

POLICY TITLE:	Safeguarding Children
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Author:	Priory Group Safeguarding Committee
Ratified by:	David Watts, Director of Risk Management (Group Safeguarding Lead)
Responsible signatory:	David Watts, Director of Risk Management (Group Safeguarding Lead)
Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • aims to ensure that children we work with, or who visit Priory group sites for any reason are protected effectively from abuse. • clarifies mandatory and optional training requirements • ensures that all colleagues are made aware of local arrangements as set out on the form provided
Cross Reference:	AC29 Visitors H46 Arrangements for Visitors including Visits by Children HR01 Safer Recruitment and Selection HR07 Disclosure (including DBS, Access NI and Disclosure Scotland) LE03 Data Protection OP03 Complaints OP05 Mental Capacity OP05.1 Gillick Competency in a Healthcare Setting OP04 Incident Management, Reporting, and Investigation OP08 Safeguarding Adults OP08.1 Responding to Suspected Radicalisation OP21 Whistleblowing (Protected Disclosure) OP41 Professional Relationship Boundaries OP32 Looked After Children and Previously Looked After Children ECS04 Positive Behaviour Management ECS06 Running Away/Missing H&S01 Health & Safety Policy, Organisation and Arrangements Priory Group Employee Handbooks

EQUALITY AND DIVERSITY STATEMENT

Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, e-mail RARHelpdesk@priorygroup.com.

SAFEGUARDING CHILDREN

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SITE CONTACTS *(Complete this section before printing this policy)*

Key Safeguarding Personnel at		HURWORTH HOUSE SCHOOL
The Designated Safeguarding Lead (DSL) is		CLAIRE BLACKETT, HEAD TEACHER
Contact Details:	Email: claireblackett@priorygroup.com	Telephone: 01325 729080
The deputy DSL(s) is/are		DEBORAH HUGHES, TEACHER
Contact Details:	Email: deborahhughes@priorygroup.com	Telephone: 01325729080
The nominated Regional Safeguarding lead is		SHARON PEARSON, OPERATIONS DIRECTOR
Contact Details:	Email: sharonpearson@priorygroup.com	Telephone: 01325729080
The site/service Lead/Manager is		CLAIRE BLACKETT, HEAD TEACHER
Contact Details:	Email: claireblackett@priorygroup.com	Telephone: 01327729080
The Operations Director (who is also the Chair of Governors for Schools) is:		
SHARON PEARSON		
Contact Details:	Email: sharonpearson@priorygroup.com	Telephone: 01325729080
In the event of an allegation against the site/service Lead/Manager/DSO/DSL you should contact the Operations Director. A common sense approach should be taken when allegations are made against senior colleagues or their families. If in any doubt, the divisional safeguarding lead should be contacted: (delete as appropriate) Health Care: Jane Stone, Director of Quality, Adult Care: Nicky Cooper, Director of Quality Education & Children's Services: Bonny Anderson, Director of Quality		

All sites must complete [OP Form: 15](#) either from this link or in the policy below and make it available for all colleagues

LOCAL ARRANGEMENTS FOR SAFEGUARDING CHILDREN

Safeguarding Children is everybody's responsibility

SITE DETAILS	
Name of the Site:	HURWORTH HOUSE SCHOOL
Name of Site/Service Manager:	CLAIRE BLACKETT, HEAD TEACHER
Designated Child Protection Officer or Safeguarding Lead:	Name: Claire Blackett, Head Teacher Phone: 01325 729080 Email: claireblackett@priorygroup.com
Priory Group Safeguarding Executive Lead: (Also PREVENT and CSE lead for the Group)	David Watts (Director of Risk Management) 07801 216875 davidwatts@priorygroup.com
SAFEGUARDING PARTNERS DETAILS	
Designated contact at Clinical Commissioning Group:	Name: N/A Phone: Email:
Designated contact at Local Authority:	Name: Joanna Conway, Education Safeguarding Officer Phone: 01325405848/07940000845 Email: joanna.conway@darlington.gov.uk
Designated contact at Police:	Name: Steve Holden DC1155 PREVENT TEAM Phone: 0191 3752234 Email: HQSpecialbranch@durham.pnn.police.uk
Out of Hours contact at our Local Authority:	Name: ccdref@darlington.gcsx.gov.uk Phone: Email:
Contact for local training:	Name: Chris Ashford, Darlington LSCB Phone: Email: Chris.Ashford@darlington.gov.uk
Where is the Local Authority Agreement kept?	N/A
Date of Agreement:	N/A
INFORMATION THAT MUST BE AVAILABLE TO COLLEAGUES	
Where is the Safeguarding Children policy (OP06) located:	Priory Intranet - Policies and Forms/Operational Policies/OP06
Where is the Local Authority Safeguarding Information located? (Procedures, Handbook etc.)	Priory Intranet
ACTION TO TAKE IF AN ALLEGATION OF ABUSE IS MADE TO YOU:	
<p>You should ensure the immediate safety of all individuals.</p> <p>You should notify: <i>(List the people that colleagues should notify, and who to notify if the DSO, Safeguarding lead, or site/service Manager are not available)</i></p> <p>You should complete an electronic Incident Report <i>(If you have any other paperwork appropriate to your site regarding incident reporting, actions or any other information, list them here)</i></p> <p>You should follow the Procedures for referral that have been agreed with the local Safeguarding Partners which can be found <i>(or insert the procedure or flowchart here)</i></p> <p>Follow the criteria and paperwork for referral as approved by your local Safeguarding Partners. This can be accessed: <i>(insert instructions for referral here)</i></p>	

OP Form: 15

SAFEGUARDING CHILDREN

1 INTRODUCTION

- 1.1 There are different approaches across the UK due to different legislation and guidance for the different countries. However, across the UK Safeguarding children is regarded as everyone's responsibility. The Children Act 1989 and Protection of Children (Scotland) Act 2003 state that the welfare of children and young people (hereafter referred to as children) is paramount. This includes their right to be safeguarded against all forms of abuse, including sexual exploitation. Colleagues should be alert to indications of possible child abuse and understand procedures to be taken to raise their concerns.
- 1.2 There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, ratified by the UK government in 1991, states that a child "means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier". (The fact that a child has reached the age of 16 or is living independently does not change his or her status or entitlement to services or protection under the Children Act 1989). Authorities in England, Wales, Northern Ireland and Scotland each have their own guidance setting out the duties and responsibilities of organisations to keep children safe. They all agree that a child is anyone who has not yet reached their 18th birthday, apart from the following exceptions:
- (a) Certain legislation includes reference to duties towards children and young people who are 18, 19 and 20 who have been looked after by the local authority after the age of 16 or who have a learning disability e.g. Children Act 2004 Part 1 (9)
 - (b) In Scotland the Protection of Children Act 2003 refers to specific areas where the age of majority can be considered as 17 or 18.
- 1.3 The legal context in which professionals intervene in the lives of children is determined by the Children Act 1989, which was expanded upon by the Children Act 2004. 'Working Together to Safeguard Children' July 2018 provides the guidance by which agencies work together to protect children in line with the legislative requirements. Priory Group recognise that in order for colleagues to fulfil their duties in line with 'Working Together' and "Keeping Children Safe in Education", they will have different training needs which are dependent on their degree of contact with children and/or with adults who are parents or carers, their level of responsibility and independence of decision-making. (See section 5 – Induction and Training).
- 1.4 All matters relating to the wellbeing of children and their families in England are dealt with by the Department for Education and the Local Safeguarding Children Boards (LSCBs). In Scotland local Child Protection Committees have been introduced and in Wales, the Welsh assembly adopted the provisions of the Children Act 2004, set up LSCBs and has published Safeguarding Children: Working Together under The Children Act 2004.
- 1.5 Reference should be made to [Recruiting Safely: Safer Recruiting Guidance Helping to Keep Children & Young People Safe' \(Children's Workforce Development Council, 2009\)](#) when recruiting colleagues to work within CAMHS units, and [Keeping Children Safe in Education \(2018\)](#) when recruiting for Education sites.

2 POLICY STATEMENT

- 2.1 The commitment of Priory Group is to effectively protect all children who come into contact with our services from any form of abuse (see section 6). This commitment also includes protecting the children of mental health service users and children visiting any Priory Group our sites.
- 2.2 Child protection is a part of safeguarding and promoting the welfare of children. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer harm. Priory Group aims to proactively safeguard and promote the welfare of children

Operational

so that the need for action to protect children from harm is reduced.

