

POLICY TITLE:	Safeguarding Children in Residential Care
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Policy Owner:	Jane Stone – Director of Governance and Risk
Ratified by:	Jane Stone – Director of Governance and Risk
Responsible signatory:	Katie Dorrian – Executive Safeguarding Lead
Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • Aims to ensure that children and young people we work with, or who visit Aspris services 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:

AHR01	Safer Recruitment and Selection	AOP08.5	Domestic Violence and Abuse
AHR07	Disclosure (including DBS, Access NI and Disclosure Scotland)	AOP21	Whistleblowing (Protected Disclosure)
ALE03	Data Protection	AOP32	Looked After Children and Previously Looked After Children
AOP03	Complaints	AOP41	Professional Relationship Boundaries
AOP04	Incident Management, Reporting, and Investigation	ACS04	Positive Behaviour Management
AOP05	Mental Capacity	ACS06	Running Away/Missing
AOP08	Safeguarding Adults	AH&S01	Health & Safety Policy, Organisation and Arrangements
AOP08.1	Responding to Suspected Radicalisation		Employee Handbooks

EQUALITY AND DIVERSITY STATEMENT

Aspris 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, email AsprisGovernanceHelpdesk@Aspris.com

SAFEGUARDING CHILDREN

	Page
CONTENTS	
Service CONTACTS AND LOCAL ARRANGEMENTS	3
1 INTRODUCTION	4
2 POLICY STATEMENT	4
3 RESPONSIBILITIES	6
4 PREVENTION	7
5 INDUCTION AND TRAINING	10
6 DEFINITIONS AND RECOGNITION OF CHILD ABUSE	10
7 SAFEGUARDING	11
8 DISCLOSURE OR DISCOVERY OF ABUSE OR ALLEGATIONS OF ABUSE	16
9 ALLEGATIONS AGAINST COLLEAGUES	18
10 REFERRALS TO THE LOCAL CHILDREN'S SERVICES DEPARTMENT	19
11 VISITORS	20
12 CHILDREN/ YOUNG PERSON IN WORKPLACE PLACEMENTS	20
13 PHYSICAL INTERVENTIONS	21
14 AUDIT AND GOVERNANCE	22
15 SAFEGUARDING SUPERVISION	22
16 REFERENCES AND GUIDANCE	24
APPENDIX 1 – Role of the Designated Safeguarding Lead	26
APPENDIX 2 – Aspris Internal Safeguarding Procedures	28
APPENDIX 3 – Child Safeguarding Practice Reviews – Process for Appointment of Writer for Chronology and IMR	30
APPENDIX 4 – Child Safeguarding Practice Reviews – Process for Chronology and IMR	31
APPENDIX 5 – Recognising Signs of Child Abuse	32
APPENDIX 6 – Sexual Abuse by Young People	35
APPENDIX 7 – Child Sexual Exploitation and Child Criminal Exploitation	36
APPENDIX 8 – County Lines	37
APPENDIX 9 – Modern Day Slavery and the National Referral Mechanism	38
APPENDIX 10 – Cyber Crime	39
APPENDIX 11 – Female Genital Mutilation	40
APPENDIX 12 – Domestic Abuse	42
APPENDIX 13 – Indicators of Vulnerability to Radicalisation	43
APPENDIX 14 – Children and the Court System	45
APPENDIX 15 – Child missing from home/care	46
APPENDIX 16 – Children with family members in Prison	47
APPENDIX 17 – Homelessness	48
APPENDIX 18 – So-called Honour-Based Violence	49
APPENDIX 19 – Peer on Peer Abuse	50
APPENDIX 20 – Sexual Violence and Sexual Harassment between Children in Schools and Colleges	51
APPENDIX 21 – Forced Marriage	53
APPENDIX 22 – Youth Produced Sexual Images	54
APPENDIX 23 – Upskirting	55

SERVICE CONTACTS *(Complete this section before printing this policy or adding to webpages)*

**Local Authority Safeguarding Partnership Surrey County Council
contact details**

**Key Safeguarding Personnel at Unsted Park
School**

The Designated Safeguarding Lead (DSL) is Daniel Goldstraw

Contact Details: Email: DanielGoldstraw@aspriscs.co.uk Telephone: 07725242881

**The Deputy Designated Safeguarding
Lead(s) is/are Jamie Dowsett, Marinha
Braganza, Joan Tobin, Vicki Horton, Simon
Moules, Dave Trendall, Julie Skeats, Jaimie
Aspinall**

Contact Details: Email: jamiedowsett@aspriscs.co.uk Telephone: 01483 892061
Marinhabraganza@aspriscs.co.uk
Joantobin@aspriscs.co.uk
VictoriaHorton@aspriscs.co.uk
Simonmoules@aspriscs.co.uk
Davidtrendall@aspriscs.co.uk
Julieskeats@aspriscs.co.uk
jaimieaspinall@aspriscs.co.uk

The Nominated Regional Safeguarding Lead is Rob Page

Contact Details: Email: robpage@aspris.com Telephone: **07725 242524**

The Home Manager is Vicki Horton

Contact Details: Email: Victoriahorton@aspriscs.co.uk Telephone: **07825 363818**

The Operations Director is:

Rob Page

Contact Details: Email: Robpage@aspris.com Telephone: **07725 242524**

In the event of an allegation against the Home Manager or DSL you should contact the Operations Director, Regional Lead and/or the Executive Safeguarding Lead in line with the service's Local Procedures. A common sense approach about who to contact and escalate to should be taken when allegations are made against senior colleagues or their families. Risks are to be reduced by awareness of familial relationships that may exist. If in any doubt, the Regional or Executive Safeguarding Lead should be contacted and their contact details are provided on your Local Procedures.

Note: This overarching policy does **not** replace the need for services to maintain up-to-date 'Local Procedures

All services must complete AOP Form: 15 and AOP Form: 16, making them available for all colleagues as this ensures the service-level procedures align with Local Authority and Safeguarding Board/Partnership procedures, thresholds and opportunities (such as 'early help')

SAFEGUARDING

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 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 and neglect, including sexual and criminal exploitation. Colleagues should be alert to indications of possible child abuse and understand the procedures to be taken to raise their concerns.

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

- (a) Protecting children and young people from maltreatment;
- (b) Preventing impairment of children's mental and physical health or development;
- (c) Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- (d) Taking action to enable all children to have the best outcomes

1.2 There is no single law that defines the age of a child across the UK. Authorities in England, Wales 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' 2018 provides the guidance by which agencies work together to protect children in line with the legislative requirements. Aspris recognises that in order for colleagues to fulfil their duties in line with 'Working Together to Safeguard Children 2018' and 'Keeping Children Safe in Education 2021', 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 Safeguarding Children Partnerships (SCPs). In Scotland local Child Protection Committees have been introduced and in Wales, the Welsh assembly adopted the provisions of the Children Act 2004 in Safeguarding guidance (Welsh Government, 2019), Working together to safeguard people guidance (Welsh Government, 2019) and the Wales Safeguarding Procedures (Wales Safeguarding Procedures Project Board, 2019) which provides a common set of child and adult protection procedures for every safeguarding board in Wales.

2 POLICY STATEMENT

2.1 In line with Legislation and the respective Statutory/Government guidance, Aspris will work in partnership with local statutory agencies and other relevant agencies to protect children and provide an effective response to any circumstances giving ground for concern, complaints or expressions of anxiety.

- 2.1.1 The commitment of Aspris is to effectively protect all children who come into contact with our services from any form of abuse.
- 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. Gaining early help through safeguarding partners 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 support and there must be a seamless transition as a child passes into adulthood. (Refer to AOP32 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 Lead (DSL) immediately, or, in their absence, a senior colleague in line with the Local Procedures for safeguarding children (AOP Form: 15 and AOP Form 15B). Any concerns about a child's welfare must be acted upon immediately.
- 2.5 **All** colleagues should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the Aspris setting and/or can occur between children outside of these environments. **All** colleague, but especially the DSL (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.
- 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 service should conduct their own assessments in consultation with the required stakeholders as detailed in the following paragraph.
- 2.6.1 Local authorities should share the fact a child has a social worker, and the DSL should hold and use this information so that decisions can be made in the best interests of the child's safety, welfare and educational outcomes. This should be considered as a matter of routine. There are clear powers to share this information under existing duties on both local authorities and schools and colleges to safeguard and promote the welfare of children. Where children need a social worker, this should inform decisions about safeguarding (for example, responding to unauthorised absence or missing education where there are known safeguarding risks) and about promoting welfare.
- 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 abuse and substance misuse by family members. Where parents do not engage in the assessment process, this should be noted in the child's records. 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 abusive domestic relationships are less likely to give the full account and research indicates the risk of abuse could be considered higher.
- 2.8 A multi-professional 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. Aspris services will work closely with SCPs/LSCBs/Scotland local CPCs to ensure that procedures reflect those of the SCPs/LSCBs/Scotland Local CPCs on arrangements for training, reporting and reviewing matters of safeguarding and protecting children. Contacts and details of arrangements should be detailed in the service's Local Procedures (AOP Form: 15) and the COVID-19

addendum (AOP form 15B) These Local Procedures should also include or be provided to colleagues alongside a copy of the Local threshold document to ensure colleagues refer concerns appropriately.

