

POLICY DOCUMENT

SAFEGUARDING AND CHILD PROTECTION POLICY

Document Control

Name of document:	Safeguarding & Child Protection Policy
Version:	Final
Approved:	21.07.2026
Access and file location:	Internal: Digital files External: Website & waiting list confirmation email
Next review due:	July 2027
Enquiries to:	Yolande Russell/Michaela Trett
We will make changes to our policy and procedures in line with Norfolk Safeguarding Children Partnership's guidance on norfolklscp.org.uk .	

KEY CONTACTS

Designated Safeguarding Person (DSP): Yolande Russell (CEO): 07960 922873

(Mon, Tues, Thurs, Fri between 9am and 6pm)

Deputy Safeguarding Person (Deputy DSP): Michaela Trett: 07411 061664

(Tues, Wed, Thurs, Fri between 8.30am and 4.30pm)

Eating Matters named Trustee: Lauren Clark: 07443 336389

If the DSP or Deputy DSP are unavailable, anyone with a safeguarding concern can contact The Children's Advice and Duty Service (CADS).

A staff member or volunteer can call (0344 800 8021) and choose from the following options:

Option 1 -the child or young person is currently being supported by a Social Worker or Family Practitioner.

Option 2 - your call relates to Child Exploitation.

Option 3 - your call relates to Domestic Abuse.

Option 0 – for Child Protection and immediate Safeguarding Concerns

(Please note, during busy periods, if your call is not answered within 40 minutes, a call back option will be offered)

A parent or member of the public can call (0344 800 8020).

If you feel a child is at risk of immediate harm, call the Police on 999.

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PURPOSE

The purpose of Eating Matters Safeguarding policy is to ensure that all necessary steps are taken to protect from harm those children who attend our charity. A child is defined as a person under the age of 18 (The Children Act 1989).

This policy establishes Eating Matters' position, role and responsibilities and clarifies what is expected from all staff, counsellors and volunteers and highlights the importance placed by Eating Matters on the protection of children.

This policy will give clear direction to staff, counsellors, volunteers, visitors, and carers about the expected behaviour and our legal responsibilities to safeguard and promote the welfare of all children at Eating Matters.

INTRODUCTION

Eating Matters provides counselling support to 11 to 18-year-olds struggling with disordered eating behaviours which are impacting their mental health.

Eating Matters fully recognises the contribution it can make to protect children from harm and to support and promote the welfare of all children. The aims of our policy are prevention, protection and to support all children, staff, counsellors, volunteers and visitors to Eating Matters.

Eating Matters adheres to the Charity Commission's strategy for dealing with safeguarding issues in charities.

OUR ETHOS

Eating Matters will establish and maintain an ethos where children and young people feel safe and are encouraged to talk and be listened to. Children and young people will be able to talk freely to a member of staff or counsellor if they are worried or concerned about something.

All staff, counsellors and volunteers will, through training and/or induction know how to recognise a disclosure from a child and will know how to manage this. We will not make promises to any child, and we will not keep secrets. We will encourage open communication, and every child will know how their chosen adult will have to deal with any information they have been given.

We will, at all times, work in partnership and endeavour to establish effective working relationships with parents, carers and colleagues from other organisations where appropriate.

PROCEDURES AND TRAINING

When new staff, volunteers or counsellors join Eating Matters they will be informed of the safeguarding arrangements in place and given a copy of our safeguarding policy and told who our DSP is. All staff and volunteers who have a direct responsibility for children should participate in training courses on Safeguarding Children issues. Training must be completed within 3 months of induction and repeated every 3 years. Policies should be reviewed and re-read every year with training/distribution lists to ensure all staff are included. Staff will be asked to confirm in writing that they have read and understood the policies and procedures.

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Eating Matters will ensure all staff, counsellors and volunteers understand their responsibilities in being alert to the signs of abuse and their responsibility for referring any concerns to the Designated Person responsible for child protection. They will also be shown the recording format.

SAFER WORKING PRACTICES FOR STAFF AND VOLUNTEERS

All staff, counsellors and volunteers who come into contact with children at Eating Matters have a duty of care to safeguard and promote their welfare. There is a legal duty placed upon us to ensure that all adults who work with or on behalf of our children are competent, confident and safe to do so.

All staff, counsellors and volunteers will be asked at induction to read, sign and adhere to Eating Matters' current Code of Conduct.

We ensure we adhere to the principles of safer recruitment as per our policy and also the guidance from Norfolk Safeguarding Children Partnership.

We ensure that we:

- Carefully consider the job description and person specification
- Circulate all vacancies widely
- Prepare an information pack
- Ask for a CV and covering letter
- Define our selection criteria
- Ask for a written declaration with regards to criminal convictions, spent or otherwise
- Ask for identification
- Ask for originals of any qualifications
- Conduct interviews with at least two people present
- Ask for at least two references, including the last employer
- Organise a comprehensive induction period which includes familiarisation with our safeguarding policies, procedures and safeguarding training through the Safer Programme.

Procedure for DBS Checks

We will always gain the correct level of DBS disclosure appropriate to the role. If we are unsure as to what level of DBS check is required for the role, we will consult the [DBS Webpages](#) or contact The DBS Regional Outreach service and speak to the Adviser for the East of England.

Unless an individual is on the update service any information revealed on a DBS certificate will be accurate at the time the certificate was issued. There is no official expiry date for a DBS certificate. However Eating Matters will request a new DBS check every 3 years as part of our ongoing safer working practices.