- 2.3 The details from Care Orders and the status of Looked After Children must be available to colleagues involved in their care and there must be a seamless transition as a child passes into adulthood. (Refer to OP32 Looked After Children and Previously Looked After Children).
- 2.4 Statements made by children about allegations of abuse or neglect will always be taken seriously, as will their wishes and feelings. It is important to listen carefully to the child and report any allegations or suspicions of abuse to the Designated Safeguarding Officer (DSO) on site immediately, or, in their absence, a senior colleague. Any concerns about a child's welfare must be acted upon immediately.
- 2.5 Assessment of the needs of adult service users should always include a risk assessment of any potential risk to children who are not service users themselves, but who may come in contact with current or former service users whilst in a site/service or on discharge. Where the adult is also a parent, the impact of their illness on their parenting capacity should be assessed in relation to their own children or other caring responsibilities and planned for appropriately.
- 2.6 **Assessment** - When an Education Health and Care Plan (EHCP) is available, or should be available, this must be used as the basis of placement plans. If an EHCP is not available then the site should conduct their own assessments in consultation with the required stakeholders as detailed in the following paragraph.
- 2.7 On assessment of children, family histories should be taken from the parents or those with parental responsibilities (as well as the young service user) to ensure that all information is as factual as possible to support the development of holistic treatment/placement plans. Assessments should include developmental histories, history of domestic violence and substance misuse by family members. Where parents do not engage in the assessment process, this should be noted in the Health or Care Record. In the case of Looked After Children, this may be their social worker or nominated guardian. (It must also be taken into consideration that parents who have mental health problems, substance misuse problems or are in violent domestic relationships are less likely to give the full account and the risk of abuse could be considered higher).
- 2.7.1 Depending on the age of the young person, their capacity or Gillick competency and the necessity of the examination, verbal consent to physical examinations will be sought and children will always be offered a chaperone if undergoing such an examination. If the offer of a chaperone is refused, the reason for the refusal must be clearly documented in their records. (Refer to OP05.1 [Gillick Competency in a Healthcare Setting](#)).
- 2.7.2 Medical examinations will always be conducted by a medical practitioner and a chaperone will be provided if requested.
- 2.8 A multi-disciplinary and multi-agency approach to the identification of allegations, reporting, planning and review should be the normal approach when dealing with incidences where intervention is considered necessary. Priory Group sites will work closely with LSCBs/Scotland local CPCs to ensure that site procedures reflect those of the LSCBs/Scotland Local CPCs on arrangements for training, reporting and reviewing matters of safeguarding and protecting children.

3 RESPONSIBILITIES

- 3.1 Overall responsibility for the group's arrangements to safeguard and promote the welfare of children ultimately lies with the Chief Executive for Priory Group together with the Executive Lead for Safeguarding (Director of Risk Management) and in conjunction with all Board Members. This responsibility is delegated to the Nominated Individual for each division. The Director of Risk Management is also the nominated Child Sexual Exploitation Prevention lead

for the Group.

- 3.2 It is the responsibility of the Site/service Manager, named at the beginning of this policy, to ensure that adequate safeguarding and child protection practices are in place on their sites. This will include following safer recruitment procedures, ensuring that all colleagues read this policy and undertake regular training to the levels set out in section 5 below.
- 3.3 There is a clear governance structure within the Priory Group to monitor safeguarding arrangements. Local arrangements will be monitored at site level by the relevant local governance meeting and at corporate level by the Divisional Safeguarding Committee.
- 3.4 It is the responsibility of all colleagues to read this policy, to complete the Safeguarding training commensurate with their job role, and to report any genuine concerns to the DSO on site, or a senior colleague. Colleagues can also report safeguarding concerns directly to the local Safeguarding board, and must do so if they feel it is necessary.

4 PREVENTION

- 4.1 **Safer Recruitment** – Safer recruitment policies must be followed for all colleagues, including volunteers. Refer to HR01 Safer Recruitment and Selection. All interview panels must contain one colleague with safer recruitment training.
- 4.2 **Single Central Register** – All education sites will maintain a single central register which includes all details relevant to all colleagues and their position at the site. This register should be checked regularly and in line with Part 3 of Keeping Children Safe In Education. Details required for the Proprietor and governing members can be obtained centrally from Priory Education and Children’s services HR and Executive Assistant to the CEO, centrally. Guidance on how to complete the single central register is published on the company intranet.
- 4.3 **Disqualification self-disclosure** – Colleagues are required to sign the **HR Form: 10** self-disclosure and **HR Form: 10C** disqualification self-disclosure. Guidance on disqualification can be found in HRA27 Disqualification under the Childcare Act 2006– Background Information and FAQs.
- 4.4 **Agency Colleagues** – Agency colleagues references and Disclosure and Barring Service, Access NI or Disclosure Scotland checks are the responsibility of their employer i.e. the Agency, but must be confirmed in writing to the site prior to any shift being worked. Agency colleagues induction will include an overview of safeguarding procedures specific to the site. It is the responsibility of the Site/service Manager to ensure agency colleagues have been cleared by their employer i.e. the agency, (and that this is confirmed in writing and recorded on the single central register on Education & Children’s Service sites).
- 4.5 A full police check under the Disclosure and Barring Scheme should be undertaken for all colleagues, including Volunteers, working with children BEFORE the colleague starts work. The Safeguarding Vulnerable Groups Act 2006 introduced a new vetting and barring scheme for all those who work with children and vulnerable adults. This list was kept by the Independent Safeguarding Authority (ISA) until it merged with the Disclosure and Barring Service (DBS) in 2012. Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups and it is an offence not to report. There is a referral guidance document available from the DBS www.gov.uk/government/publications/dbs-referrals-form-and-guidance. It is also an offence for employers to employ anyone who is barred under the scheme or to fail to report (Refer to HR0.7 Disclosure (including DBS, Access NI and Disclosure Scotland)).
- 4.6 In Scotland, the Protecting Vulnerable Groups (PVG) Scheme, managed by Disclosure Scotland works by encouraging people who work with vulnerable groups on a regular basis to join. While membership is not compulsory, a barred person is committing an offence if they engage in “regulated” work. Disclosure Scotland Protection Unit is the equivalent of the DBS.

The vetting and barring schemes are linked so that they are all able to identify if and when an individual has been negatively reported in the system of any country in the UK. For further information visit <http://www.disclosurescotland.co.uk/about/vulnerable-groups/how-it-will-work/index.html#referrals>.

- 4.7 **Notifications to Regulatory Bodies** - It is the responsibility of the Site/service Manager to notify their specific regulatory body in line with their requirements if an employee is suspended or dismissed on safeguarding grounds in consultation with Central HRD and the Regional Manager or Operations Director.
- 4.8 **Registered Offenders** - Where a known offender is accommodated in a Priory site/service, steps must be taken to ensure that no child can be deemed to be at risk as a result of that person being accommodated in the site/service. Where a child is themselves the offender, supervision procedures and risk assessments should reflect the potential risk to other children, while also ensuring the offender is also protected from further criminalisation. (See section 10)
- 4.9 **Designated Roles** - Every Priory site must have a senior colleague as the DSO supported by a Regional Safeguarding Officer. (A site might have trained deputies that undertake the role when the DSO is not available). A register of the DSOs for all Priory units will be kept centrally by the Risk & Audit team, updated by sites on a regular basis. For levels and training see section 5 and see **Appendix 1** for role description. These roles will be regularly reviewed by the Safeguarding Committee.
- 4.9.1 **NB:** All sites must have a lead for safeguarding children and for safeguarding adults, regardless of their service user mix. DSOs may take on the responsibilities for both child safeguarding and adult safeguarding.
- 4.10 **Partnership Working** - No effective child safeguarding process can work unless those concerned are committed to the concept of partnership working. All agencies involved, private or public bodies, should have the wellbeing of the child as the first priority.
- 4.11 **Information Sharing** - Information shared between agencies, including the local Children's Services Dept (social services) and the police must be treated with the strictest confidentiality and in line with the document 'Information Sharing:- a Guidance for practitioners and Managers' (Department of Education) 2018. If sexual exploitation is suspected or disclosed, there is guidance in '[Child sexual exploitation: definition and guide for practitioners \(DofE\) 2017](#)' on how the investigation requires a proactive approach to explore the nature and patterns of sexual exploitation locally, and to share information with partner agencies about those at risk and potential perpetrators. Linking this work to the response to missing young people and other public protection issues can help to identify and manage risk at an early stage. It is therefore crucial that those working with children who are, or have been in care, are aware of the local arrangements for information sharing on Child Sexual Exploitation (CSE) and that these are incorporated into local procedures. If Child Sexual Exploitation is suspected the police must be notified. DSO's will ensure that safeguarding files are stored and utilised appropriately and will give due consideration to the transference of safeguarding information and files as and when necessary and they must be mindful that information must be shared in order to carry out their duty to safeguard young people and that General Data Protection Regulations (GDPR) do not hinder the protection of young people. A balanced view must be taken around decisions to share information and the DSO must lead on those decisions.
- 4.11.1 In most cases consent should be sought before sharing information, but there are cases when you should not seek consent. For example if doing so would:
- (a) Place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child, or serious harm if an adult
 - (b) Prejudice the prevention, detection or prosecution of a serious crime
 - (c) Lead to an unjustified delay in making enquiries about allegations of significant harm to a

child or serious harm to an adult.