3 RESPONSIBILITIES

- 3.1 Overall responsibility for the organisation's arrangements to safeguard and promote the welfare of children ultimately lies with the Chief Executive (C.E.O.) for Aspris together with the Executive Lead for Safeguarding, The Chief Operating Officer (C.O.O) for Aspris UK
- 3.2 The Executive Safeguarding Lead is expected to ensure there is a robust governance structure that supports leaders and their Safeguarding Leads. This role includes: Chairing organisational Safeguarding Committees; having oversight of safeguarding and associated data (including, but not limited to: Incidents, restrictive practice, quality audits and regulatory outcomes); providing expert advice regarding regulatory expectations for safeguarding; and reporting to the Executive Board. A Designated Safeguarding Lead, reporting to the Chief Operating Officer, supports the C.O.O with their Safeguarding responsibilities
- 3.3 The Managing Directors are Regional Safeguarding Leads, whose duties include:
 - (a) Facilitating and/or organising appropriate safeguarding supervision to the Sub-Regional Safeguarding Leads;
 - (b) Offering sound procedural advice and support;
 - (c) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
 - (d) Analysis of the audits of practice and identification of any actions necessary for the region and monitor these to completion.
- 3.3.1 Regional Safeguarding Leads are also expected to report up to the organisational Safeguarding Committee in line with governance structures and support the committee with analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact with other Regional Safeguarding Leads.
- 3.4 Operations Directors are Sub-Regional Safeguarding Leads duties include:
 - (a) Facilitating and/or organising dedicated safeguarding supervision to the Designated Safeguarding Leads;
 - (b) Offering sound procedural advice and support;
 - (c) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
 - (d) Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.
- 3.5 Service Leaders are accountable for the safeguarding practice in their service, the responsibility for supporting colleagues and tracking concerns through to 'closure' is sometimes delegated to other Designated Safeguarding Leads however the Leader remains accountable and as such, should be involved and maintain effective oversight of the safeguarding concerns within their service.
- 3.6 It is the responsibility of the Service Leader, named at the beginning of this policy, to ensure that adequate safeguarding and child protection practices are in place in their services. 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.
- 3.7 There is a clear governance structure within Aspris to monitor safeguarding arrangements. Local arrangements will be monitored at service level by the relevant local governance meeting and at corporate level by the respective safeguarding committees.
- 3.8 Service Leaders (Head Teachers, Registered Managers) must ensure that all safeguarding concerns are tracked from when they are raised through to closure. In addition to the use

of incident records and individual notes being used to track concerns on an individual basis, concerns should be monitored proportionately across the service through Management Meetings; as a minimum the number of concerns raised and themes should be considered to inform service-level learning. Concerns should be tracked using the electronic incident system.

- 3.9 Colleagues are responsible for maintaining clear and professional boundaries between themselves and the service users. These boundaries define the limits of behaviour that allow colleagues and service users to engage safely in a therapeutic relationship. The boundaries are based on trust, respect and appropriate use of power, with the focus on the needs of the service user. Blurring of these boundaries, and moving the focus of care away from the service user's needs, can lead to confusion and the possibility of the development of abuse. Personal relationships with service users are never acceptable. (Refer to AOP41 Professional Relationship Boundaries).
- 3.10 It is the responsibility of all colleagues to read this policy and to complete the Safeguarding training commensurate with their job role as set out in the Safeguarding Training Matrix (AOP Form 21B).
- 3.10.1 **Colleagues can report safeguarding concerns directly to the local Safeguarding services, and must do so if they feel it is necessary. Safeguarding is everyone's business and you must not wait for another colleague or the DSL to do it for you.** Colleagues must report any genuine concerns, ensuring the DSL in the service, or a senior colleague is informed as well as the appropriate Local Authority in line with the services Local Procedures (AOP Form: 15).
- 3.10.2 A failure to respond to/raise a safeguarding concern when recognised will be considered as an act of neglect and be raised as a safeguarding concern against the colleague accordingly, a failure to safeguard a service user will be considered through the appropriate disciplinary procedures.
- 3.11 **Whistleblowing** - It is the responsibility of all colleagues to advise their manager of any concerns they have about the safety and wellbeing of service users. If colleagues do not feel their concerns are being taken seriously or sufficiently responded to within Aspris, they should follow the guidelines in AOP21 Confidential Reporting (Whistleblowing). Colleagues can also report safeguarding concerns directly to the local Safeguarding Partnership (or regional equivalent) and must do so if they feel it is necessary.
- 3.12 In matters of safeguarding, it should never be assumed that someone else will pass on information which may be critical to the safety and wellbeing of the child, the individual who receives a disclosure or notices a concern must report it appropriately and not assume a colleague will for them.

4 PREVENTION

- 4.1 **Safer Recruitment** - Safer recruitment policies must be followed for all colleagues, including volunteers. (Refer to AHR01 Safer Recruitment and Selection). All interview panels must contain one colleague with safer recruitment training.
- 4.1.1 Reference should be made to [Keeping Children Safe in Education \(2021\)](#) (updated September 2021) and [Safer Recruitment Through Better Recruitment \(Care Inspectorate, 2016\)](#) when recruiting for Education services.
- 4.2 **Disqualification self-disclosure** - Colleagues are required to sign the [AHR Form: 10 self-disclosure](#) and [AHR Form: 10C disqualification self-disclosure](#). Guidance on disqualification can be found in AHR27 Disqualification under the Childcare Act 2006 - Background Information and FAQs.
- 4.3 **Agency Colleagues** - Agency colleagues' references and Disclosure and Barring Service, or Disclosure Scotland checks are the responsibility of their employer i.e. the Agency, but

must be confirmed in writing to the service prior to any shift being worked. Agency colleagues induction will include an overview of safeguarding procedures specific to the service this includes being provided with a copy of the Local Procedures (AOP Form: 15, AOP15B and AOP16) in addition to completing the appropriate Agency induction Checklist. It is the responsibility of the 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 in Education & Children's Service services.

- 4.4 A full police check under the Disclosure and Barring Scheme (or regional equivalent) should be undertaken for all colleagues, including volunteers, working with children BEFORE the colleague starts work. Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups and **this is a legal duty and failure to refer when the criteria are met is a criminal offence**. 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 AHR0.7 Disclosure (including DBS, Access NI and Disclosure Scotland)).
- 4.5 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.
- 4.6 **Notifications to Regulatory Bodies** - It is the responsibility of the 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 the Human Resources Department and the Regional Manager or Operations Director.
- 4.7 **Registered Offenders** - Where a known offender is accommodated in a Aspris 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 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)
- 4.8 **Safeguarding Lead Roles** - Every Aspris service must have a senior colleague as the DSL supported by a Regional Safeguarding Lead. A register of the DSLs for all Aspris services is kept by the organisational committee, this is monitored 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 **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.
- 4.10 **Information Sharing** - Information shared between agencies, including the Local Authority Children's Services Department 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 for Education) 2018. Colleagues must have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR. This includes:
(a) Being confident of the processing conditions which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.

- (b) Understanding that 'safeguarding of children and individuals at risk' is a processing condition that allows practitioners to share special category personal data. This includes allowing practitioners to share information without consent where there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner but it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.
- 4.10.1 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.
- 4.10.2 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.
- 4.10.3 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.
- 4.10.4 The legislation in England, Wales and Scotland supports a duty to co-operate to improve the wellbeing of children and young people and for agencies to work together.
- 4.10.5 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 and the advice of the child's Social Worker or the Local Authority safeguarding team should be sought where appropriate prior to sharing.
- 4.10.6 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 Aspris service should participate in the enquiries or any further meetings (strategy meetings, conferences etc.) and should provide whatever information is deemed necessary.
- 4.11 The Adoption and Children Act 2002 acknowledges the adverse effects a child experiences when exposed to domestic abuse, 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. This has been further strengthened by the new Domestic Abuse Act 2021 recognising children as victims.
- 4.12 **Radicalisation** – Aspris 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. The UK government's Prevent Strategy (2011), which is a key aspect of safeguarding, outlines the commitment to be made by organisations such as Aspris in ensuring that threats of this kind are understood and responded to. (AOP08.1 Responding to Suspected Radicalisation).
- 4.13 **Visitors** - All visitors to and from any service must be recorded, and supervised as appropriate. Refer to Aspris policies on visitors and visiting children, including visits by 'persons of celebrity or importance'.

