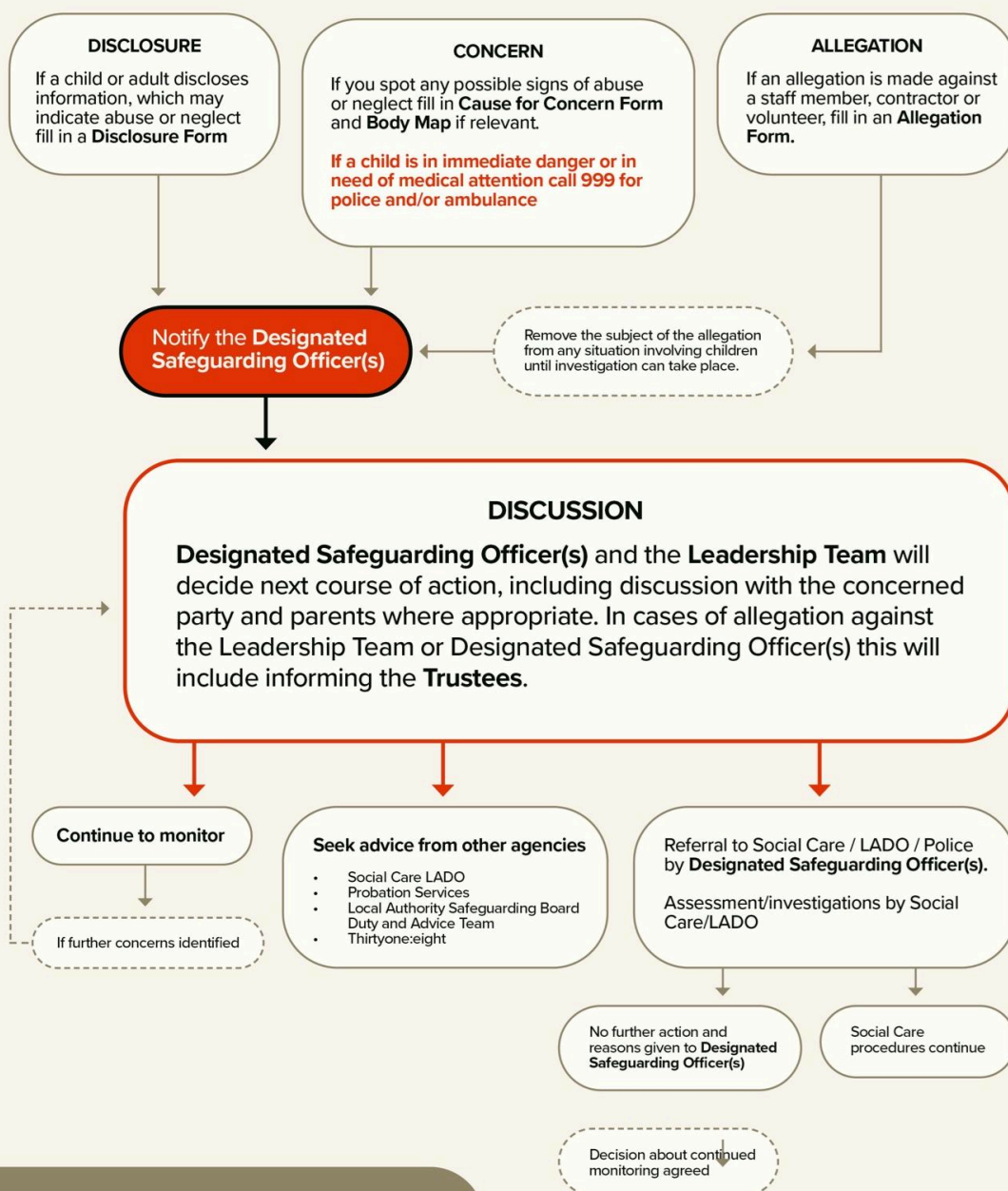
Emotional and verbal changes:

- begins to complain, often with anger, about governmental policies, especially foreign policy

- advocates violence or criminal behaviour
- begins to believe in government conspiracies
- exhibits erratic behaviour such as paranoia and delusion
- speaks about seeking revenge
- starts to exhibit extreme religious intolerance
- demonstrates sympathy to radical groups
- displays hatred or intolerance of other people or communities because they are different

## APPENDIX 2

### PROCEDURES TO FOLLOW WHERE THERE ARE CONCERNS ABOUT A CHILD



Forms can be accessed from the Spark Kids handbook on a Sunday or on the Safeguarding Google Drive.