- 4.11.2 Even where you do not have consent to share confidential information, you may lawfully share it if this can be justified in the public interest. Seeking consent should be the first option. However, where consent cannot be obtained or is refused, or where seeking it is inappropriate or unsafe as explained above, the question of whether there is a sufficient public interest must be judged by the practitioner on the facts of each case. Therefore, where you have a concern about a person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.
- 4.11.3 A public interest can arise in a wide range of circumstances, for example to protect children from significant harm, protect adults from serious harm, promote the welfare of children or prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of services.
- 4.11.4 In addition, the Children Act 2004 and the Protection of Children (Scotland) Act 2003 introduced a duty to co-operate to improve the wellbeing of children and young people and for agencies to work together.
- 4.11.5 Taking account of the information sharing guidance, where it is decided that parents should be informed, this must be done in a planned way. The views of the child, any allegations which involve a parent or adult in the family, and the statutory responsibility for the child will influence how this will be done.
- 4.11.6 The local authority has a statutory responsibility to make further enquiries if concerns about the wellbeing of any child are expressed to them which reach their threshold for intervention. The appropriate personnel from the Priory site should participate in the conference and should provide whatever information is deemed necessary.
- 4.12 **Personal Health and Social Education (PHSE)** - Where the child's education is the responsibility of the Priory site, it is important to make the student aware of behaviour towards them that is not acceptable and how they can help keep themselves safe. The non-statutory framework for PHSE provides opportunities for children to learn about keeping safe, and who to ask for help if their safety is threatened. As part of developing a healthy safer lifestyle students should be taught, for example:
- (a) To recognise and manage risks in different situations and then decide how to behave responsibly
 - (b) To judge what kind of physical contact is acceptable and unacceptable
 - (c) To recognise when pressure from others (including people they know) threatens their personal safety and wellbeing and develop effective ways of resisting pressure; including when and where to get help
 - (d) To use assertiveness techniques to resist unhelpful pressure.
 - (e) Sites should also give regard to the Government Policy Statement: "Relationships education, Relationships and sex education, and Personal, social, health and economic education" and make considerations for appropriate education around relationships.
- 4.12.1 Although, issues such as domestic violence and abuse can be difficult to broach directly, discussions about keeping safe may reinforce the message that any kind of violence is unacceptable, letting children know that it is okay to talk about their own problems, and signpost sources of help. Raising these issues can lead children to bring up personal problems and concerns. Colleagues delivering lessons on these subjects need to be prepared for that possibility and follow the disclosure process in section 8 as necessary.
- 4.12.2 The Adoption and Children Act 2002 acknowledges the adverse effects a child experiences when exposed to domestic violence, by including in its definition of significant harm, the harm children suffer by seeing or hearing the ill treatment of another person particularly in the home.

- 4.7 **Radicalisation** - Priory Group recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their day-to-day contact with others. Priory group works with vulnerable people who are often experiencing a personal crisis, have a low economic status and are socially isolated. This group are particularly prone to being exploited and adopting an extremist agenda. The UK government's Prevent Strategy (2011), which is a key aspect of safeguarding, outlines the commitment to be made by organisations such as Priory Group sector in ensuring that threats of this kind are understood and responded to. (Refer to OP08.1 Responding to Suspected Radicalisation).
- 4.8 **Visitors** - All visitors to and from any site must be recorded, and supervised as appropriate. (Refer to Priory policies on visitors and visiting children, H46 Arrangements for Visitors including Visits by Children, AC29 Visitors).

5 INDUCTION AND TRAINING

- 5.1 As part of their Induction programme new colleagues should be asked to read the following:
- (a) OP06 Safeguarding Children
 - (b) OP41 Professional Relationship Boundaries
 - (c) Priory Group Employee Handbook
 - (d) A copy of the locally completed **OP Form: 15**
- 5.1.1 Additional on Education & Children's Service sites, new colleagues should be given copies of the above policies, together with:
- (a) A copy of Keeping Children Safe in Education along with Part 1
 - (b) A copy of ECS04 Positive Behaviour Management
 - (c) Details of the safeguarding response to children who go missing from education.
- 5.1 It is the responsibility of the site/service Manager to ensure that all colleagues comply with the induction and training plan, which is centrally managed and monitored by People Development in Central People Team and to regularly view the compliance levels via Priory Academy reports. The e-Learning module will be completed by all colleagues within 3 months of appointment to the job role with regular updates. Refresher training will be delivered by on-site trainers (see 5.5) face to face, based on assessment of risk for the particular site/service.
- 5.2 All employees working on Priory sites will undertake the eLearning training module on Safeguarding Children to enable them to recognise early signs of abuse and understand how to communicate concerns to safeguarding officers/leads and share vital information between agencies.
- 5.3 The Site/service Manager has the responsibility to identify further suitable learning through their Local Safeguarding Children Boards (LSCB)/Scotland local CPC, appropriate to the level of contact with children or parents/carers and the responsibilities of the employee in regard to children. All courses attended must be recorded on the Priory Academy by the Site Learning Administrator.
- 5.4 Additional face to face learning is provided to employees working in CAMHS units by DSOs or through the LSCB/Scotland local CPC where appropriate and efficient.
- 5.4.1 All colleagues will receive induction training in line with HR04.9 Induction, and in addition Education site colleagues will also be provided with Part 1 of 'Keeping Children Safe in Education' as part of their induction.
- 5.5 DSOs will attend centrally arranged combined adult and children & young people learning that is provided by an external training provider (2 days DSO Face to Face, and 1 day DSO Face to Face Refresher). To ensure consistency of standards, this learning will be delivered across all Divisions. There is no Train the Trainer option unless a site or post necessitates it.

Successful completion of these courses permits the trainer to deliver face to face training at their site in addition to LSCB/ Scotland Local CPC learning offered locally.

- 5.5.5 Access to appropriate and approved learning must be authorised by either booking onto centrally organised learning or completing a learning request via the Priory Academy and all completed learning must be recorded on the Priory Academy by the Site Learning Administrator.
- 5.6 The Site or Service Manager should ensure that the training materials and guidelines provided by LSCB/ Scotland Local CPC are available to all employees.
- 5.7 Supervision will be offered at regular intervals to the DSOs for safeguarding by the Regional Safeguarding Officer. Supervision is vital in reflection and learning and can be delivered to other colleague groups as appropriate. Colleagues delivering supervision will receive the appropriate training (Refer to OP28 Clinical and Care Supervision).
- 5.8 Depending on the level of contact with children, supervision will be delivered on a one to one basis or in a supervision group. Supervision is 'an accountable process which supports, assures and develops the knowledge skills and values of an individual, group or team'. The purpose is to improve the quality of their work to achieve agreed outcomes. (Providing Effective Supervision, Skills for Care and CWDC 2007, page 5)

6 DEFINITIONS AND RECOGNITION OF CHILD ABUSE

- 6.1 Whilst the statutory responsibility for deciding whether or not a child has been abused lies with personnel both in and outside Priory Group, colleagues should be aware of what is meant by child abuse. Abuse is 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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the Internet). They may be abused by an adult or adults, or another child or children. There are basically four types of abuse referred to in the Government's own guidelines, these are:
 - (a) Neglect
 - (b) Physical Abuse
 - (c) Sexual Abuse
 - (d) Emotional Abuse
- 6.1.1 It must be noted that abuse is not just an adult crime. Children can pose a threat either physical or sexual to other children by peer on peer abuse. Even when sexualised behaviour, or sexual violence/harassment is identified and a child is on a treatment programme, they still have to be educated and managed within their setting and the incident to be responded to in line with Part 5 of "Keeping Children Safe in Education". Risk assessments must be in place for all children and where a risk of peer on peer abuse is identified. This should be managed through thorough risk assessments and appropriate communication and training for all colleagues working with the children concerned. Allegations of peer on peer abuse must be dealt with by the usual safeguarding procedures. Looked after children and previously looked after children are known to be particularly vulnerable to abuse and colleagues should read policy OP32 Looked After Children and Previously Looked After Children.
- 6.2 **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 misuse. Once the child is born, neglect may involve a parent or carer failing to:
 - (a) Provide adequate food, clothing and shelter (including exclusion from home or abandonment
 - (b) Protect a child from physical and emotional harm or danger
 - (c) Ensure adequate supervision (including the use of inadequate care-givers), or
 - (d) Ensure access to appropriate medical care or treatment.