DBS Update Service

If Eating Matters is using the DBS Update Service we will consult the following guidance for advice on the process: Update Service, Employer Guide - [DBS Update Service: employer](#)

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guide - GOV.UK (www.gov.uk). Any staff or volunteers who subscribe to the DBS Update Service will have their online record checked annually by the Operations Manager.

MANAGING ALLEGATIONS AGAINST PEOPLE WORKING WITH CHILDREN

Our aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children who attend our setting. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children. We work to the thresholds for harm as set out in '*Working Together to Safeguard Children*' (2026).

An allegation may relate to a person who works / volunteers with children who has:

- behaved in a way that has harmed a child, or may have harmed a child and/or;
- possibly committed a criminal offence against or related to a child and/or;
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The 4th bullet point above recognises circumstances where a member of staff (including locum or supply staff) or volunteer is involved in an incident outside of workplace which did not involve children but could have an impact on their suitability to work with children; this is known as transferrable risk.

At Eating Matters we recognise our responsibility to report / refer allegations or behaviours of concern and / or harm to children by adults in positions of trust known to us, but who are not employed by Eating Matters to the Local Authority Designated Officer (LADO) service directly at lado@norfolk.gov.uk

We will take all possible steps to safeguard our children and to ensure that the adults at Eating Matters are safe to work with children. When concerns arise, we will always ensure that the safeguarding actions outlined in the local protocol and procedures NSCP Protocol 8.3 – Allegations Against Persons who Work/Volunteer with Children and The Management of Allegations Against People Working with Children Procedure are adhered to and will seek appropriate advice.

If an allegation is made or information is received about *any* adult who works/ volunteers in our setting which indicates that they may be unsuitable to work / volunteer with children, the member of staff receiving the information will inform the DSP immediately. This includes concerns relating to agency, supply and specialist staff, students and volunteers.

The DSP, should within 1 working day, report the allegation to the LADO in accordance with this procedure, by completing a LADO referral form.

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Should an allegation be made against the DSP, this should be reported to the Deputy DSP. If they cannot be contacted, then contact the named Trustee: Lauren Clark.

The LADO referral form can be downloaded here, under the LADO tab, along with more information:

<https://norfolklscp.org.uk/people-working-with-children/how-to-raise-a-concern>

For further information on the role/remit of Norfolk LADO Service, please see [NSCP Protocol 8.3 – Allegations Against Persons who Work/Volunteer with Children](#) and [The Management of Allegations Against People Working with Children Procedure](#)

Disciplinary Procedures when an allegation has been made against a staff member or volunteer

If an allegation is made against a staff member or volunteer, Eating Matters will follow the procedure laid out in our Disciplinary Policy. Whilst Eating Matters is carrying out an investigation of the allegation any staff member will be suspended from their role pending the outcome of the investigation.

Further Reporting of Allegations

The Charity Commission

As a registered charity Eating Matters will ensure that any serious incidents are reported to the Charity Commission in accordance with the Commission's requirements.

A serious incident is an adverse event, whether actual or alleged, which results in or risks significant:

- harm to your charity's beneficiaries, staff, volunteers or others who come into contact with your charity through its work
- loss of your charity's money or assets
- damage to your charity's property
- harm to your charity's work or reputation

Further guidance and support can be found here:

<https://www.charitysafeguarding.dcms.gov.uk/handling-safeguarding-allegations-charity?page=1>

<https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees#handle-and-report-incidents-and-concerns>

Low level concerns about adults working or volunteering with children which do not meet the harm threshold for a LADO referral

A low-level concern is any concern, doubt, or sense of unease, no matter how small, that someone may have acted in a way that is inconsistent with your organisations code of conduct.

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Behaviour that might be considered as inappropriate often depends on the circumstances. A low-level concern may not be seen as immediately dangerous or intentionally harmful to a child, but it can soon escalate and become a serious safeguarding concern.

Examples of such behaviour could include:

- Being over friendly with children
- Excessive 1-1 to attention beyond what is required for their role
- Having favourites
- Adults taking photographs of children on their mobile phone
- Engaging with a child on a one-to-one basis in a secluded area
- Using inappropriate sexualised, intimidating or offensive language
- Inappropriate sharing of images
- Humiliating children

This list of examples is not exhaustive, and low-level concerns can arise from various forms of behaviour.

Low-level concerns may arise in several ways and from several sources. For example: suspicion; complaint; or disclosure by a child, parent or other adult within or outside of the organisation.

At Eating Matters we promote an open and transparent culture in which all concerns about all adults working in or volunteering on behalf of our organisation are dealt with promptly and appropriately.

Through induction, we ensure all staff/volunteers understand the importance of self-referring, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

Managing a Low-Level Concern

At Eating Matters, staff/volunteers are expected to report all low-level concerns immediately to the Designated Safeguarding Person.

If reported to the DSP they will inform the Board of Trustees of the concern.

The Trustees will be the ultimate decision maker in respect of all low-level concerns

At Eating Matters we understand the importance of recording low-level concerns and the actions taken in light of these being reported. We will review the records we hold to identify potential patterns and take appropriate action. This could be through a disciplinary process, or where a pattern of behaviour moves from a low-level concern to meeting the harm threshold, where it should be referred to the LADO.

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If Eating Matters is in any doubt as to whether the information which has been shared about a member of staff/volunteer as a low-level concern in fact meets the harm threshold, they should consult with the LADO on lado@norfolk.gov.uk

MAKING A BARRING REFERRAL TO THE DISCLOSURE AND BARRING SERVICE

If an allegation has been made about a staff member or volunteer, then our organisation has a legal duty to make a barring referral if the following conditions are met:

Condition 1

- permission is withdrawn for a person to engage in regulated activity with children and/or vulnerable adults. Examples: dismissed, re-deployed, been made redundant or retired.