## APPENDIX 3

### DEALING WITH A DISCLOSURE OR ALLEGATION OF ABUSE

This may be a parent, another child or anybody else.

If a child says that he or she is being abused or provides information that suggests that they are being abused, the person receiving that information should:

- listen to the child and take what they are saying seriously
- do not transmit shock, anger or embarrassment
- be calm and reassure the child but do not make promises you cannot keep, for example telling the child that you won't tell anyone else, or saying everything will be alright
- explain to the child who needs to be told about the situation
- never stop a child who is freely recalling significant events
- ask questions only to clarify understanding of what the child has said. Do not interrogate the child. Ask only 'open' questions e.g. child: "I got hit," staff member: "How did that happen?" not "Who hit you?" (Don't introduce any information that the child hasn't volunteered. Use non-leading questions such as "Tell me about" or "Explain how")
- check that you have understood correctly what they have told you
- let the child know you understand what they have said and that you will act upon it
- at the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know
- keep the child informed of what is happening as far as possible
- make a note of the discussion, taking care to record the timing, date, setting and personnel present
- record as accurately as possible what was actually said by the child, using the child's own language
- include any questions you may have asked, but do not add any opinions or interpretations
- record all subsequent events, behaviour etc. which may be relevant.

An allegation of abuse may also be made by someone other than the child, in which case the same procedures should be followed.

*N.B. It is not any staff member or volunteer's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try and make time to talk.*

**The staff member or volunteer must not deal with this by themselves. They should immediately report their concerns to a member of the Leadership Team and/or the Designated Safeguarding Officer(s), who will follow Reflect Church procedures.**

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening and supporting a child/young person who has been abused can be traumatic for the adults involved. Support will be available from the Leadership Team.

**In the event of an allegation against a staff member, contractor or volunteer at Reflect Church** the person who is the subject of the allegation will be removed from any situation involving children in order to provide the opportunity for all allegations to be investigated thoroughly.

In some circumstances allegations can be about poor practice rather than child abuse, so it is vital that all allegations are investigated.

The Leadership Team alongside the Designated Safeguarding Officer(s) must follow the appropriate procedure and decide the next course of action. They should consider whether that individual has access to children in another setting and whether other departments within Reflect Church or other workplaces need to be informed. Also they should seek advice from Social Care or other organisations, if unsure of appropriate action.

If an external investigation is required the Local Authority Designated Officer (LADO) will be contacted to oversee the investigation.

Should the allegation concern a member of the Leadership Team or a Designated Safeguarding Officer(s), the Trustees should be informed and depending on the severity of the situation will oversee internal investigations. Also if an allegation against a volunteer or a staff member is of a very serious nature and is substantiated by the initial investigation, the Reflect Church Trustees will be informed.

## **RECORDING INFORMATION**

It is very important to keep an accurate record of all that has happened, stating facts of any injury, times, dates, explanations and action taken, using the Cause for Concern Form, Report of Disclosure Form or Allegation Form where appropriate.

Any signs of physical injury should be described in detail, and sketched using a copy of the Body Map (Appendix 4). Any comments by the child concerned, or by an adult who might be the abuser, about how the injury occurred should be recorded, preferably quoting the words actually used, as soon as possible after the comment has been made.

The Designated Safeguarding Officer(s) should maintain a confidential record log in which staff members and volunteers can log details of any incidents and circumstances that have caused them concern. It is important that all concerns should be recorded regardless of whether Social Care is involved.

Information should be based only on facts. It should not include assumptions and should not refer to child abuse.

Be aware that you may be required to give this information to a social worker, the police or the court at some future date.