- 6.2.1 It may also include neglect of, or unresponsiveness to, a child's basic needs.
- 6.3 **Physical Abuse** – A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, 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.
- 6.3.1 This type of abuse also includes Female Genital Mutilation (FGM), a complex subject which includes emotional, racial, ethnic and cultural issues and 'Breast Ironing' (damaging developing breast tissue in an attempt to stop growth). All professionals working in "regulated professions" (healthcare workers, teachers, and social care workers), have a statutory duty to notify the Police if they discover that an act of FGM appears to have been carried out on a girl who is under the age of 18 years (or if they suspect that a child may be at risk).
- 6.4 **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 or touching of outside clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- 6.4.1 **N.B. Child Sexual Exploitation (CSE)** is a form of sexual abuse. It is the coercion or manipulation of children and young people into taking part in sexual activities, usually involving an exchange of some form, which can include money, mobile phones and other items, drugs, alcohol, a place to stay, 'protection' or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent. CSE is a particularly hidden form of abuse and recent evidence indicates that children who are, or who have been in care, are more vulnerable. Disclosure of this form of abuse is rare. Vulnerability and risk indicators of CSE are well established and it is possible to evidence risks.
- 6.5 **Emotional Abuse** – The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless and unloved, inadequate, or valued only insofar as to 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 emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- 6.5.1 **N.B** Children from all cultures are subject to abuse and neglect, so practitioners need to make sensitive and informed judgements about a child's needs, and parents' capacity to respond to their child's needs. It is important that professionals are sensitive to differing family lifestyles and to child-rearing patterns that may vary across different racial, ethnic and cultural groups. At the same time they must be clear that child abuse cannot be condoned for cultural or religious reasons.

7 INTERNAL REPORTING

- 7.1 All safeguarding incidents and allegations of abuse will be reported on the Priory Incident Reporting System. A note will be made of whether the incident is disclosure of a non-recent (historical) event or whether it is a current issue that has happened whilst the child is the responsibility of Priory group colleagues. An appropriate note will be made in the service users records.
- 7.1.1 **NB:** Non-recent abuse is defined as an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old.
- 7.1.2 The disclosure of a non-recent event is in itself an incident which needs reporting, so that a proportionate notification and investigation can take place to establish the facts and to ascertain whether it is no longer continuing or current. There would be a risk in not reporting such incidents, since assumptions might be made, and transparency may be compromised.
- 7.2 If an incident has been discussed with the local Children's Services Department (i.e. the local authority Designated Officer or in Wales, the Principal Officer Safeguarding Children as recorded on **OP Form: 15**) a record must be kept of their response e.g. whether a referral has initiated further enquiries or signposted to another service. The advice of the local Children's Services Department will be acted upon.
- 7.3 Colleagues who suspect any form of child abuse or safeguarding issue should discuss their concerns with the DSO on site, or in their absence discuss with a senior colleague.
- 7.4 A register of all safeguarding incidents will be kept centrally via the Incident reporting system. A local register may also be kept. (**OP Form: 09** Log of Safeguarding Issues is available for this purpose and to track progress of a referral).
- 7.5 Safeguarding incidents must be escalated through the management and safeguarding reporting structure with serious incident notifications completed in accordance with OP04 Incident Management, Reporting and Investigation.
- 7.6 If an incident is serious enough to warrant a 'Serious Case Review', this is usually communicated directly to the CEO of Priory Group by the Chair of the local Safeguarding Board. The CEO will delegate the responsibility for managing the response to the Group Safeguarding Lead who will send an acknowledgement letter to the Chair of the local Safeguarding board without further delay. The Group Safeguarding Lead and the relevant Divisional Director of Quality will conduct an impact assessment and reach an agreement on the appointment of authors for the chronology and the Individual Management Review (IMR) to ensure that the full response is sent to the Safeguarding Board within their specified timescales.
- 7.6.1 For identification and appointment of senior colleagues to deal with the response and actions, and the process involved refer to the Flowchart at Appendix 3.

8 DISCLOSURE OR DISCOVERY OF ABUSE OR ALLEGATIONS OF ABUSE

8.1 Step by Step Guide

- (a) Listen to what the person who is alleging abuse has to say
- (b) Advise the person alleging abuse what will happen next
- (c) Never ask leading questions about the alleged abuse
- (d) Report any allegations or suspicions of abuse to the DSO immediately. In his/her absence, consult the Site or Service Manager, or senior manager on duty
- (e) Record:
 - i. All details and times of conversations and telephone calls
 - ii. Names of colleagues present at the time

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- iii. Any other relevant information
 - iv. Sign and date the record.
- 8.1.1 Remember, speed is essential as delays in reporting abuse can have serious consequences for an abused child.
- 8.2 In the event of, or knowledge of abuse of children at the unit by anyone, including another service user, employees should use the following procedures:
- (a) Consult with the DSO on site, who will liaise with the local Children's Services Dept, (i.e the local authority Designated Officer or in Wales, the Principal Officer Safeguarding Children) either to seek advice or to make a referral as either a child in need or a child in need of protection
 - (b) Record in detail the circumstances, including the nature and extent of any injuries and any action taken including any immediate medical assistance required.
- 8.3 The DSO (or in his/her absence, the Site/service Manager) is responsible for ensuring that the following procedures are carried out where abuse is suspected or alleged:
- (a) Ensure that the child is safe
 - (b) Record in detail the circumstances, including the nature and extent of any injuries and any action taken
 - (c) Keep records up to date, to evidence outcomes or further work required
 - (d) Refer the case to the local Children's Services Department and take their advice on what to do next.
- 8.4 The DSO will be the point of contact for all matters concerning a particular case and he/she will liaise with the local Children's Services Department and co-ordinate any actions that they prescribe or recommend.
- 8.5 Colleagues may be required to contribute to an initial case conference set up by the Children's Services Department either by providing a report or by attendance. The DSO will assist colleagues in this process and provide the necessary guidance to support them.
- 8.6 Non-recent (historical) abuse will always be discussed with the local Children's Services Department as the perpetrator could still be in a position to abuse children. The child or young person who disclosed this may require support.
- 8.7 The DSO will ensure that concerns are fully and accurately recorded on the Incident Reports. These, along with other reports or details regarding any allegation or incident of abuse, will be kept securely and confidentially by the DSO.
- 8.8 The Site/service Manager is responsible for undertaking all such duties described above in the absence of the safeguarding officer/lead.
- 8.9 **Allegations Against Colleagues** – This process should be followed in situations when it is alleged a colleague has:
- (a) Behaved in a way that has harmed a child, or may have harmed a child
 - (b) Possibly committed a criminal offence against or related to a child, or
 - (c) Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.
- 8.9.1 Any allegation should be reported immediately to the Site/service Manager. The only exception to this is if the allegation is about the Site/service Manager, in which case the allegation should be reported to the Regional Operations Director.
- 8.9.2 On being advised of an allegation that meets the criteria in 8.9, the Site/service Manager (or divisional Managing Director or CEO) should contact the Designated Officer for the local authority, who will advise on whether:
- (a) The matter should be referred to a strategy discussion as a matter that may need to be

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dealt with under safeguarding children or Police procedures

OR

- (b) It is a matter to be dealt with through disciplinary procedures or by an appropriate management response (such as issuing management guidance to the colleague concerned).