5 INDUCTION AND TRAINING

- 5.1 As part of their Induction programme new colleagues should be asked to read the following:
- (a) AV01 Safeguarding Children
 - (b) AOP41 Professional Relationship Boundaries
 - (c) Aspris Employee Handbook
 - (d) A copy of the locally completed AOP Form: 15 (and AOP Form: 16).
 - (e) A copy of ACS04 Positive Behaviour Management
 - (f) A copy of AOP Form: 15B
 - (g) Details of the safeguarding response to children who go missing from education.
- 5.2 It is the responsibility of the Home 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 two weeks of appointment to the job role with regular updates.
- 5.2.1 Further face to face training for all colleagues will be carried out by the Safeguarding Lead, dedicated internal trainers or an agreed external provider, based on assessment of risk for the particular service.
- 5.3 All employees working in Aspris services 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 Leads and share vital information between agencies. The eLearning module will be completed by all colleagues within the first two weeks of appointment to the job role, followed by annual refreshers.
- 5.4 DSLs will attend centrally arranged combined adult and children & young people learning that is provided by an external training provider (two days DSL Face to Face, and one day DSL Face to Face Refresher annually). To ensure consistency of standards. Successful completion of these courses permits the trainer to deliver face to face training at their service providing they meet the competencies agreed by the Aspris Safeguarding Committee, in addition to LSP/LSCB/ Scotland Local CPC learning offered locally.
- 5.5 The Home Manager should ensure that the training materials and guidelines provided by LSP/LSCB/ Scotland Local CPC are available to all employees.

6 DEFINITIONS AND RECOGNITION OF CHILD ABUSE

- 6.1 Abuse: 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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children
- 6.2 *Physical abuse:* a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- 6.3 *Emotional abuse:* the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's

developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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, although it may occur alone.

- 6.4 *Sexual abuse:* involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as peer-on-peer abuse) in education and all staff should be aware of it and of their school or college's policy and procedures for dealing with it.
- 6.5 *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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

7 **SAFEGUARDING**

- 7.1 A child centred and coordinated approach around safeguarding.
- 7.2 If a child is in immediate danger or at risk of harm, a referral will be made to Children's Services (through the MASH) and any member of staff can make this referral. A Designated or Deputy Designated Safeguarding Lead should be available at all times, but in exceptional circumstances the member of staff should speak to a member of the Senior Leadership Team or seek advice directly from Children's Services and then take appropriate action. The Designated Safeguarding Lead should be made aware as soon as possible. Staff, parents and the wider community should report any concerns that they have about the welfare of children, however minor or seemingly insignificant. Staff should not assume that someone else will report concerns.
- 7.3 All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking and or alcohol misuse, deliberately missing education and consensual and non-consensual sharing of nude and semi-nude images and/or videos, can be signs that children are at risk. Other safeguarding issues all staff should be aware of include:-
- 7.4 *Child Sexual Exploitation (CSE)*
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

7.5 *Child Criminal Exploitation (CCE)*

The Home Office defines child criminal exploitation as, "common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology. Child Criminal Exploitation (CCE) Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

7.5.1 Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

7.5.2 It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

7.5.3 Further information on signs of a child's involvement in sexual exploitation is available in Home Office guidance: **Child sexual exploitation: definition and guide for practitioners - GOV.UK (www.gov.uk)**

7.6 *County Lines*

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of "deal line". This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children's homes and care homes. Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

7.6.1 Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office: **County lines exploitation - GOV.UK (www.gov.uk)**

7.7 *Female Genital Mutilation (FGM)*

Whilst all staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific legal duty on teachers. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

7.7.1 Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers, along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM

appears to have been carried out on a girl under 18. Those failing to report such cases may face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining 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 this mandatory reporting duty applies. Information on when and how to make a report can be found at: Mandatory reporting of female genital mutilation procedural information

- 7.7.2 Staff must personally report to the police cases where they discover that an act of FGM appears to have been carried out.¹²⁹ Unless the staff member has good reason not to, they should still consider and discuss any such case with the DSL and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. The following is a useful summary of the FGM mandatory reporting duty: FGM Fact Sheet
- 7.7.3 Further information and guidance on FGM: [Multi-agency statutory guidance on female genital mutilation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)
- 7.8 *Mental Health*
All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
- 7.8.1 Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Residential Staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.
- 7.8.2 Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education.
- 7.8.3 *Residential Sites*
If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy, and speaking to the designated safeguarding lead or a deputy.
- 7.9 *Peer on peer abuse (child on child)*
All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). And that it can happen both inside and outside of the home and online. It is important that all staff recognise the indicators and signs of peer on peer abuse and know how to identify it and respond to reports.
- 7.9.1 It is essential that all staff understand the importance of challenging inappropriate behaviours between peers, many of which are listed below, that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.
- 7.9.2 Peer on peer abuse is most likely to include, but may not be limited to:
- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
 - abuse in intimate personal relationships between peers.

- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);
- sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence);
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse.
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- consensual and non-consensual sharing of nude and semi-nude images and/or videos¹³ (also known as sexting or youth produced sexual imagery);
- upskirting which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

7.9.3 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 AOP32 Looked After Children and Previously Looked After Children.

7.10 *Serious violence*
All staff should be aware of the indicators, which may signal children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation. All staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery. Advice for schools and colleges is provided in the Home Office's Preventing youth violence and gang involvement and its Criminal exploitation of children and vulnerable adults: county lines guidance.

7.11 *Domestic Abuse*
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
(e) Emotional Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children.

- 7.11.1 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. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members.
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
- 7.11.2 Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its website provides guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time from the team for a call can be booked. Additional advice on identifying children who are affected by domestic abuse and how they can be helped is available at:
- NSPCC- UK domestic-abuse Signs Symptoms Effects
 - Refuge what is domestic violence/effects of domestic violence on children
 - Safe lives: young people and domestic abuse.
 - Domestic abuse: specialist sources of support - GOV.UK (www.gov.uk) (includes information for adult victims, young people facing abuse in their own relationships and parents experiencing child to parent violence/abuse)
 - Home: Operation Encompass (includes information for schools on the impact of domestic abuse on children)
- 7.12 *Children Missing from Care*
All staff 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 can also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, 'honour'-based abuse 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.
- 7.12.1 Further guidance **Statutory guidance on children who run away or go missing from home or care (publishing.service.gov.uk)**
- 7.13 *Force 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 perpetrators use perceived cultural practices as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage
- 7.13.1 *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 residential care 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.
 - Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

- Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

- 7.13.2 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 or the internet) and settings (such as within the home). 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 Prevent referral.
- 7.13.3 All Aspris residential care sites 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 regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.
- 7.13.4 The Prevent duty should be seen as part of Aspris residential care wider safeguarding obligations. Designated safeguarding leads and other senior leaders in the homes should familiarise themselves with the revised
- 7.13.5 The designated safeguarding lead (and any deputies) should be aware of local procedures for making a Prevent referrals. (Policy Responding to Suspected Radicalisation AOP.06)

8 DISCLOSURE OR DISCOVERY OF ABUSE OR ALLEGATIONS OF ABUSE

- 8.1 Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the Police to investigate and make a decision about any subsequent action. The Police should always be consulted about criminal matters. If possible preserve the crime scene to make sure the evidence is not contaminated, the Police will provide advice on how to preserve the scene in such instances. This will usually mean locking off the area and securing the records in the first instance.
- 8.2 All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or are being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the designated safeguarding lead (DSL) if they have detailed information on statutory assessments can be found in Chapter 1 of Working Together to Safeguard Children 9 have concerns about a child. It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.
- 8.3 In the event that the alleged perpetrator is in a DSL role within the hierarchy of responsibilities, the DSL above the alleged perpetrator should be informed. Alternatively this could be the Executive Safeguarding lead. If the allegation is about the Executive Safeguarding Lead, the Chief Executive Officer for Aspris should be informed.
- 8.4 In the event of, or knowledge of abuse of a service user at the unit by anyone, including another service user, action must be taken on discovering any form of abuse in whatever

form it presents - historical, ongoing or a one off event. Employees should use the following procedures :

8.5.1 Step by Step Guide for responding to disclosures of abuse:

The service user involved must be attended to, comforted and supported and any physical injuries taken care of.