## APPENDIX 4

### FORMS & REPORTS

#### CAUSE FOR CONCERN FORM

<b>Name of child:</b>	<b>Date of birth:</b>
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone number:</b>	
<b>Parent or carer:</b>	
<b>Nature of concern:</b> (Please give full details of the nature of the concern, ensuring that you record dates, times, frequencies, as appropriate and any relevant conversations.)	
<b>Please continue on additional sheet if necessary</b>	
<b>Name of person making report:</b>	
<b>Signature:</b>	<b>Date:</b>

## CAUSE FOR CONCERN FORM (cont.)

<b>This section to be completed by the Designated Safeguarding Officer / Leadership Team:</b>	
<b>Date of notification to the Designated Safeguarding Officer / Leadership Team:</b>	
<b>Has the concern been discussed within the Leadership Team : Yes/No</b>	
<b>Action Taken:</b> (this section might include details of initial enquiries of the child, consultation and/or referral to Social Care, and any contact or explanations from parents/carers etc.)	
Please continue on additional sheet if necessary	
<b>Any additional information / comments:</b> Including any follow up or actions needed, feedback from Social Care etc.	
Please continue on additional sheet if necessary	
<b>Is the parent / carer aware of the concern? Yes / No</b>	
<b>Signature:</b>	<b>Parent / carer signature (if appropriate)</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Date:</b>	<b>Date:</b>

# REPORT OF DISCLOSURE FORM

Name of child:	Date of birth:
Location when disclosure took place:	
Full details of the disclosure:	
Please continue on additional sheet if necessary	
Date and time of notification to the Designated Safeguarding Officer / Leadership Team:	
Date and time of writing this report:	
Name of person making the report:	Position:
Signature:	Date:

# REPORT OF ALLEGATION FORM

<b>Name of child:</b>		<b>Date of birth:</b>	
<b>Location when allegation took place:</b>			
<b>Full details of the allegation:</b>			
<b>Please continue on additional sheet if necessary</b>			
<b>Date and time of notification to the Designated Safeguarding Officer / Leadership Team (please circle as appropriate):</b>			
<b>Date and time of writing this report:</b>			
<b>Name of person making the report:</b>		<b>Position:</b>	
<b>Signature:</b>		<b>Date:</b>	

## **BODY MAP**

### **HOW IS THE BODY MAP USED?**

The details that should be included on a child protection body map are:

- Information on who noticed the injury, when they noticed it and what their role is in relation to the child.
- Details of the injury – where it is on the child, what it looks like, its colour, shape, size and condition.
- Details of all visible injuries, even small marks that may not seem of concern at the time.
- In regards to the condition of the injury, is it deteriorating or getting better?
- Is the child in distress or indifferent about the injury?
- Information on any explanations behind the injuries.
- Observations of the child – how are they feeling, what is their behaviour like?
- Information on anything that the child or parent says about the injury.
- Include both a drawing and a written description of the injury.

### **WHICH INJURIES SHOULD BE RECORDED ON A CHILD PROTECTION BODY MAP?**

All injuries, no matter how small, should be included on the body map. What may seem insignificant now may become more important in the future so it is always a good idea to have a record of everything. The most common sites for non-accidental injury are:

- Eyes
- Ears
- Cheeks
- Mouth
- Shoulders
- Chest
- Upper and inner arms
- Stomach/abdomen
- Genitals
- Front and back of thighs
- Buttocks
- Hands
- Feet

The NSPCC states that particular attention should be paid to bruises which have petechiae (dots of blood under the skin) around them, which are found more commonly in children who have been abused than in those injured accidentally.