(NB: Priory disciplinary procedures may be undertaken, even if the local safeguarding or police teams decide not to take further action).

8.9.3 This initial discussion will determine the approach to be taken to informing the parent or carer of the child or children concerned.

8.9.4 An early recommendation from either the Designated Safeguarding Officer for the local authority or from the strategy discussion should determine whether and when the colleague who is the subject of the allegation should be informed of the allegation and whether they should be moved to other work or suspended whilst the allegation is dealt with.

9 REFERRALS TO THE LOCAL CHILDREN'S SERVICES DEPARTMENT

9.1 Priory sites will use the documentation provided by or agreed with the local Children's Services Department to make referrals. Any referral that is made to the Children's Services Department must also be made to the relevant regulatory body (e.g. CQC, RQIA, CI, HIS, CIW, HIW, Ofsted).

9.2 The Site/service Manager should ensure that all details of local arrangements are noted on **OP Form: 15**, copies of which should be made available to all colleagues.

10 VISITORS

10.1 **Children visiting Sites/Services** - Any child, who visits a unit where a registered offender (or a service user with past history/potential for offending, though not currently on the register, is accommodated) should be carefully monitored to ensure that the child is not placed at risk. A risk assessment should be carried out prior to any visit.

10.1.1 A visiting child should not be allowed to have contact with an individual who is a risk to children, who is accommodated in a Priory unit, unless in a supervised setting. Who should be allowed to visit, supervision arrangements, location of access etc should be clearly documented in the individual's Care Plan and clearly discussed before any visit by a child takes place.

10.1.2 The care plan for such a service user should reflect the potential for him/her to come into contact with children who are not actually visiting him/her, but visiting someone else. The onus is on colleagues to ensure that they are aware of the whereabouts of the service user who poses a risk to children whenever there are visiting children on the unit.

10.2 **Visits to Sites/Services by VIPs or Celebrities** – There may be occasions when celebrities or VIPs visit sites or services for various reasons. The following safeguarding arrangements for sites with children must be in place.

- (a) Visits are to be agreed and arranged in advance, with the purpose for the visit clearly understood by all involved parties
- (b) Contact with service users will be agreed with the service users and their representatives in advance
- (c) The VIP or celebrity will be accompanied by a suitably senior colleague at all times during their visit
- (d) Confidential information will not be disclosed to the VIP or celebrity
- (e) Informal follow-up arrangements will not be made with the VIP or celebrity.

11 PUPILS/STUDENTS IN WORKPLACE PLACEMENTS

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- 11.1 There are occasions when children are placed in settings outside of their normal residential setting. This might be as work experience, or under the increasing flexibility agenda or alternative provision arrangements.
- 11.2 Priory Colleagues organising placements need to ensure that local procedures are in place to protect children from harm, focusing greatest protection on settings in which children may be most at risk, for example when children are placed for long periods in one to one situations with an adult. Employers and training organisations need to be made aware of safeguarding issues and asked to co-operate in putting appropriate safeguards in place. The safety of the student remains the responsibility of the site making the placement and therefore Priory colleagues will need to continue to undertake regular risk assessments and be aware of the need for contextual safeguarding, where wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.
- 11.3 Additional safeguards will be necessary for placements that are in the same workplace when one or more of the following conditions apply. The placement is:
- (a) For more than one day per week
 - (b) For longer than one term in any academic year
 - (c) Aimed at children who may be vulnerable, e.g. those who have special needs, or are young (aged under 16)
 - (d) One where the workplace supervisor or a colleague will have substantial unsupervised access to the child, because of the nature of the business (i.e. micro business, sole trader or journeyman)
or
 - (e) Has a residential component.
- 11.4 If any of the above conditions apply, the following safeguards should be in place:
- (a) The manager of the Priory site who arranges, vets, or monitors work placements should have had training in safeguarding children
 - (b) A workplace/placement risk assessment should be completed prior to the young person attending the site
 - (c) Training organisations or employers taking responsibility for a child or children on a long term placement should be asked to make a commitment to safeguarding their welfare by endorsing an agreed policy or statement of principles
 - (d) Any person whose normal duties will include regularly caring for, training, looking after or supervising a child in the workplace should be vetted and subject to checks by the DBS, Access NI or Disclosure Scotland, to ensure she/he is not disqualified from working with children or otherwise unsuitable to be responsible for them
 - (e) **(N.B.** this should not include people who will have contact with the child simply because she/he will be in the same location, or as part of their work. It is intended to apply to people who are specifically designated to have responsibility for looking after, supervising or directly training a child or children throughout the placement. Checks should normally be arranged by the organisation arranging the placement, through the LA, School or FE institution, and the person should be regarded as a volunteer for the purpose of the check. The results of these checks will be recorded on the institution's Single Central Register)
 - (f) That person should also be given basic child safeguarding training by the placing institution to be aware of their responsibilities in accordance with 'Working Together to Safeguard Children 2018'. They should be given details of a person to contact at the institution in the event that there are any concerns about a child for whom they are responsible
 - (g) The children who are placed in these settings should also be given clear advice about who to contact if they are worried or uncomfortable about their surroundings, or if they suffer abuse. They should have a continuing point of regular appropriate contact within the school or FE institution and be given opportunities to raise any concerns they may have
 - (h) School/FE institution/LA policies and procedures should define what actions need to be

taken by whom and when if any child safeguarding issues are raised prior, during or after the placement

- (i) In some cases it is also important to ensure that the child/student concerned is suitable for the placement (for example, when placing children in environments involving them working with younger children) and in some circumstances DBS, Access NI or Disclosure Scotland checks may be required. **NB.** DBS, Access NI or Disclosure Scotland checks would not normally be appropriate for students taking Applied GCSE in Health and Social Care.

12 PHYSICAL INTERVENTIONS

12.1 Priory policies, appropriate to each division, on the use of physical interventions must be followed and colleagues trained appropriately. [‘Guidance in Positive and Proactive care: reducing the need for restrictive interventions \(DH 2014\)’](#) should be followed.

12.2 The use of restraint is inappropriate in most settings. Where it has been used, a full record of the incident must be made, carers/parents must be made aware and if serious the appropriate authorities informed (Primary Care Trust/Local Authority/Local Safeguarding Children’s Board). In exceptional cases the appropriate regulatory body should also be advised (Ofsted, CQC, RQIA, CI, HIS, CIW, HIW) by the Site/service manager, in consultation with the Operations Director. The overall aim of each colleague is to reduce the need for reasonable force and particularly for young people with Special Educational Needs.

13 AUDIT AND GOVERNANCE

13.1 An audit of Safeguarding processes will be carried out on all sites (with a maximum interval of 12 months). Divisional audit tools specifically designed to suit the requirements of the Division will be used. The results of the Audit will be discussed at site level local governance meetings, and brought to the Safeguarding Committee. Local or Divisional action plans will be developed as required.

14 REFERENCES AND GUIDANCE

14.1 Legislation:

Adoption and Children Act 2002
Care Standards Act 2000
Children Act 1989 (2004)
Counter Terrorism and Security Act 2015
Education Act 1996 (2002)
Female Genital Mutilation Act 2003
Protection of Children Act 1999
Protection of Children (Scotland) Act 2003
Safeguarding Vulnerable Groups Act 2006
Sexual Offences Act 2003
Social Services and Wellbeing Act 2014

14.2 Guidance:

British Psychological Society (2016) Guidance Document on the Management of Disclosure on Non-recent (Historical) Child Sexual Abuse
CQC (2015) Statement on CQC’s Roles and Responsibilities for Safeguarding Children and Adults
CQC (2015) Specialist Mental Health Service: Provider Handbook
DCA (2007) Mental Capacity Act 2005 Code of Practice
DfE (2018) Keeping Children Safe in Education; statutory guidance from 3rd September 2018
DfE (2015) Information sharing advice for safeguarding practitioners
DfE (2017) Sexual violence and sexual harassment between children in schools and colleges
DfE (2015) What to do if you’re worried a child is being abused; Advice for practitioners
DH (2011) Safeguarding Adults: The role of health service practitioners