Condition 2

If we think the person has carried out 1 of the following:

- engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or;
- satisfied the harm test;
- received a caution for, or a conviction for, or been convicted for a relevant offence.

More information on Barring Referrals can be found [online](#).

If we need guidance on making a Barring Referral, we will contact the [East of England DBS Outreach Advisor](#) for support.

A Barring Referral can be completed online via the DBS [website](#).

It will be the responsibility of the DSP to make the referral to the Disclosure and Barring Service. If an allegation is made about the DSP then the Chair of Trustees will be responsible for making the referral.

ROLES AND RESPONSIBILITIES OF DESIGNATED SAFEGUARDING PERSON

The Manager/CEO will be responsible for ensuring all staff, counsellors and volunteers are aware of our policy and the procedure they need to follow.

The Manager/CEO will ensure our safeguarding policy is in place, accessible at all times and reviewed annually in consultation with the Safer Programme.

The DSP will liaise with Children's Services and other agencies and make referrals to The Children's Advice and Duty Service or Local Authority Designated Officer (LADO) when required. They will follow the Norfolk Continuum of Needs Guidance produced by the Norfolk Safeguarding Children Partnership (NSCP). They will update staff on changes to safeguarding. They will complete additional safeguarding training, in the form of DSP training.

There is a deputy DSP in the event of absence.

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RECORDS & CONFIDENTIALITY

If anyone working at Eating Matters is concerned about the welfare or safety of a child this must be recorded on the agreed report form and given to the DSP.

It is important that any disclosure made in confidence is recorded factually as soon as possible; this is whether or not the matter is reported to an external body.

An accurate account should be made of:

- Date and time of what has occurred and the time the disclosure was made
- Names of people who were involved
- What was said or done by whom
- Any action taken by the group to gather information and refer on
- Any further action, e.g. suspension of a worker or volunteer
- Where relevant, reasons why there is no referral to a statutory agency
- Names of person reporting and to whom reported

The DSP should be used as a first point of contact for concerns and queries regarding any safeguarding issues. Reports of a concern to the DSP must be made in writing and signed and dated by the person with the concern. Please see Safeguarding Children Incident Record Form.

The DSP should then use the appropriate reporting systems for the situation. This may be reporting the matter to The Children's Advice and Duty Service (CADS) or the Police. This is why recording all information impartially and accurately is vital as this could be used for evidence for later use.

Any information recorded will be kept in a separate named file, in a secure cabinet and not with the child's file. These files will be the responsibility of the DSP and information will only be shared within the organisation on a need to know basis for the protection of the child. Any safeguarding information will be kept in the file and will be added to. Copies of referrals will be stored in the file.

Eating Matters cannot guarantee confidentiality if there is a child safeguarding concern, as we will need to share these concerns with the Children's Advice and Duty Service and or Police. It is an expectation that our organisation will seek consent to share information first unless to do so would place somebody at risk of harm or undermine a criminal investigation.

PROCEDURE FOR HANDLING A DISCLOSURE FROM A CHILD

The adult needs to listen to what the child has to say and be careful not to ask leading questions or influence the child in any way. An example of how to ask an open question would be "How did it happen".

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The adult should:

- Stay calm
- Listen & be supportive
- Not ask any leading questions, interrogate the child, or put ideas in the child's head, or jump to conclusions
- Not stop or interrupt a child who is recalling significant events
- Never promise the child confidentiality – it must be explained that information will need to be passed on to keep them safe
- Avoid criticising the alleged perpetrator
- Tell the child what must be done next (the safeguarding process must be followed)
- Record what was said immediately as close to what was said as possible. Also record what was happening immediately before the child disclosed
- Name, sign and date the record in ink
- Contact the designated person immediately who will decide on what action to take
- Seek support.

Contacting The Children's Advice and Duty Service (CADS)

If we feel a child is at risk of immediate harm, we will call the Police immediately on 999.

We will contact CADS when there are concerns about a child's safety or wellbeing, and we believe they may be at risk of harm. This includes:

- **Immediate Safeguarding Concerns** - where a child is at risk of significant harm, including physical, emotional, sexual abuse, or neglect.
- **Escalating Concerns** - Where previous support or interventions have not improved the situation and concerns are increasing.
- **Concerns About Parenting Capacity** - Where a parent or carer's ability to meet a child's needs is compromised due to issues such as substance misuse, mental health, or domestic abuse.
- **Professional Consultation** - Where the situation is complex and you require advice or guidance on appropriate next steps.

We will contact CADS on their direct line: 0344 800 8021.

We will choose from the following options:

Option 1 -the child or young person is currently being supported by a Social Worker or Family Practitioner.

Option 2 - your call relates to Child Exploitation.

Option 3 - your call relates to Domestic Abuse.