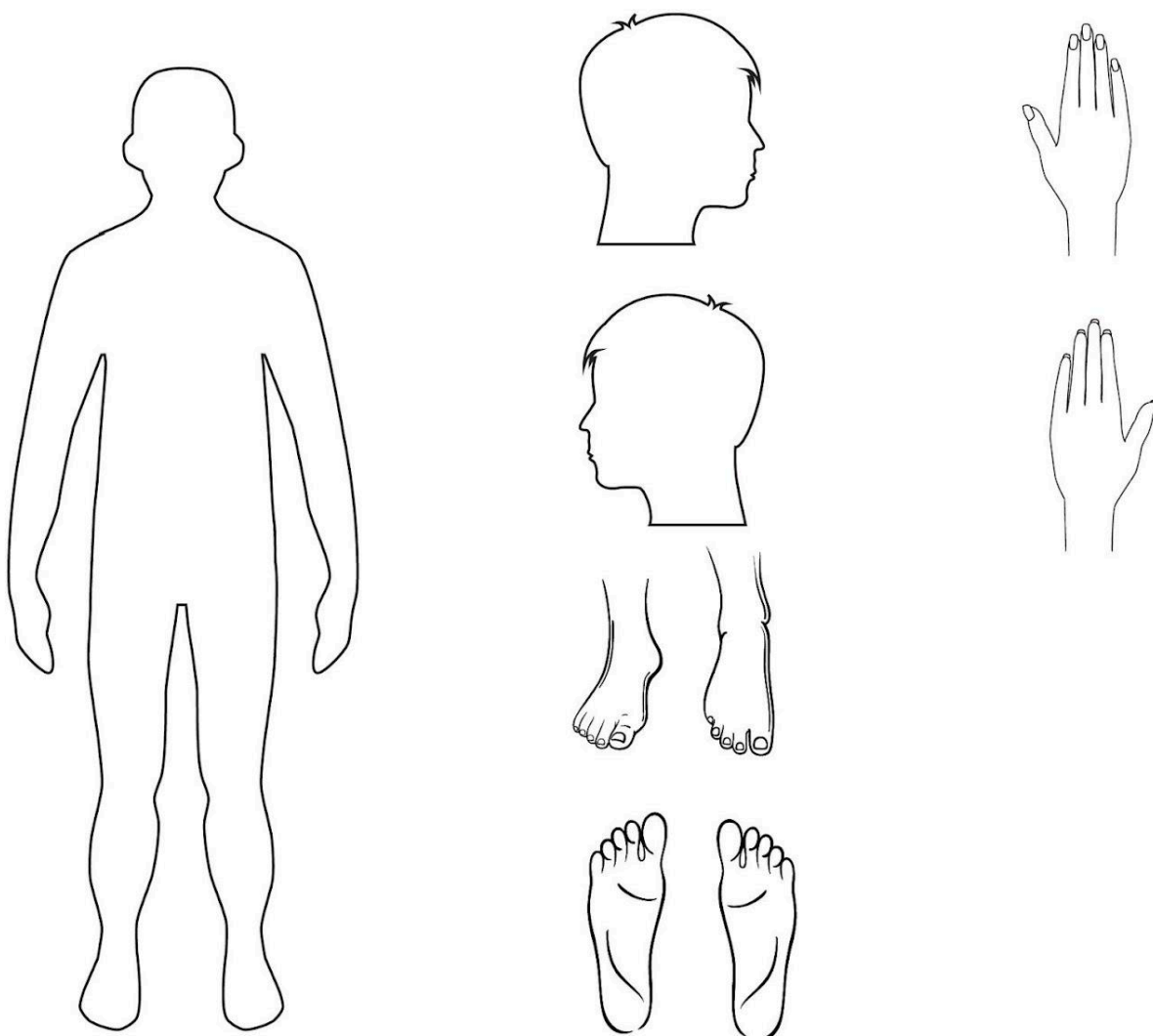
Clusters of bruises are also a common feature in abused children. These are often on the upper arm, outside of the thigh or on the body.

Furthermore, abusive bruises can often carry the imprint of the implement used or the hand.

You can access further NSPCC guidance on their website.

## BODY MAP (cont.)

<b>Name of child:</b>	<b>Date of birth:</b>
<b>Name/relationship of person making report:</b>	<b>Date recorded:</b>
<b>Observations:</b>	



**Note: When recording injuries you should never photograph the child.**

## **APPENDIX 5**

### **AGENCY CONTACT DETAILS**

#### **ThirtyOne:Eight**

An Independent Christian Safeguarding Charity which provides a confidential helpline

0845 120 4550

Monday to Friday 09:00 – 17:00 (outside office hours for urgent advice only)

It is staffed by social workers and counsellors with collective experience in this field. Everyone is welcome to use the helpline – it serves individuals but is also available to church leaders, organisations, social workers, Local Safeguarding Children Boards and other professional bodies.

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**Newham LADO: Alex Mihu or Evelyn Millyard on: [lado@newham.gov.uk](mailto:lado@newham.gov.uk)**

Telephone: 0792 9182 262 / 07929 399336

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#### **Newham Child Protection**

020 3373 4600 (9am - 5.15pm)

020 8430 2000 (other times)

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#### **Childline**

Freephone 0800 1111

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#### **NSPCC**

Freephone 0800 800 5000

## REFLECT CHURCH CONTACT DETAILS

### Designated Safeguarding Officer

**Anna Roberts**  
[anna@reflect.church](mailto:anna@reflect.church)

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### Leadership Team

**Sats & Emma Solanki**  
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**Aidan & Anna Roberts**  
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**Angelica Too**  
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### Trustees

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