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DH (2013) Domestic Violence and Abuse – Professional Guidance
DH (2013) Statement of Government Policy on Adult Safeguarding
DH (2014) Care and Support Statutory Guidance (updated 2018)
DH (NHS England) (2015) Skills for Care and Health: Core Competencies for Health Care support workers and Adult Social Care workers in England
DHSSPSNI (2015) Care Standards for Nursing Homes - Standard 13
Disclosure Scotland (2011) Protecting Vulnerable Groups Scheme
Foreign & Commonwealth Office and Home Office (2015) Forced Marriage
Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry
Home Office (2015) *Prevent* Duty Guidance: For England and Wales
Home Office (2015) *Prevent* Duty Guidance: For Scotland
HM Government (2011) Prevent Strategy
HM Government (2018) Working Together to Safeguard Children: A guide to inter-agency working
HM Government (2016) Multi-agency Statutory Guidance on Female Genital Mutilation
Intercollegiate document: Third Edition (2014) Safeguarding Children and Young People: Roles and competencies for health care staff
Learn to Care & Bournemouth University (2014) National Competence Framework for Safeguarding Children
NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives
RQIA (2009) Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults SCIE (2011) Adult Services Report 47. User Involvement in Safeguarding SCIE (2011) Adult Services Report 50. Safeguarding Adults at Risk of Harm: A legal guide for practitioners
South Gloucestershire Safeguarding Adults Board (2012) Winterbourne View Hospital, A Serious Case Review
Volunteer Now (2011) Safeguarding Vulnerable Adults, A Shared Responsibility
Welsh Assembly Government (2011) In Safe Hands: Implementing adult protection procedures in Wales

Appendices:

APPENDIX 1 - Role description for Designated Safeguarding Officers

APPENDIX 2 - Safeguarding Procedure flowchart

APPENDIX 3 - Serious Case Reviews - Process for Appointment of Writer for Chronology of IMR

APPENDIX 4 - Serious Case Reviews - Process for Chronology and IMR

APPENDIX 5 - Recognising Signs of Child Abuse

APPENDIX 6 - Sexual Abuse by Young People

APPENDIX 7 - Child Sexual Exploitation

APPENDIX 8 - Female Genital Mutilation

APPENDIX 9 - Domestic Abuse

APPENDIX 10 - Indicators of Vulnerability to Radicalisation

APPENDIX 11 - Children and the court system

APPENDIX 12 - Children missing from education

APPENDIX 13 - Children with family members in prison

APPENDIX 14 - Child criminal exploitation: county lines

APPENDIX 15 - Homelessness

APPENDIX 16 - So-called 'honour-based' violence

APPENDIX 17 - Peer on peer abuse

APPENDIX 18 - Sexual violence and sexual harassment between children in schools and colleges

APPENDIX 19 - Forced Marriage

APPENDIX 20 - Youth produced sexual images

Associated Forms:

OP Form: 09 [Log of Safeguarding Issues](#)

OP Form: 09A [Log of Safeguarding issue \(Healthcare Division only\)](#)

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OP Form: 15 [Local arrangements for Child Safeguarding](#)

OP Form: 17 [Referral of Alleged Safeguarding Concern](#)

Education & Children's Services only:

ECS Form: 06 [Running Away /Missing – Individual Risk Assessment](#)

ECS Form: 01 [Safeguarding Referral Form](#)

ECS Form: 01C [Safeguarding competency assessment](#)

ECS Form: 01D [CSE Risk Assessment](#)

APPENDIX 1

ROLE DESCRIPTION FOR DESIGNATED SAFEGUARDING OFFICERS

1 Designated Safeguarding Officer

A list of [Designated Safeguarding Officers](#) for each Division is published on the Intranet.

- (a) The role of the DSO on sites or clusters of sites should include, as a minimum, the following:
- (b) Assume overall responsibility to make sure safeguarding practices are in place and act as the named lead.
- (c) Be in a senior position and hold sufficient seniority at the site to enable effective decision making.
- (d) Take lead responsibility for safeguarding and child protection (including online safety and early help cases)
- (e) Undertake training and updates to the level specified
- (f) Report to the local governance meeting each month
- (g) Receive papers and documents from other agencies and to comment on behalf of the site
- (h) Provide the link from the site to the local Safeguarding Services
- (i) Co-operate fully with all safeguarding enquiries which may include attending strategy meetings and case conferences
- (j) Ensure that clear and accurate records of incidents are kept
- (k) To be aware of what situations require referral to the local Safeguarding team
- (l) To understand and advise other colleagues on referral processes
- (m) Input into the development of local safeguarding procedures which effectively link with and reflect those of the Local Authority/Health and Social Care Trust
- (n) Assist/advise other colleagues on safeguarding issues
- (o) Contribute to the assessment of children
- (p) Communicate changes to procedures/documentation to colleagues
- (q) To share best practice and lessons learnt through regular contact (at least annually) with other DSOs and safeguarding leads at the regional safeguarding meetings and regional safeguarding updates
- (r) To deliver appropriate face to face safeguarding training to other colleagues

2 Deputy Designated Safeguarding Officer

- (a) Will be trained to the same standard as the designated safeguarding lead
- (b) Will deputise for the Designated Safeguarding Officer. However the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead.

3 Regional Safeguarding Officer

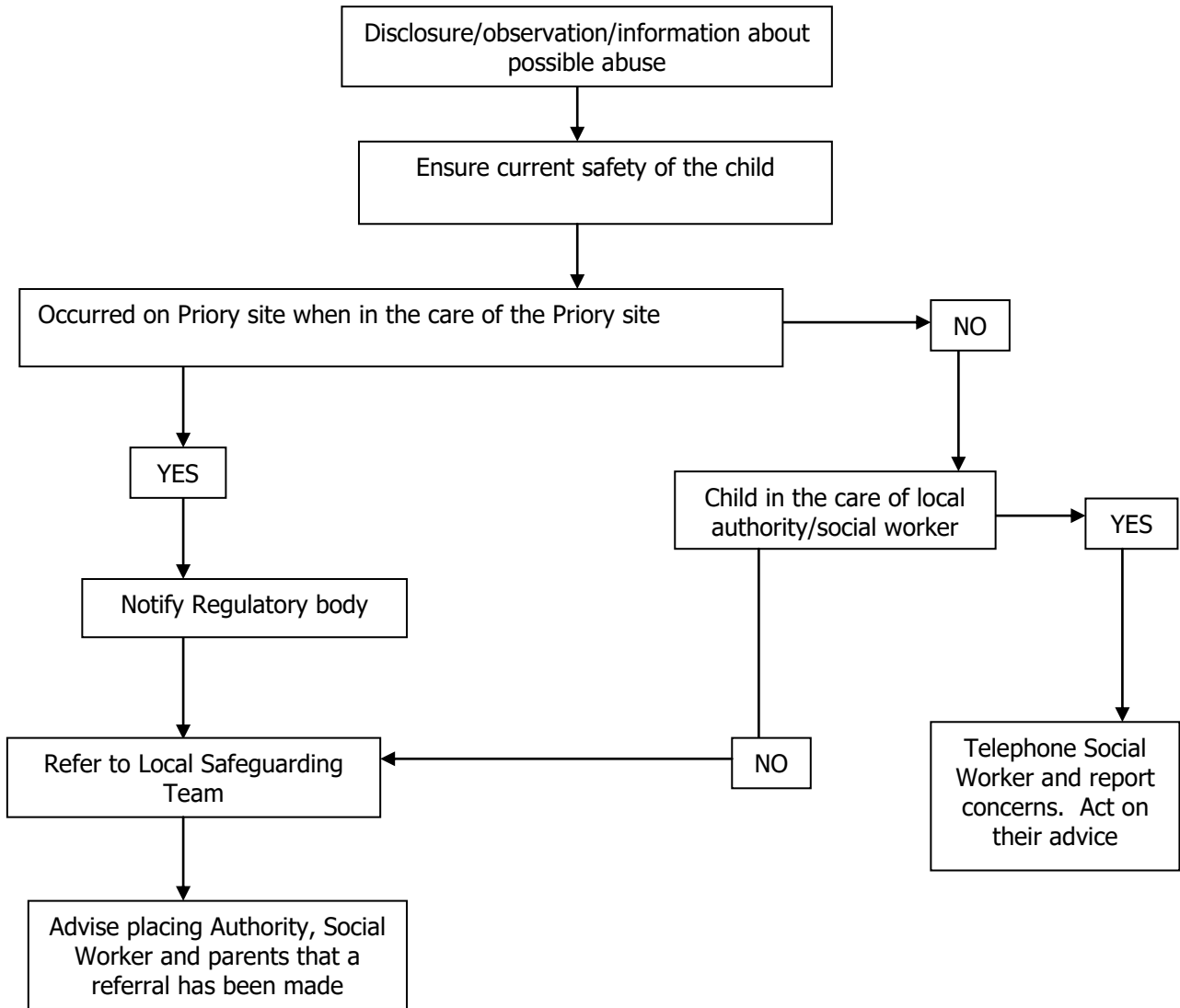
- (a) Provide safeguarding supervision to the DSOs (and deputies)
- (b) Offer sound procedure advice and support
- (c) To analyse the results of the divisional audits of practice and identify any actions necessary for the region and monitor these to completion, analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact (at least annually) with other regional safeguarding officers.