Option 0 - for Child Protection and immediate Safeguarding Concerns

(Please note, during busy periods, if your call is not answered within 40 minutes, a call back option will be offered)

We will have the following information ready before contacting CADS:

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- ✓ all of the details known to our organisation about the child;
- ✓ their family composition including siblings, and where possible extended family members and anyone important in the child's life;
- ✓ the nature of the concern and how immediate it is;
- ✓ Any and what kind of work/support we have provided to the child or family to date.
- ✓ where the child is now and whether we have informed parents/carers of our concern
- If we are concerned that a child or children is experiencing or likely to suffer significant harm we will telephone (CADS) immediately on 0344 800 8021
- When considering whether to contact CADS we will consult the CADS Flowchart in Appendix 4 and CADS FAQs on the NSCP Website Page: [How to Raise a Concern | Norfolk Safeguarding Children Partnership | PWWC](#)
- We will also consult the [Norfolk Continuum of Needs Guidance](#) produced by the Norfolk Safeguarding Children Partnership (NSCP)
- We will gain consent from the parent to contact CADS, unless the concerns being raised suggest that the child or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine the investigation into a serious crime.
- Reasons for not seeking consent should be clearly stated when contacting CADS and recorded on internal systems for our records.
- We will have a discussion with a Consultant Social Worker.
- A copy of the discussion will be securely emailed to us.
- We will follow the advice given.
- We will keep written dated records of all conversations with CADS, for our own safeguarding recording process.
- We will not investigate and will be led by the Local Authority and/or the Police.
- We understand if we are unhappy about a decision made by CADS, we can use the Resolving Professional Disagreements policy on <https://norfolklscp.org.uk/>
- Parents or members of the public can contact CADS on 0344 800 8020.

Children with a Social Worker

If we have concerns about a child, who we know already has a social worker or practitioner, we will call that worker. If we do not know the worker or their contact details, we will contact Customer Services on 03444 800 8020 and they will help to make sure our call gets put through to the right person.

Concerns about Radicalisation and Extremism

If we have concerns that a child or young person could be vulnerable to radicalisation, we will follow the Prevent procedure as detailed in Appendix 1.

Definitions of Abuse and Neglect from Working Together to Safeguard Children 2026

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online

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- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

Child protection is part of safeguarding and promoting the welfare of children and is defined for the purpose of this guidance as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home

What is abuse and neglect?

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including physical abuse, sexual abuse, emotional and psychological abuse, coercive and controlling behaviour and economic or financial abuse, where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial context by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children. This includes in teenage relationships, or under the guise of 'honour' based abuse including forced marriage and female genital mutilation, or abuse related to faith or belief such as allegations of demonic possession.

Physical Abuse

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

Emotional Abuse

The persistent emotional or psychological maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as 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 (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of

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emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place in family settings, in institutional settings, online, and technology can be used to facilitate offline abuse. Child sexual abuse material available online may have been generated in a family environment. Online abuse can also take the form of cyber grooming or self-generated sexual content under coercion. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. A child of any age or gender can be a victim of sexual abuse.

Neglect

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

Once a child is born, neglect may involve a parent or carer failing to:

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

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

For information on indicators of abuse consult Appendix 2.

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ADDITIONAL SAFEGUARDING CONCERNS TO BE AWARE OF ARE:

- Child Sexual Exploitation
- Child Criminal Exploitation
- FGM – Female Genital Mutilation
- Forced Marriage
- Honour Based Abuse
- County Lines
- Domestic Abuse
- Online Abuse
- Radicalisation

For more information on these consult Appendix 3

Working with Parents and Carers

Parents will be asked to sign a consent form at the start of their child's involvement with Eating Matters and will be sent a copy of the Safeguarding policy by email.

Within Eating Matters' consent form parents are made aware that we will need to share information with the relevant authorities if we have concerns about the welfare of their child, and that we do not have to seek consent from them, if there are serious concerns about harm or likely harm to their child/children.

Eating Matters will inform parents of its legal duty to assist other agencies with Safeguarding enquiries and what happens should we contact The Children's Advice and Duty Service (CADS) and/or the Police. We will endeavour to make this contact by telephone or by email if telephone contact is unsuccessful.

Online Safety

Online Safety includes the use of photography and video, the internet and social media sites, mobile phones and smart watches.

Digital and social media use for staff, counsellors & volunteers

1.1. Basic Principles

- Staff, counsellors and volunteers must keep a professional distance online, just as they would in the offline world. Compared with a conversation in the offline real world, technology increases the potential for messages to be taken out of context, misinterpreted or forwarded to others.
- Staff, counsellors and volunteers must bear in mind that once they place something in the public domain, it is there permanently for people to access, change and share it with others.

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- Staff, counsellors and volunteers must not use their personal social networking account to communicate with service-users.
- Information regarding the charity employees and service-users should not be discussed in any capacity on Social Media at anytime, including pictures.
- Employees are not to publish, post or release any information that is considered confidential or not public. If there are questions about what is considered confidential, employees should check with the Manager/CEO.

Mobile phones and other devices

- Where possible staff, counsellors and volunteers should not use their own mobile devices to contact service users.
- If counsellors should need to use their own mobile devices, any identifying numbers should be blocked using an appropriate call masking service.
- Staff, counsellors and volunteers should not share any content from their own mobile devices, laptops or tablets with service users.
- Staff, counsellors and volunteers' mobile phones should be kept on silent and stored away from service users during working hours.
- Staff and counsellors may only use Eating Matters e-mail accounts to contact service-users.
- If a text is sent to a service-user, it must be sent from an official Eating Matters mobile device or an individual's work mobile device.
- If children bring their own mobiles/devices to Eating Matters, it is expected that these will be switched off during counselling sessions.