- (a) Listen carefully to what the person has to say, but do not ask leading questions about the alleged abuse
- (b) Ensure that everyone is safe and that the emergency services have been called if needed
- (c) Advise the person of the procedures which will follow
- (d) If you want to take notes, tell the person first, and keep your original notes (even if they are subsequently 'written up' in the person's notes) to give to the DSL for safekeeping as they will be required if a case goes to court
- (e) Record the following information as soon as possible afterwards in black ink (if handwritten), signed and dated by the person alleging the abuse where possible:
 - i. All details of the alleged abuse, including location
 - ii. Times/dates of conversations and telephone calls
 - iii. Names of colleagues present at the time
 - iv. Record in detail the circumstances, including the nature and extent of any injuries and any action taken including any immediate medical assistance required.
 - v. Any other relevant information
- (f) **All Aspris colleagues have a duty to refer** the case to the local Safeguarding Service using the details identified on the service's AOP Form: 15 and/or seek guidance on what to do next from the DSL or Local Safeguarding Service; a multi-disciplinary discussion to agree the next steps should be held, including the service user's views (where possible) and documented in the service user's notes. This must be done as soon as practicable or within 24 hours maximum.
- (g) Ensure the safeguarding concern is recorded in the child's notes and on MIS Engage as an incident, you should ensure the DSL is aware of the concern and actions taken.
- (h) The DSL and any deputies should liaise with the three safeguarding partners and work with other agencies in line with [Working Together to Safeguard Children](#).

8.6 If you are unsure if a concern needs reporting, share any allegations or suspicions of abuse with the DSL, or in their absence discuss with a senior colleague in line with the services Local Procedures (AOP Forms 15 and 16), they will offer advice about next steps or liaise with the local Children's Services Department (i.e. the Local Authority Designated Officer or in Wales, the Principal Officer Safeguarding Children) to seek advice and to provide clarity if you should make a referral as either a child in need or a child in need of protection.

8.7 Remember, speed is essential as delays in reporting abuse can have serious consequences for an abused child.

8.8 The DSL (or in his/her absence, the Home Manager) is responsible for supporting colleagues with referring safeguarding concerns in line with Local Procedures (AOP Forms 15 and 16), they will also ensure that the following procedures are carried out where abuse is witnessed, suspected or alleged:

- (a) Ensure that everyone is safe and that the emergency services have been called if needed. [NPCC- When to call the police](#) should help DSLs understand when they should consider calling the police and what to expect when they do.
- (b) If appropriate, inform and reassure the service user, their GP and family that the situation is being dealt with.
- (c) Keep service user and safeguarding records up to date, to evidence outcomes or further work required.
- (d) If the person who discovers the abuse has been unable to, refer the case to the local Safeguarding Service and/or seek guidance on what to do next, this alert must be done as soon as practicable or within 24 hours maximum.
- (e) To ensure that evidence is not contaminated in case the Police wish to lead, wait until the local Safeguarding Service has given consent before commencing any enquiry.

**Children's Services
Operational**

- (f) Advise Regulatory Body, Placing Authority/Commissioners, Social Worker/Case Manager and parents/guardians (if appropriate) that a referral has been made.
 - (g) Ensure the safeguarding concern is recorded in the child's notes and on MIS Engage as an incident, this should also be recorded in the service's safeguarding log (if used).
- 8.9 The DSL will be the point of contact for all matters concerning a particular case and they will liaise with the local Children's Services Department and co-ordinate any actions that they prescribe or recommend.
- 8.10 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 DSL will assist colleagues in this process and provide the necessary guidance to support them.
- 8.11 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 and this should also be reported to the Police.
- 8.12 The DSL will review incident reports to ensure that concerns are fully and accurately recorded. These, along with other reports or details regarding any allegation or incident of abuse, will be kept securely and confidentially by the DSL.
- 8.13 The Home Manager is responsible for undertaking all such duties described above in the absence of the DSL.
- 8.14 A register of all safeguarding incidents will be kept centrally via the Incident Reporting System (MIS Engage). A local register (safeguarding log) should be maintained, this can be created using MIS Engage, a chronology tracking safeguarding concerns is also attached to each referral (ACS Form: 01).
- 9 ALLEGATIONS AGAINST COLLEAGUES (including Agency/Supply colleagues and Volunteers) -**
- 9.1 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.
 - (d) Behaved or may have behaved in a way that indicates they may not be suitable to work with children
- 9.2 Any allegation should be reported immediately to the DSL The only exception to this is if the allegation is about the DSL, in which case the allegation should be reported to the Regional Operations Director (Regional Safeguarding Lead) and Divisional Safeguarding Lead in line with the service's Local Procedures (AOP Form 15).
- 9.3 There are two aspects to consider when an allegation is made:
- Looking after the welfare of the child - the designated safeguarding lead is responsible for ensuring that the child is not at risk and referring cases of suspected abuse to the local authority children's social care as described in Part one of this guidance.
 - Investigating and supporting the person subject to the allegation - the case manager should discuss with the LADO, the nature, content and context of the allegation, and agree a course of action.
- 9.4 The Home Manager (in conjunction with the Operations Director (Regional Safeguarding Lead), Divisional Safeguarding Lead and the local Safeguarding Service) should seek the advice of the LADO or on-duty Social Worker to decide whether it is appropriate to move to a non-client facing role or suspend colleagues in order to keep service users safe, pending formal disciplinary procedures. The manager carrying out the suspension should also advise the regulatory body or relevant professional body if a suspension is made.

- 9.5 On being advised of an allegation that meets the criteria, the DSL / Home Manager (or divisional Managing Director or COO as appropriate) should contact the Designated Officer for the local authority (LADO) or On Duty Social Worker (Wales/Scotland), who will advise on whether:
- (a) The matter should be referred to a strategy discussion as a matter that may need to be 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).
- 9.6 If a colleague is subject to an allegation of abuse against a service user or vulnerable individual, suspension pending investigation should be the first choice. Where a colleague is not suspended and is moved to another area, this should be an administrative role and not involve access to the alleged victim's records or contact with service users or their families. All decisions should be clearly documented with advice sought from the Local Authority Safeguarding Team/LADO/On Duty Social Worker (Wales), HR and Safeguarding Leads as appropriate to the level of allegation **prior** to informing the colleague of any details of the allegation.
- (NB: Aspris disciplinary procedures may be undertaken, even if the local safeguarding or police teams decide not to take further action).
- 9.7 This initial discussion will determine the approach to be taken to informing the parent or carer of the child or children concerned. The DSL will be the point of contact for all matters concerning a particular case and he/she will liaise with the local Safeguarding team and co-ordinate any actions that they prescribe or recommend.
- 9.8 **An early recommendation from either the Designated Officer for the local authority (LADO) 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.**
- 9.9 The Home Manager is responsible for undertaking all such duties described above in the absence of the Safeguarding Lead.

10 REFERRALS TO THE LOCAL CHILDREN'S SERVICES DEPARTMENT

- 10.1 Aspris services will use the documentation provided by or agreed with the local safeguarding teams to make referrals or, if not identified then AOP Form: 17 can be utilised to make referrals. However, it must be made clear to colleagues in the Local Procedures which form is to be used in their particular service (see 10.2). The locally preferred method of reporting a referral may be on-line or via a telephone abuse line. Any referral that is made to the Children's Services Department must also be made to the relevant regulatory body (e.g. Ofsted, CQC, RQIA, CI, HIS, CIW, HIW).
- 10.2 The service Manager should ensure that all details of local arrangements are noted on AOP Form: 15, copies of which should be made available to all colleagues.
- 10.3 Follow-up and escalation of concerns should be via the DSL at the service who will co-ordinate and monitor referrals through the local authority safeguarding partners available to them. Appropriate feedback should be provided when necessary and where appropriate to the child, young person, and colleagues involved in the disclosure/concern so that they are reassured and informed of the processes involved and reduce any unnecessary anxiety or detrimental impact. Colleagues who make a referral should always follow up their concerns if they are not satisfied with the response; this includes the DSL who should follow up with their local authority partners, especially if re-referrals are necessary or any escalation of concerns.

- 10.4 In Wales, the practitioner who has receives a disclosure or has a concern a statutory duty to report concerns immediately to your Home Manager/or (if appropriate) the DSL for the service as identified in the Local Procedures, if they are not available then report directly to social services. If required the safeguarding lead or Home Manager should support the practitioner to make the referral to the local authority safeguarding team, who will lead the enquiry and co-ordinate with the Police if necessary.
- 10.5 As stated in the 'Wales Safeguarding Procedures': "Practitioners are expected to report to the relevant local authority (social services) for both adults and children at risk. The relevant authority is the one in which the safeguarding concern is thought to have occurred. This may mean reporting to a local authority that is not in the same area as that in which the practitioner works.
- 10.6 If a practitioner is unsure which local authority to report to they should contact their local social services for advice.