NB: Healthcare Division also have a divisional **Designated Safeguarding Lead** in place whose responsibilities include providing cover and support for the DSOs, chairing regional safeguarding meetings, developing practice at different sites (with a deeper dive analysis at sites where required), supporting DSOs with training, monitoring the training and ensuring that the sites have sufficient trained colleagues in place to deliver training.

APPENDIX 2

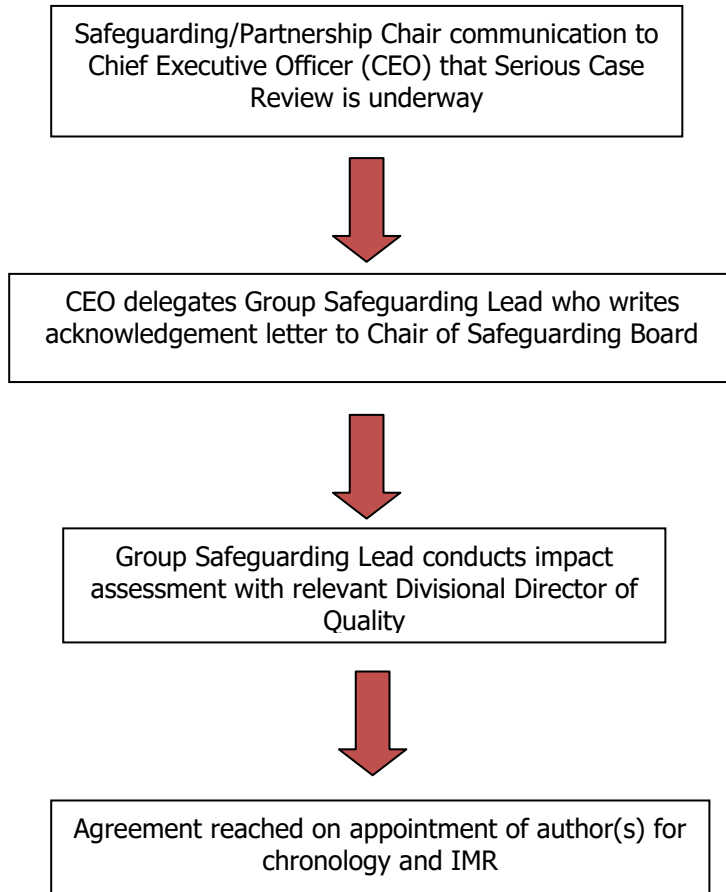
INTERNAL SAFEGUARDING PROCEDURE

The following flowchart details actions that must be taken following suspicion that a child has been abused.



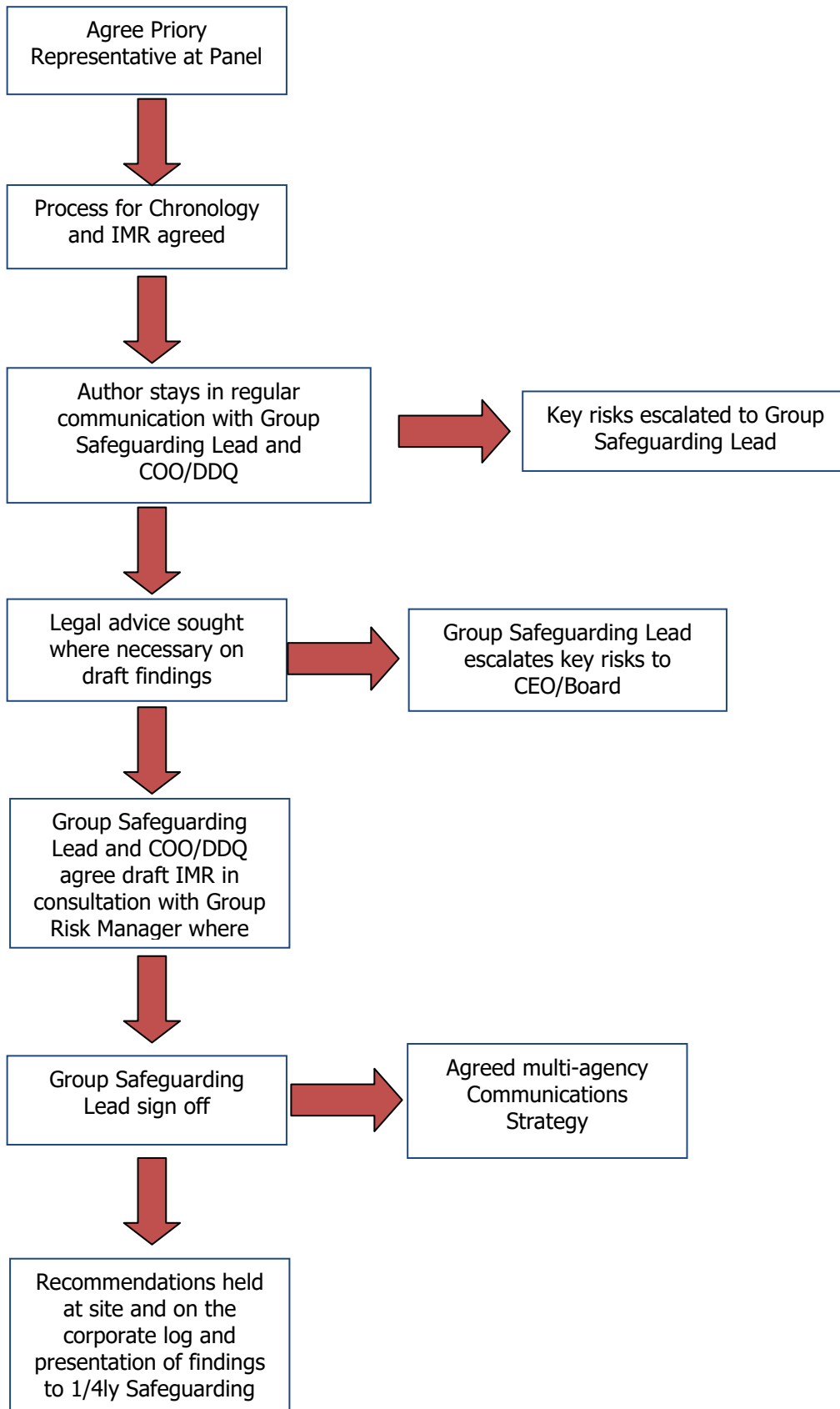
APPENDIX 3

**SERIOUS CASE REVIEWS -
PROCESS FOR APPOINTMENT OF WRITER FOR CHRONOLOGY AND IMR**



APPENDIX 4

SERIOUS CASE REVIEWS - PROCESS FOR CHRONOLOGY AND IMR



APPENDIX 5

RECOGNISING SIGNS OF CHILD ABUSE

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse (including child sexual exploitation)
- Neglect

Signs of Abuse in Children - The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators - The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated/named/lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and/or referral to Children's Services.

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse.

Colleagues should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse - The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries.

Bruising - Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies, which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite Marks - Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds - It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures - Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life.

Scars - A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse - Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence

- Withdrawn or seen as a “loner” – difficulty relating to others.

Recognising Signs of Sexual Abuse - Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Recognising Neglect - Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause - failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods.

APPENDIX 6

SEXUAL ABUSE BY YOUNG PEOPLE

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what

negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is "acting out" which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- (a) **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- (b) **Consent** – agreement including all the following:
 - Understanding that is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society's standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental Competence
- (c) **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

APPENDIX 7

CHILD SEXUAL EXPLOITATION

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes 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. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology.