Acceptable use of remote video-calling

- If using remote video-calling tools such as Zoom or Microsoft Teams you must ensure that these calls are kept as secure as possible to maintain service-user privacy. Email links for Zoom calls should only be sent to service-users from Eating Matters' email accounts. All service-users should be admitted into a waiting room before opening the call to ensure that the correct user is admitted. Staff should be aware of what can be seen by the service-user in backgrounds to the call. The call should not be recorded. Staff should ensure that nobody else is present in the room or has access to the room in which the call is taking place whilst it is in progress.
- Remote video-call meetings should not be recorded. If at any time it is decided that a video-call should be recorded for training purposes this must be agreed with the service-user and a separate policy wording should be completed.

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OTHER RELEVANT POLICIES

To underpin the values and ethos of the charity and our intent to ensure our children are appropriately safeguarded, the following policies are also included under our safeguarding umbrella:

- Code of Conduct
- Confidentiality
- Health & Safety
- Complaints
- First Aid
- Social Media / Online Safety
- Whistle Blowing
- Safer Working Practice
- Recruitment Training & Retention

RELEVANT GUIDANCE & LEGISLATION

- Working Together to Safeguard Children 2026
- What to do if You're Worried a Child is Being Abused 2015
- Children Act 1989 / 2004
- The Online Safety Act 2023
- Data Protection Act 2018
- The Prevent Duty Guidance 2023
- Norfolk Continuum of Needs Guidance 2023 [Norfolk Guidance to Understanding Continuum of Needs | NSCP | PWWC \(norfolklscp.org.uk\)](#)
- Norfolk Safeguarding Children Partnership Policies and Procedures [Policies & Procedures | Norfolk Safeguarding Children Partnership \(norfolklscp.org.uk\)](#)

MENTAL CAPACITY ACT 2005

Eating Matters complies with the statutory requirements of the Mental Capacity Act (MCA) 2005.

It is the policy of Eating Matters that any client identified as potentially lacking in capacity to make decisions for themselves, will be referred to an NHS practitioner for assessment and appropriate onward care.

To facilitate this all staff at Eating Matters are familiar with the current version of the Mental Capacity Act 2005 and are aware of the revisions.

Useful Contacts

- Norfolk Children's Advice and Duty Service (CADS) 0344 800 8021
- Norfolk Children's Services 24 hours 0344 800 8020
- Norfolk Police 101 / In an emergency 999
- LADO Team lado@norfolk.gov.uk
- Norfolk Safeguarding Children Partnership (NSCP) norfolklscp.org.uk
- Safer Programme 01603 228966 safer@norfolk.gov.uk

Appendix 1-The Prevent Duty in Norfolk Procedure

PREVENT - Prevent is part of the UK's Counter-terrorism strategy [CONTEST](#). The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. The key terms to be aware of are as follows:

Extremism - the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

Radicalisation - refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Terrorism - action that endangers / causes serious violence to a person/people; causes serious damage to property; or seriously interferes with / disrupts an electronic system.

Responding to a Concern-Notice – Check – Share

Notice - A staff member or volunteer working with a child or young person could be the person to notice that there has been a change in the individual's behaviour that may suggest they are vulnerable to radicalisation. Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

Check - The next step is for the staff member/volunteer to speak to the manager or safeguarding lead to better understand the concerns raised by the behaviours observed to decide whether intervention and support is needed. In many cases there will be an explanation for the behaviours that either requires no further action or a referral not related to radicalisation or extremism.

Share - Where the staff member/volunteer still has concerns that the individual may be vulnerable to radicalisation, then the organisation's safeguarding procedures will be followed, and this safeguarding concern will be reported to (CADS). Following this the Prevent referral form should be completed, which can be downloaded from here [referral form](#) and sent to: preventreferrals-NC@Norfolk.police.uk

An initial assessment of the referral will be carried out prior to any further information gathering on the individual.

For urgent radicalisation concerns contact Norfolk police on 101 or, in an emergency, 999.

Additional [information and guidance on Prevent](#) is available on the NCC website.

Need advice or support?

eating matters

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If it's not an emergency, please get in touch by emailing prevent@norfolk.police.uk.

You can also contact the Norfolk Police Prevent team on [01953 423905](tel:01953423905) or [01953 423896](tel:01953423896).

Appendix 2 - Indicators of Abuse

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below *may* be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation.

Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- *Babies* – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- *Toddler/Pre-School* – head banging, rocking, bad temper, 'violent', clingy. Spectrum from overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- *School age* – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- *Adolescent* – depression, self harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

Neglect

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing, severe failure to meet a child's needs. The majority of these signs and symptoms can occur across any age group. Here are some signs of possible neglect:

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation

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- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or they may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

Physical Abuse

- Always obtain a medical diagnosis regarding any suspected abusive injury
- No injury is 100% symptomatic of abuse
- Look for unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries

Physical signs:

- Bald patches
- Bruises, black eyes and broken bones
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns

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- General appearance and behaviour of the child may include:
- Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference
- Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes
- Consider the age of child:
- Any bruising to a young baby
- It is unusual for a child under the age of 1 year to sustain a fracture accidentally
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described
- Bruising:
- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury
- Bruises on black children will be more difficult to identify
- Congenital Dermal Melanocytosis (CDM) may be mistaken for bruises. a congenital developmental condition exclusively involving the skin. Usually, as multiple spots or one large patch, it covers one or more of the lower back, the buttocks, flanks, and shoulders. CDM most prevalent among Asian groups. Nearly all East Asian infants are born with one or more spots. It usually fades over the years and is most frequently gone by the time the child reaches adolescence
- Recent research indicates that bruises cannot be aged accurately. Estimates of the age of the bruise are currently based on an assessment of the colour of the bruise with the naked eye
- Other injuries:
- Bite marks may be evident from an impression of teeth
- Small circular burns on the skin suggest cigarette burns
- Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
- Red lines occur with ligature injuries
- Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate
- Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
- Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
- Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted

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- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

Sexual Abuse

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a trusted adult
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

Behavioural changes in older children might involve:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

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Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

Appendix 3 - Additional Safeguarding Issues

Child Sexual Exploitation - CSE is a form of child sexual abuse. It occurs when an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through use of technology.