11 VISITORS

- 11.1 Aspris residential care settings have different types of visitors, those with a professional role i.e. psychologists, GP; 's, social workers etc. those connected with the building, grounds maintenance, children's relatives or other visitors attending an activity on site. All visitors who are there in a professional capacity check ID and be assured that the visitor has had the appropriate DBS check (or the visitor's employers have confirmed that their staff have appropriate checks).
- 11.1.1 Home Manager should use their professional judgment about the need to escort or supervise such visitors.
- 11.2 **Visits to Services by VIPs or Celebrities** - There may be occasions when celebrities or VIPs visit services for various reasons. The following safeguarding arrangements with children must be in place in line with recommendations from the Lampard Report (2015).
(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.

12 CHILDREN/ YOUNG PEOPLE IN WORKPLACE PLACEMENTS

- 12.1 There are occasions when children are placed in settings outside of their normal setting. This might be as work experience, or under the increasing flexibility agenda or alternative provision arrangements.
- 12.2 Aspris sites 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 service making the placement and therefore Aspris 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.
- 12.3 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 younger (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.

12.4 If any of the above conditions apply, the following safeguards should be in place:

- (a) A workplace/placement risk assessment should be completed prior to the young person attending the service
- (b) 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
- (c) 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
- (d) **(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 Single Central Register)
- (e) 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
- (f) 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
- (g) Residential sites/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
- (h) In some cases it is also important to ensure that the child concerned is suitable for the placement (for example, when placing children in environments involving them working with younger children) and in some circumstances DBS, or Disclosure Scotland checks may be required. **NB.** DBS or Disclosure Scotland checks would not normally be appropriate for students taking Applied GCSE in Health and Social Care.

13 PHYSICAL INTERVENTIONS

- 13.1 Aspris policies on the use of physical interventions must be followed and colleagues trained appropriately.
- 13.2 Unlawful use of force (force that is neither necessary nor proportionate) is considered physical abuse. Incident data on physical interventions is monitored at service level and centrally to identify trends and themes.
- 13.3 The use of restraint should only be used as a last resort. Where it has been used, a full record of the incident must be made, carers/parents must be made aware and if there is any question that the intervention was not necessary and/or proportionate the appropriate authorities informed (Local Authority/Local Safeguarding Children's Partnership/Police). In exceptional cases the appropriate regulatory body should also be advised (Ofsted, CQC, CI, HIS, CIW, HIW) by the service manager, in consultation with the Operations Director.

The overall aim of each colleague is to reduce the need for physical interventions through proactive strategies and support, particularly for young people with Special Educational Needs.

13.4 Incidents involving physical interventions must be captured on MIS Engage, good safeguarding governance requires such incidents to be considered through a safeguarding lens to identify the appropriate resulting actions.

13.5 Concerns about the potential or alleged inappropriate or unlawful use of physical interventions by colleagues working with children and young people must be referred to the Local Authority Designated Officer (LADO) or 'on duty Social Worker' (Wales and Scotland) for advice about whether a subsequent investigation is required. This advice should take precedence over the opinions of physical intervention (PROACT SKIPr) Leads, however the opinions of physical intervention Leads will undoubtedly inform a LADO process/investigation.

14 AUDIT AND GOVERNANCE

14.1 An audit of Safeguarding processes will be carried out in all services (with a maximum interval of 12 months). Audit tools specifically designed to suit the requirements of the organisation will be used. The results of the Audit will be discussed at service level local governance meetings, and brought to the organisational Safeguarding Committees. Local or organisational action plans will be developed as required.

15 SAFEGUARDING SUPERVISION

15.1 PROCESS/REQUIREMENTS

Safeguarding Supervision is the framework for staff to safeguard the individuals we support providing high quality, safe care and education. It is an opportunity to:

- (a) Reflect and review their practice.
- (b) Discuss individual cases in depth.
- (c) Change or modify their practice and identify training and continuing development needs.

15.2 Stand-alone Safeguarding Supervision provided to recognised Safeguarding Leads within the Aspris Group is different to clinical, managerial or professional supervision, however, safeguarding cases should be discussed as part of a clinical supervision session or during management or professional supervision depending on the role and responsibilities of the supervisee. It is different to the everyday practice of discussing urgent clinical or safeguarding cases with peers/seniors in the moment.

15.3 Safeguarding Supervision is a process that:

- (a) Facilitates the monitoring and review of practice.
- (b) Enables the integration of theory and practice.
- (c) Encourages the development of more effective interventions.
- (d) Supports professional development.
- (e) Ensures the welfare and safety of the practitioners and client.

15.4 Regular focus on Safeguarding, including the appreciation of risk and protective factors, will help to:

- (a) Avoid 'drift'.
- (b) Keep a focus on the individuals the Aspris Group supports.
- (c) Maintain a degree of objectivity and challenge fixed views.
- (d) Test and assess the evidence base for assessment and decisions.
- (e) Address the emotional impact of work.

15.5 TYPES OF SAFEGAURDING SUPERVISION

The following types of Clinical and Safeguarding Supervision are available for safeguarding leads to access:

- 15.5.1 **Safeguarding Supervision:**
This will normally include case discussion and address safeguarding issues on a regular basis. Supervision should challenge the supervisee to consider alternative hypotheses and to reflect critically on his/her own practice. Supervision should challenge the supervisee to consider if there are safeguarding concerns that impact on the welfare of any child or adult linked to the case, and, if so, how these should be addressed. This includes a consideration of the welfare of children, young people or adults who are not the primary client. 1:1 Safeguarding Supervision can take place in person or via the phone.
- 15.5.2 **Reflective Peer Group Supervision:**
Reflective peer group Supervision should be a standard agenda item at Regional, Divisional and Group Safeguarding Committee meetings; this normally takes the form of a reflective discussion facilitated by the Committee chair or agreed alternative. Similarly, sites can utilise group supervision in monthly safeguarding meetings as a way of ensuring the Safeguarding Lead provides supervision for any deputies at site. In the interest of confidentiality, the specific details of cases discussed should not be minuted, but a record of attendance should be reflected in the minutes and any actions recorded in the Action Log.
- 15.5.3 This provides a proactive culture of learning, professional development and support, which allows practitioners to reflect on and explore issues that arise within clinical or operational practice.
- 15.5.4 **Specialist Safeguarding Supervision:**
Specialist Safeguarding Supervision may be needed when the supervisee is confronted with a situation outside normal clinical or operational practice and beyond the expertise of the original supervisor. This may include access to specialist safeguarding advice and support. The need for specialist Safeguarding Supervision will be agreed between the clinical supervisor and the supervisee. It will complement rather than replace existing Safeguarding Supervision arrangements.
- 15.5.5 Specialist Safeguarding Supervision will also be considered where specialist or very senior clinical staff cannot access the necessary expertise for their own supervision within our internal arrangements, in which case external Supervision may be purchased from an external provider. In these cases funding should be sought and permission gained from the Divisional Safeguarding Lead and Executive Lead for Safeguarding as identified in the **Group Safeguarding Governance Structure**. Specialist Safeguarding Supervision can take place in person or via the phone.
- 15.6 **PRINCIPLES OF SUPERVISION**
The aim of Safeguarding Supervision is to provide practitioners with a planned, accountable, two-way process which should support, motivate, and assist staff and ensure all staff develop excellent safeguarding practice.
- 15.6.1 It is recognised that safeguarding children and adults can be emotionally demanding. Supported reflection allows practitioners space to manage their own responses and workload.
- 15.6.2 Safeguarding Supervision provides a supportive environment in which Safeguarding Leads are enabled:
 - (a) To reflect, analyse, and evaluate practice, promoting critical thinking and analysis in safeguarding work.
 - (b) To make sound professional judgements.
 - (c) To identify and challenge practice which is considered to be unsafe, unprofessional or unethical.
 - (d) To build purposeful relationships and communicate effectively.
 - (e) To ensure client centred practice which is integrated with other services in an appropriate and timely manner.

- (f) To ensure Safeguarding Leads maintain the competencies, skills and knowledge commensurate to their role and that safeguarding practice is consistent with national guidance and the Group Policies and Procedures
- (g) To ensure that staff take a proactive and persistent approach to safeguarding issues, including escalating concerns where indicated.
- (h) To ensure that all staff remain accountable for their own professional practice.