Like all forms of child sex abuse, child sexual exploitation:

- (a) Can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- (b) Can still be abuse even if the sexual activity appears consensual;
- (c) Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- (d) Can take place in person or via technology, or a combination of both;
- (e) Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- (f) May occur without the child or young person's immediate knowledge (e.g. Through others copying videos or images they have created and posted on social media);

- (g) Can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- (h) Is typified by some form of power imbalance in favour of those perpetrating the abuse.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Some of the following signs may be indicators of child sexual exploitation:

- (a) Children who appear with unexplained gifts or new possessions;
- (b) Children who associate with other young people involved in exploitation;
- (c) Children who have older boyfriends or girlfriends;
- (d) Children who suffer from sexually transmitted infections or become pregnant;
- (e) Children who suffer from changes in emotional well-being;
- (f) Children who misuse drugs and alcohol;
- (g) Children who go missing for periods of time or regularly come home late; and
- (h) Children who regularly miss school or education or do not take part in education.

APPENDIX 8

FEMALE GENITAL MUTILATION (FGM)

It is essential that colleagues are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM? - It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris
- Type 2 Excision – partial/total removal of clitoris and labia minora
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area

Why is it carried out? - Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman/rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean/hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal? - FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad

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- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' Rule - As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay** and make a referral to children's services. It is every colleagues legal duty to report FGM. It is every colleague's legal duty to report FGM. It will be rare for teachers to see visual evidence of FGM, and they should not examine pupils or students, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom the mandatory reporting duty applies.

APPENDIX 9

DOMESTIC ABUSE

The cross-government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- (a) psychological;
- (b) physical;
- (c) sexual;
- (d) financial; and
- (e) emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

National crime agency - human-trafficking

NSPCC- UK domestic-abuse Signs Symptoms Effects

Refuge - what is domestic violence/effects of domestic violence on children

Safelives - young people and domestic abuse.

APPENDIX 10

INDICATORS OF VULNERABILITY TO RADICALISATION

- (a) Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism
- (b) Extremism is defined by the Government in the Prevent Strategy as:
- (c) Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas
- (d) Extremism is defined by the Crown Prosecution Service as - The demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs
 - Seek to provoke others to terrorist acts
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts
- or
- Foster hatred which might lead to inter-community violence in the UK
- (e) There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity
- (f) Children and young people may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school colleagues are able to recognise those vulnerabilities

Indicators of vulnerability include:

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

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisations
- Significant changes to appearance and/or behaviour
- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

The Department of Education guidance [The Prevent Duty](#) can be accessed via this link.

Preventing radicalisation - Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a schools' or colleges' safeguarding approach.

Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces. As defined in the Government's Counter Extremism Strategy.

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

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme.

The Prevent duty - All schools and colleges are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have "due regard¹⁰³ to the need to prevent people from being drawn into terrorism".¹⁰⁴ This duty is known as the Prevent duty.

The Prevent duty should be seen as part of schools' and colleges' wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76, which are specifically concerned with schools (and also covers childcare). The guidance is set out in terms of four general themes: Risk assessment, working in partnership, staff training, and IT policies.

Additional support - The department has published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

There is additional guidance: Prevent duty guidance: for further education institutions in England and Wales that applies to colleges.

Educate Against Hate, a website launched by the Her Majesty's Government has been developed to support and equip school and college leaders, teachers, and parents with information, tools and resources (including on the promotion of fundamental British values) to help recognise and address extremism and radicalisation in young people. The platform provides information on and access to training resources for teachers, staff and school and college leaders, some of which are free such as Prevent e-learning, via the Prevent Training catalogue.

Channel - Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. Guidance on Channel is available at: Channel guidance, and a Channel awareness e-learning programme is available for staff at: Channel General Awareness.

The school's or college's designated safeguarding lead (and any deputies) should be aware of local procedures for making a Channel referral. As a Channel partner, the school or college may be asked to attend a Channel panel to discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required.

APPENDIX 11

CHILDREN AND THE COURT SYSTEM

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds.

The guides explain each step of the process and support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained. Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

APPENDIX 12

CHILDREN MISSING FROM EDUCATION

All colleagues should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school's or college's unauthorised absence and children missing from education procedures.

Schools/Colleges should, where reasonably possible, hold more than one emergency contact for their pupils & Students.

APPENDIX 13

CHILDREN WITH FAMILY MEMBERS IN PRISON

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

APPENDIX 14

CHILD CRIMINAL EXPLOITATION: COUNTY LINES

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism⁹⁸ should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years
- Can affect any vulnerable adult over the age of 18 years
- Can still be exploitation even if the activity appears consensual
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence
- Can be perpetrated by individuals or groups, males or females, and young people or adults and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

APPENDIX 15

HOMELESSNESS

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties: Homeless Reduction Act Factsheets. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

In most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16 and 17 year olds who may be homeless and/ or require accommodation: here.

APPENDIX 16

SO-CALLED 'HONOUR-BASED' VIOLENCE

So-called 'honour-based' violence (HBV) 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 HBV 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 HBV, or already having suffered HBV.

Actions - If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers⁹⁹ that requires a different approach (see following section).

APPENDIX 17

PEER ON PEER ABUSE

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

APPENDIX 18

SEXUAL VIOLENCE AND SEXUAL HARASSMENT BETWEEN CHILDREN IN SCHOOLS AND COLLEGES

Context - Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up
- Not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"

And

- Challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

What is Sexual violence and Sexual Harassment?

Sexual violence -It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003¹⁰⁵ as described below:

- (a) **Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
- (b) **Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
- (c) **Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent? - Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Sexual harassment - When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- (a) sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- (b) sexual "jokes" or taunting;
- (c) physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- (d) online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.¹⁰⁸ It may include:
 - (e) non-consensual sharing of sexual images and videos;
 - (f) sexualised online bullying;
 - (g) unwanted sexual comments and messages, including, on social media; and
 - (h) sexual exploitation; coercion and threats

The response to a report of sexual violence or sexual harassment - The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process as set out in this policy. As is always the case, if staff are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

APPENDIX 19

FORCED MARRIAGE

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines, with pages 35-36 of which focus on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmufco.gov.uk.

APPENDIX 20

YOUTH PRODUCED SEXUAL IMAGERY (SEXTING)

The practice of children and young people sharing images and videos via text message, email, social media or mobile messaging apps has become commonplace. However, this online technology has also given children the opportunity to produce and distribute sexual imagery in the form of photos and videos. Such imagery involving anyone under the age of 18 is illegal. We include explicit text communication in our processes below.

Youth produced sexual imagery refers to both images and videos where:

- A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
- A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
- A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

All incidents of this nature should be treated as a safeguarding concern and in line with the UKCCIS guidance 'Sexting in schools and colleges: responding to incidents and safeguarding young people'.

Cases where sexual imagery of people under 18 has been shared by adults and where sexual imagery of a person of any age has been shared by an adult to a child is child sexual abuse and should be responded to accordingly.

If a colleague becomes aware of an incident involving youth produced sexual imagery they should follow the child protection procedures and refer to the DSL as soon as possible. The colleague should confiscate the device involved and set it to flight mode or, if this is not possible, turn it off. Colleagues should not view, copy or print the youth produced sexual imagery.

The DSL should hold an initial review meeting with appropriate colleagues and subsequent interviews with the children involved (if appropriate). Parents should be informed at an early stage and involved in the process unless there is reason to believe that involving parents would put the child at risk of harm. At any point in the process if there is concern a young person has been harmed or is at risk of harm a referral should be made to Children's Social Care or the Police as appropriate.

Referral should be made to Children's Social Care/Police, and must always be made if:

- (a) The incident involves an adult

Operational

- (b) There is good reason to believe that a young person has been coerced, blackmailed or groomed or if there are concerns about their capacity to consent (for example, owing to special education needs)
- (c) What you know about the imagery suggests the content depicts sexual acts which are unusual for the child's development stage or are violent
- (d) The imagery involves sexual acts
- (e) The imagery involves anyone aged 12 or under
- (f) There is reason to believe a child is at immediate risk of harm owing to the sharing of the imagery, for example the child is presenting as suicidal or self-harming.

The DSL will record all incidents of youth produced sexual imagery, including both the actions taken, actions not taken, reasons for doing so and the resolution in line with safeguarding recording procedures.