Child Criminal Exploitation - A term to describe where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- (a) in exchange for something the victim needs or wants; and/or
- (b) for the financial or other advantage or the perpetrator or facilitator; and/or
- (c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

FGM – Female Genital Mutilation - (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "*female circumcision*" or "cutting". FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. It is illegal to carry out FGM in the UK. It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out. The maximum penalty for FGM is 14 years' imprisonment.

Forced Marriage - People have the right to choose who they marry, when they marry or if they marry at all. Forced marriage is when some face physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if they're made to feel like they're bringing shame on their family).

Forced marriage is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Honour Abuse - Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour-based violence might be committed against people who:

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- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour-based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere the victim doesn't want to go
- assault/killing

County Lines - A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

This activity can happen locally as well as across the UK; no specified distance of travel is required.

Domestic abuse - The Domestic Abuse Act 2021 introduced the statutory definition of domestic abuse (section 1 of the Act). The statutory definition is clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse such as 'honour' abuse, faith- or belief-based abuse, forced marriage, female genital mutilation or reproductive coercion, harassment and stalking.

Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that different types of relationships are captured, including ex-partners and family members.

All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right. As set out in the Serious Crime Act 2015 Section 76, a child cannot be considered a victim of coercive or controlling behaviour if (see sub section 3) "A" has parental responsibility for "B" (the child) and if "B" is under the age of 16. To note, children aged 16 to 17 can be considered victims

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of coercive or controlling behaviour in their own personal relationships. 235 Controlling or coercive behaviour: statutory guidance 236 Domestic Abuse Act 2021: statutory guidance 237 Criminal exploitation of children and vulnerable adults: county lines guidance (Home Office) 238 Domestic Abuse Act 2021 164 hear or experience the effects of abuse.

Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as teenage relationship abuse. Depending on the age of the young people, this may not be recognised in law under the statutory definition of domestic abuse (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support. The 'Domestic Abuse Act 2021: statutory guidance' provides further advice for frontline professionals who have responsibility for safeguarding and supporting victims of domestic abuse, including children. This guidance provides further information about the different forms of domestic abuse (including teenage relationship abuse and child to parent and carer abuse) and the impact of domestic abuse on children.

Group-based child sexual exploitation – Group-based is defined as two or more individuals (whether identified or not) who are known to (or associated with) one another and are known to be involved in or to facilitate the sexual exploitation of children. Being involved in the sexual exploitation of children includes e.g. introducing them to other individuals for the purpose of exploitation, trafficking a child for the purpose of sexual exploitation, taking payment for sexual activities with a child or allowing their property to be used for sexual activities with a child, etc. This can be perpetrated within or beyond the family, by both children and adults, and groups can be organised or loosely linked.

'Honour'-based abuse - So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

Radicalisation - When we talk about radicalisation it means someone is being encouraged to develop extreme views or beliefs in support of terrorist groups and activities. Radicalisation and the potential path towards terrorism and extremism can occur through face to face or online interactions. It is sadly the case that it is becoming easier than ever to be groomed by terrorist recruiters on the internet and to find extremist materials. Encouraging susceptible individuals to commit acts of terrorism on their own initiative is a deliberate tactic seen in emerging ideologies and seen in their propaganda. This is exacerbated by online environments which bring together and facilitate individuals sharing and validating thoughts and ideas.

Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. The importance of noticing the hallmarks of concern within these online communities, in friends or wider social spaces as well as work and educational settings has probably never been as important as it is now. There are some common signs that may mean someone is being radicalised:

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- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

It's often the case that professional curiosity and belief in your own ability to determine if something just doesn't sit right is sometimes a good check point to flag up where something may be going wrong, especially in the early stages of radicalisation.