15.7 FREQUENCY OF SAFEGUARDING SUPERVISION

Safeguarding Supervision for Safeguarding Leads at site level should consist of a mixture of 1:1 Safeguarding supervision and quarterly reflective peer group Supervision (this can be provided through reflective peer group supervision at Regional/Divisional/Group Committee meetings). It is the Safeguarding Leads responsibility to ensure they actively seek Safeguarding supervision on at least an eight-twelve weekly basis (depending on the Division, see OP28 Clinical and Care Supervision Appendix 1).

15.8 SUPERVISION STRUCTURES

Each Divisional Safeguarding Committee has a responsibility to plan how the safeguarding leads in their respective divisions receive Safeguarding Supervision; this should be reported upwards to the Group Safeguarding Committee and reviewed regularly to ensure effective supervision arrangements are in place for Safeguarding Leads.

The minimum frequency of Safeguarding Supervision for Cluster, Regional, Divisional Leads and members of the Group Safeguarding Committee should be decided in the respective Divisional and Group Safeguarding Committee meetings.

15.9 CONFIDENTIALITY

There are four key exceptions to Safeguarding Supervision confidentiality:

- (1) If any safeguarding incident or evidence of unsafe or unethical practice is revealed, and if the Supervisee is unwilling to go through the appropriate procedures to deal with it.
- (2) If any illegal activity involving a Group or Agency staff member is revealed.
- (3) If the well-being of the Supervisee is cause for concern.
- (4) If there is cause for concern regarding the competence or fitness to practice of the Supervisee.

15.10 RECORDING SUPERVISION

1:1 Supervision should be recorded using form provided: **AOP Form 70F** – Safeguarding Supervision Record unless alternative recording arrangements are agreed locally and signed off by the Divisional Safeguarding Committee.

- 15.10.1** Supervisors and Supervisees should maintain a copy of the supervision records and a copy the Supervision Contract (**AOP FORM 70B** – Supervision Contract Template). Safeguarding Leads should keep evidence of their attendance at group supervision by keeping a record of attendance.

16 REFERENCES AND GUIDANCE

16.1 Legislation:

Adoption and Children Act 2002
Care Standards Act 2000
Children Act 1989 (and 2004)
Children and Social Work Act 2017
Counter Terrorism and Security Act 2015
Education Act 1996 (and 2002)
Female Genital Mutilation Act 2003
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13: Safeguarding service users from abuse and improper treatment
Homelessness Reduction Act 2017
Mental Capacity Act 2005
Modern Slavery Act 2015
Protection of Children Act 1999

Protection of Children (Scotland) Act 2003
The Public Interest Disclosure Act 1998
Safeguarding Vulnerable Groups Act 2006
Sexual Offences Act 2003
Social Services and Well-being (Wales) Act 2014

16.2

Guidance:

Children in Wales (2008) All Wales Child Protection Procedures
CQC (2018) Statement on CQC's Roles and Responsibilities for Safeguarding Children and Adults
DCA (2007) Mental Capacity Act 2005 Code of Practice
DfE (2021) Keeping Children Safe in Education (updated September 2021)
DfE (2018) Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers
DfE (2021) 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
DH (2013) Domestic Violence and Abuse - Professional Guidance
DHSC Care and Support Statutory Guidance, updated 2021
Foreign & Commonwealth Office and Home Office (2013) Forced Marriage (updated 2020)
Home Office (2015) *Prevent* Duty Guidance: For England and Wales (updated 2019)
HM Government (2018) Working Together to Safeguard Children: A guide to inter-agency working (updated 2020)
HM Government (2020) Multi-agency Statutory Guidance on Female Genital Mutilation
Intercollegiate document: Safeguarding Children and Young People: Roles and competencies for health care staff (2019)
NICE (2009, as updated) Child Maltreatment: When to suspect maltreatment in under 18s. CG89.
NICE (2010, as updated) Looked-after Children and Young People. PH28.
NICE (2016) Transition from Children's to Adults' Services for Young People using Health or Social Care Services. NG43.
Welsh Government (2021) Keeping Learners Safe: The role of local authorities, governing bodies and proprietors of independent schools under the Education Act 2002. Guidance document no: 270/2021
Welsh Government (2014) Safeguarding Children in Education: Handling allegations of abuse against teachers and other staff. Guidance document no: 009/2014
The Wales Safeguarding Procedures 2019
[Data protection: toolkit for schools](#)

APPENDIX 1— Role of the Designated Safeguarding Lead
APPENDIX 2 – Aspris Internal Safeguarding Procedures
APPENDIX 3 – Child Safeguarding Practice Reviews – Process for Appointment of Writer for Chronology and IMR
APPENDIX 4 – Child Safeguarding Practice 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 and Child Criminal Exploitation
APPENDIX 8 – County Lines
APPENDIX 9 – Modern Day Slavery and the National Referral Mechanism
APPENDIX 10 – Cyber Crime
APPENDIX 11 – Female Genital Mutilation
APPENDIX 12 – Domestic Abuse
APPENDIX 13 – Indicators of Vulnerability to Radicalisation
APPENDIX 14 – Children and the Court System
APPENDIX 15 – Child missing from Home/ Care
APPENDIX 16 – Children with family members in Prison
APPENDIX 17 – Homelessness
APPENDIX 18 – So-called Honour-Based Violence
APPENDIX 19 – Peer on Peer Abuse

APPENDIX 20 – Sexual Violence and Sexual Harassment between Children in Schools and Colleges

APPENDIX 21 – Forced Marriage

APPENDIX 22 – Youth Produced Sexual Images

APPENDIX 23 – Upskirting

Associated Forms:

AOP Form: 09B Log of Safeguarding Incidents (Children's Safeguarding)

AOP Form: 15 Local arrangements for Safeguarding Children

AOP Form: 15C Guidance for a Rapid Review

AOP Form: 17 Referral of Alleged Safeguarding Concern

AOP Form: 21B Safeguarding Training Matrix - All Divisions

AOP Form: 21C 'Safeguarding for Colleagues' Training - Information for Safeguarding Leads, Managers and SLAs

AOP Form: 21D Safeguarding - Confirmation of Competence

ACS Form: 06 Running Away /Missing - Individual Risk Assessment

ACS Form: 01D CSE Risk Assessment

APPENDIX 1

ROLE OF THE DESIGNATED SAFEGUARDING LEAD

This role should be undertaken by an appropriate **senior member**, is appointed to the role of designated safeguarding lead. The designated safeguarding lead should take **lead responsibility** for safeguarding and child protection (including online safety). This should be explicit in the role holder's job description. This person should have the appropriate status and authority within the site to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other colleagues on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other colleagues to do so, and to contribute to the assessment of children.

Deputy designated safeguarding leads - It is a matter for individual schools and colleges as to whether they choose to have one or more deputy designated safeguarding leads. Any deputies should be trained to the same standard as the designated safeguarding lead and the role should be explicit in their job description. Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate **lead responsibility** for child protection, as set out above, remains with the designated safeguarding lead, this **lead responsibility** should not be delegated.

Manage referrals - The designated safeguarding lead is expected to:

- (a) Refer cases of suspected abuse to the local authority children's social care as required
- (b) Support colleagues who make referrals to local authority children's social care
- (c) Refer cases to the Channel programme where there is a radicalisation concern as required
- (d) Support colleagues who make referrals to the Channel programme
- (e) Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required
- and
- (f) Refer cases where a crime may have been committed to the Police as required.

Work with others - The designated safeguarding lead is expected to:

- (a) Act as a point of contact with the three safeguarding partners
- (b) Liaise with the Home Manager, to inform him or her of issues - especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- (c) As required, liaise with the "case manager" (as per Part four of KCSIE 2021 - 341) and the designated officer(s) at the local authority for child protection concerns in cases which concern a colleague
- (d) Liaise with colleagues on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies
- and
- (e) Act as a source of support, advice and expertise for all colleagues.

Training - The designated safeguarding lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years. The designated safeguarding lead should undertake PREVENT awareness training.

Training should provide designated safeguarding leads with a good understanding of their own role, and the processes, procedures and responsibilities of other agencies, particularly children's social care, so they:

- (a) Understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children's social care referral arrangements. Full details in Chapter one of Working Together to Safeguard Children.
- (b) Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- (c) Ensure each colleague has access to, and understands, the school's or college's safeguarding policy and procedures, especially new and part time colleagues
- (d) Are alert to the specific needs of children in need, those with special educational needs and young carers; (Section 17(10) Children Act 1989: those unlikely to achieve a reasonable standard of health

and development without local authority services, those whose health and development is likely to be significantly impaired without the provision of such services, or disabled children.)