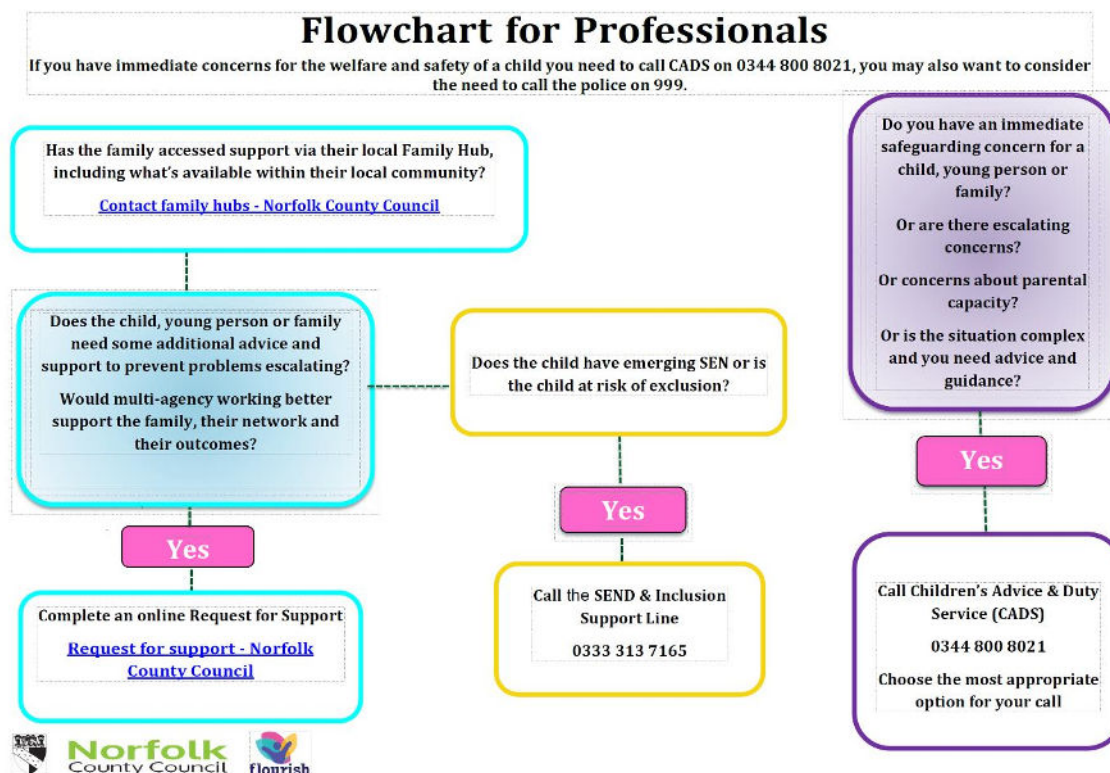
Online Abuse - any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets, and mobile phones. It can happen anywhere online, including: social media, text messages and messaging apps, emails, online chats, online gaming and live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online. Children may experience several types of abuse online: Cyberbullying, Emotional abuse- which can include emotional blackmail, Sexting-pressure or coercion to create sexual images, Sexual abuse, Sexual exploitation and Grooming-perpetrators may use online platforms to build a trusting relationship with the child to abuse them. A child experiencing abuse online might:

- spend a lot more or a lot less time than usual online, texting, gaming or social media;
- seem distant, upset or angry after using the internet or texting;
- be secretive about who they're talking to and what they're doing online or on their mobile phone;
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.

Be mindful that some of the signs of online abuse are similar to other types of abuse.

Appendix 4- The CADS Flowchart for Professionals

The CADS Flowchart for Professionals below, the CADS FAQs and further information on making a referral can be accessed here: [How to Raise a Concern | Norfolk Safeguarding Children Partnership | PWWC](#)



Appendix 5 Eating Matters Safeguarding Children Incident Record Form

Recording Form for Safeguarding Concerns

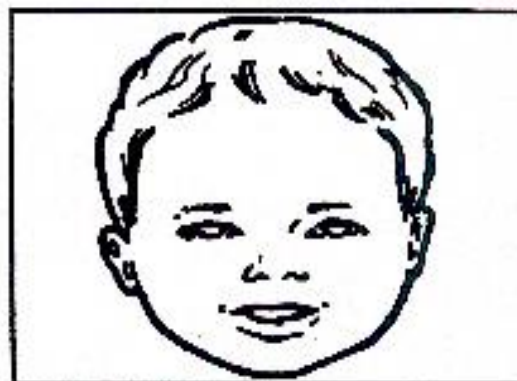
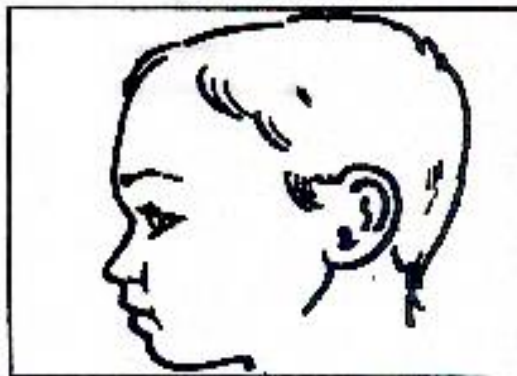
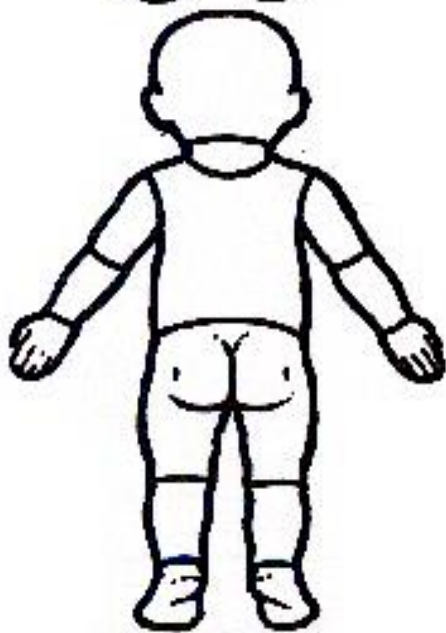
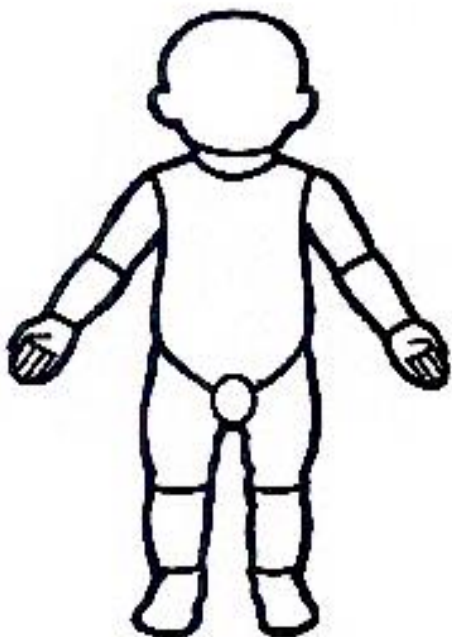
Staff, counsellors, volunteers and regular visitors are required to complete this form and pass it to Yolande Russell (DSP) or Michaela Trett (Dep DSP) if they have a safeguarding concern about a child in our organisation.