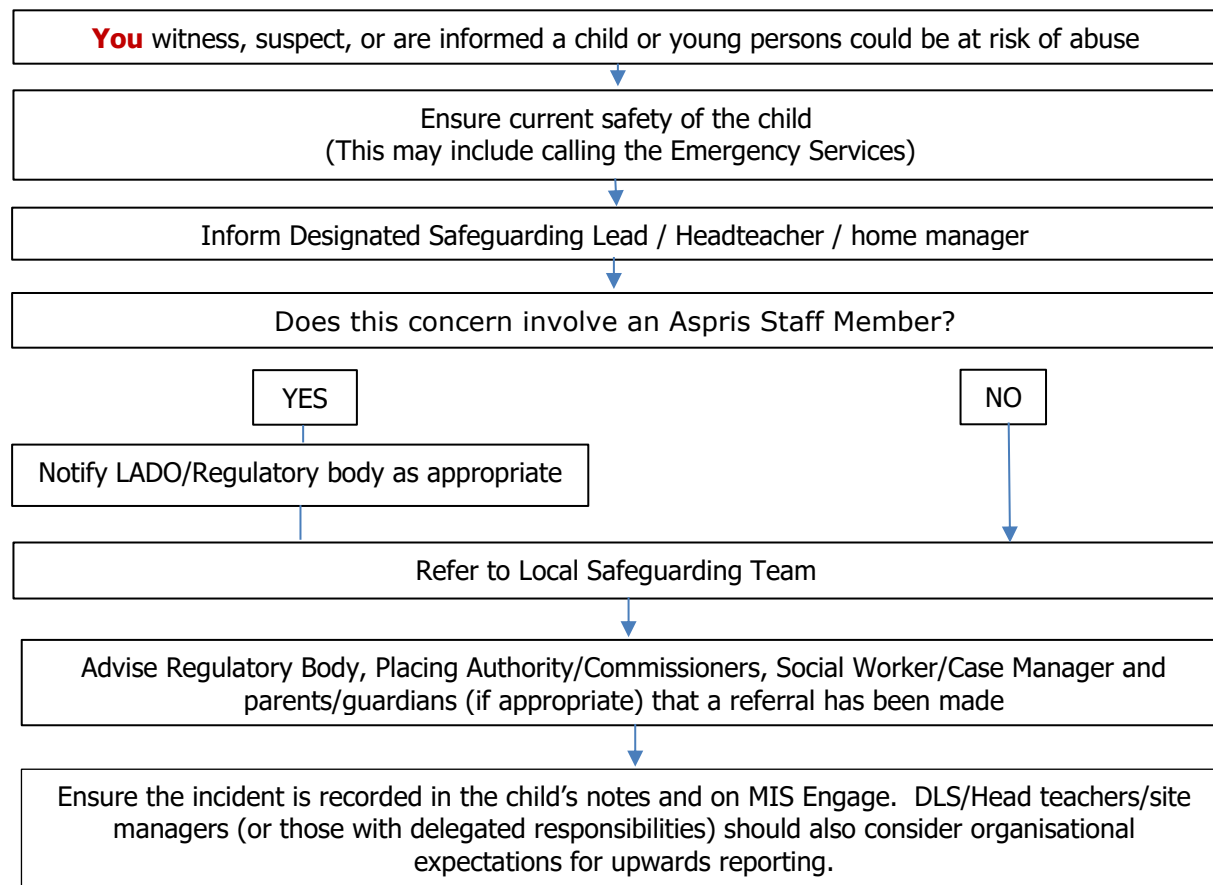
- (e) Understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulation
 - (f) Understand the importance of information sharing, both within the school and college, and with the three safeguarding partners, other agencies, organisations and practitioners
 - (g) Are able to keep detailed, accurate, secure written records of concerns and referrals
 - (h) Understand and support the school or college with regards to the requirements of the PREVENT duty and are able to provide advice and support to colleagues on protecting children from the risk of radicalisation
 - (i) Are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school or college
 - (j) Can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online
 - (k) Obtain access to resources and attend any relevant or refresher training courses
- and
- (l) Encourage a culture of listening to children and taking account of their wishes and feelings, among all colleagues, in any measures the school or college may put in place to protect them.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role.

APPENDIX 2

ASPRIS INTERNAL SAFEGUARDING PROCEDURE

The following flowchart details actions that **must** be taken following suspicion that a child has been physically / sexually / emotionally abused or signs of neglect..



APPENDIX 3

Child Safeguarding Practice Reviews (SPRs) -PROCESS FOR APPOINTMENT OF WRITER FOR CHRONOLOGY AND IMR

Safeguarding Partnership Chair communication to Chief Executive Officer (CEO) that Child Safeguarding Practice Review is underway
Or
Service is contacted directly to contribute, escalated upwards to Executive Safeguarding Lead who will inform the CEO)



CEO formally delegates Executive Safeguarding Lead who writes acknowledgement letter to Chair of Safeguarding Partnership



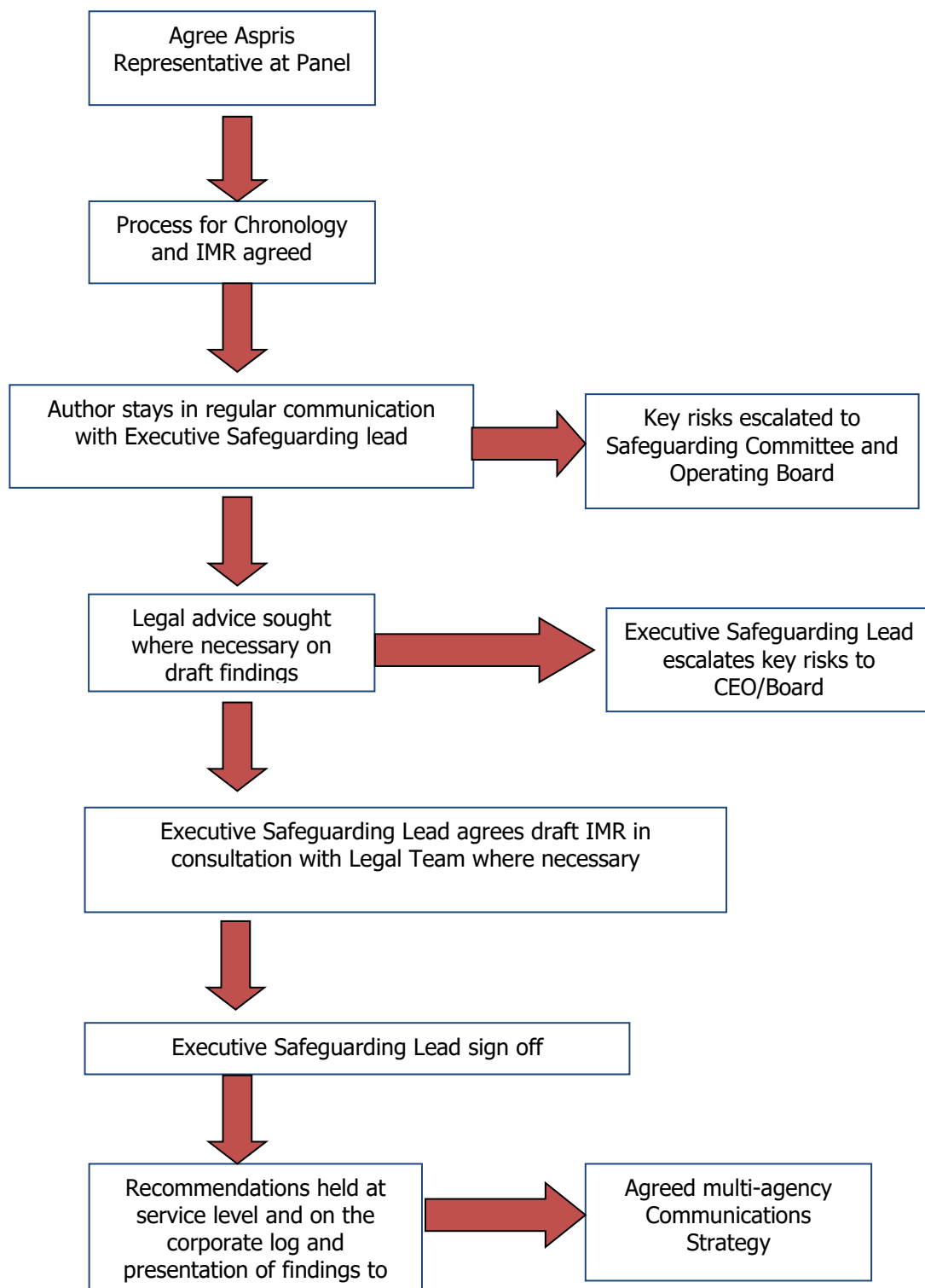
Executive Safeguarding Lead conducts impact assessment with relevant operational Manager