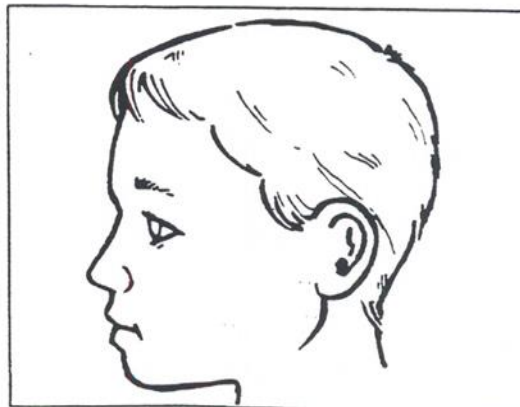
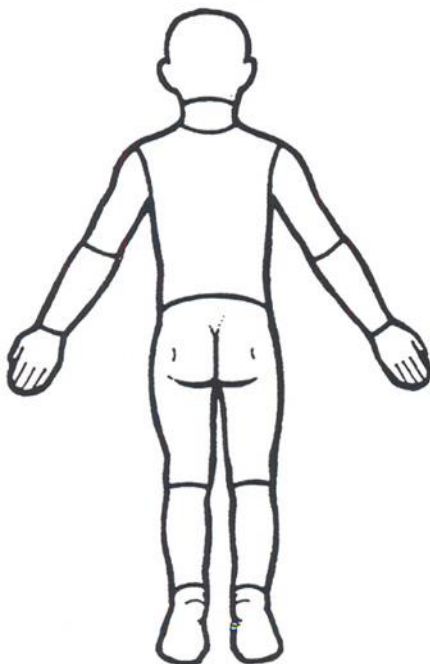
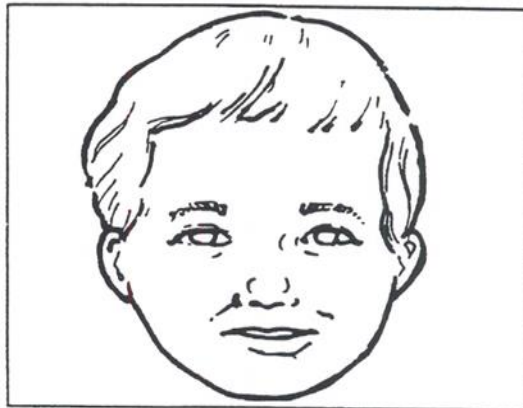
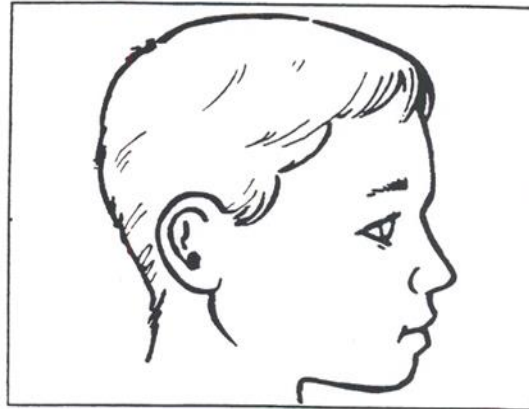
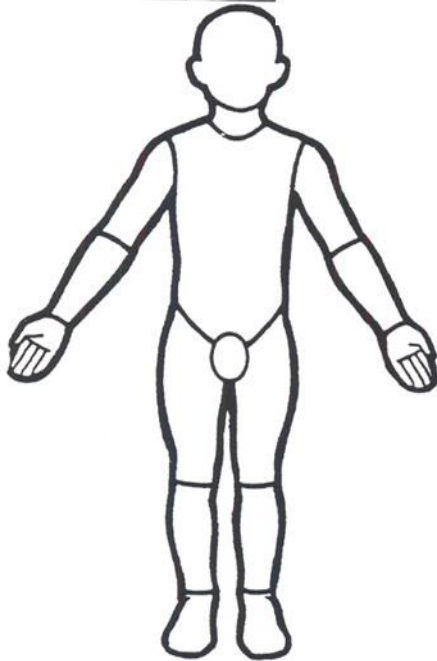
Information Required	Enter Information Here
Full name of child	
Date of birth	
Your name and position in the organisation	
Nature of concern/disclosure <i>Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.</i> <i>[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed]</i> <i>[Make it clear if you have a raised a concern about a similar issue previously]</i>	
Time & date of incident:	
Name and position of the person you are passing this information to?	
Your Signature	
Time and date form completed	
Time form received by DSP/DSL	
Action Taken by DSP/DSL	

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Information Required	Enter Information Here
Referral made to Police [yes/no, date and time]	
Referral made to CADS [yes/no, date and time]	
Referral made to LADO [yes/no, date and time]	
Referral Made to Other Agency [yes/no, date and time, name of organisation]	
Parents/Carers Informed [yes/no, date and time]. If yes include names of those who have been informed. If no, please state why.	
Feedback given to the child [yes/no, date and time]	
Feedback given to person who recorded the disclosure [yes/no, date & time]	
Further Action Agreed	
Full Name of DSP/DSL	
Signature of DSP/DSL	

Young Child





Examples of unusual locations for bruising