Agreement reached by Executive Safeguarding Lead on appointment of author(s) for chronology and IMR

APPENDIX 4

Child Safeguarding Practice Reviews (SPRs) - Process for Chronology and IMR



APPENDIX 5

RECOGNISING SIGNS OF CHILD ABUSE

Categories of Abuse:

- (a) Physical Abuse
- (b) Emotional Abuse (including Domestic Abuse)
- (c) Sexual Abuse (including child sexual exploitation)
- (d) Neglect

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

- (a) Significant change in behaviour
- (b) Extreme anger or sadness
- (c) Aggressive and attention-seeking behaviour
- (d) Suspicious bruises with unsatisfactory explanations
- (e) Lack of self-esteem
- (f) Self-injury
- (g) Depression
- (h) Age inappropriate sexual behaviour
- (i) 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:

- (a) Must be regarded as indicators of the possibility of significant harm
- (b) 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)
- (c) 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:

- (a) Appear frightened of the parent/s
- (b) 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:

- (a) Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- (b) Have unrealistic expectations of the child
- (c) Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- (d) Be absent or misusing substances
- (e) Persistently refuse to allow access on home visits
- (f) 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:

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

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

- (a) Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- (b) Linear burns from hot metal rods or electrical fire elements
- (c) Burns of uniform depth over a large area
- (d) 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)
- (e) 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:

- (a) The history provided is vague, non-existent or inconsistent with the fracture type
- (b) There are associated old fractures
- (c) Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- (d) 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:

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

- (a) Inappropriate sexualised conduct
- (b) Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- (c) Continual and inappropriate or excessive masturbation
- (d) Self-harm (including eating disorder), self-mutilation and suicide attempts
- (e) Involvement in prostitution or indiscriminate choice of sexual partners
- (f) 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:

- (a) Pain or itching of genital area
- (b) Blood on underclothes
- (c) Pregnancy in a younger girl where the identity of the father is not disclosed
- (d) 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:

- (a) Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- (b) A child seen to be listless, apathetic and unresponsive with no apparent medical cause - failure of child to grow within normal expected pattern, with accompanying weight loss
- (c) Child thrives away from home environment
- (d) Child frequently absent from school
- (e) Child left with adults who are intoxicated or violent
- (f) 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:
 - i. Understanding that is proposed based on age, maturity, development level, functioning and experience
 - ii. Knowledge of society's standards for what is being proposed
 - iii. Awareness of potential consequences and alternatives
 - iv. Assumption that agreements or disagreements will be respected equally
 - v. Voluntary decision
 - vi. 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 AND CHILD CRIMINAL EXPLOITATION

We know that different forms of harm often overlap, and that perpetrators may subject children and young people to multiple forms of abuse, such as criminal exploitation (including county lines) and sexual exploitation.

In some cases the exploitation or abuse will be in exchange for something the victim needs or wants (for example, money, gifts or affection), and/or will be to the financial benefit or other advantage, such as increased status, of the perpetrator or facilitator.

Children can be exploited by adult males or females, as individuals or in groups. They may also be exploited by other children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim.

Whilst the age of the child may be a contributing factor for an imbalance of power, there are a range of other factors that could make a child more vulnerable to exploitation, including, sexual identity, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources.

Some of the following can be indicators of both child criminal and sexual exploitation where children:

- appear with unexplained gifts, money or new possessions
- associate with other children involved in exploitation
- suffer from changes in emotional well-being
- misuse drugs and alcohol
- go missing for periods of time or regularly come home late
- regularly miss school or education or do not take part in education.

Children who have been exploited will need additional support to help maintain them in education.

Children who have been exploited will need additional support to help maintain them in education. CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

Some additional specific indicators that may be present in CSE are children who

- have older boyfriends or girlfriends
- suffer from sexually transmitted infections, display sexual behaviours beyond expected sexual development or become pregnant.

Further information on signs of a child's involvement in sexual exploitation is available in Home Office guidance: [Child sexual exploitation: guide for practitioners](#)

APPENDIX 8

COUNTY LINES

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of "deal line". This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children's homes and care homes. Children are also increasingly being targeted and recruited online using social media.

Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

A number of the indicators for CSE and CCE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing and are subsequently found in areas away from their home
 - have been the victim or perpetrator of serious violence (e.g. knife crime)
 - are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs
 - are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection
 - are found in accommodation that they have no connection with, often called a 'trap house or cuckooing' or hotel room where there is drug activity;
 - owe a 'debt bond' to their exploiter
 - have their bank accounts used to facilitate drug dealing.
- Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office

Further information and guidance on County lines is available from the Home Office **Error! Hyperlink reference not valid.**

APPENDIX 9

MODERN DAY SLAVERY AND THE NATIONAL REFERRAL MECHANISM

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs.

Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the NRM is available in the Modern Slavery Statutory Guidance. Modern slavery: how to identify and support victims - GOV.UK (www.gov.uk)

APPENDIX 10

CYBERCRIME

Cybercrime is criminal activity committed using computers and/or the internet. It is broadly categorised as either 'cyber-enabled' (crimes that can happen off-line but are enabled at scale and at speed on-line) or 'cyber dependent' (crimes that can be committed only by using a computer). Cyber-dependent crimes include:

- unauthorised access to computers (illegal 'hacking'), for example accessing a school's computer network to look for test paper answers or change grades awarded
- denial of Service (Dos or DDoS) attacks or 'booting'. These are attempts to make a computer, network or website unavailable by overwhelming it with internet traffic from multiple sources; and
- making, supplying or obtaining malware (malicious software) such as viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence, including those above.

Children with particular skill and interest in computing and technology may inadvertently or deliberately stray into cyber-dependent crime.

If there are concerns about a child in this area, the designated safeguarding lead (or a deputy), should consider referring into the Cyber Choices programme. This is a nationwide police programme supported by the Home Office and led by the National Crime Agency, working with regional and local policing. It aims to intervene where young people are at risk of committing, or being drawn into, low level cyber-dependent offences and divert them to a more positive use of their skills and interests.

Note that Cyber Choices does not currently cover 'cyber-enabled' crime such as fraud, purchasing of illegal drugs on-line and child sexual abuse and exploitation, nor other areas of concern such as on-line bullying or general on-line safety.

Additional advice can be found at: Cyber Choices, 'NPCC- When to call the Police' and National Cyber Security Centre - NCSC.GOV.UK

APPENDIX 11

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.

Four 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:

- (a) FGM brings status/respect to the girl - social acceptance for marriage
- (b) Preserves a girl's virginity
- (c) Part of being a woman/rite of passage
- (d) Upholds family honour
- (e) Cleanses and purifies the girl
- (f) Gives a sense of belonging to the community
- (g) Fulfils a religious requirement
- (h) Perpetuates a custom/tradition
- (i) Helps girls be clean/hygienic
- (j) Is cosmetically desirable
- (k) 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:

- (a) Child talking about getting ready for a special ceremony
- (b) Family taking a long trip abroad
- (c) 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)
- (d) Knowledge that the child's sibling has undergone FGM
- (e) Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

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

Under Section 5B(11)(a) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).

APPENDIX 12

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
- (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.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. 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

National Domestic Abuse Helpline

Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its website provides guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time from the team for a call can be booked.

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

- [NSPCC- UK domestic-abuse Signs Symptoms Effects](#)
- [Refuge what is domestic violence/effects of domestic violence on children](#)

[SafeLives: young people and domestic abuse.](#)

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 13

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:
 - i. Encourage, justify or glorify terrorist violence in furtherance of particular beliefs
 - ii. Seek to provoke others to terrorist acts
 - iii. Encourage other serious criminal activity or seek to provoke others to serious criminal acts or
 - iv. 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:
 - i. Identity Crisis - the student/child/young person is distanced from their cultural/religious heritage and experiences discomfort about their place in society
 - ii. 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
 - iii. 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
 - iv. Unmet Aspirations - the student/child/young person may have perceptions of injustice; a feeling of failure; rejection of civic life
 - v. Experiences of Criminality - which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration
 - vi. 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:

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

Home Office guidance **Error! Hyperlink reference not valid.**

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**¹ 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.
- **Radicalisation**² refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- **Terrorism**³ is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat **must** be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

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 or the internet) and settings (such as within the home).

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, colleagues should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Colleagues 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 Prevent referral.

The school's or college's designated safeguarding lead (and any deputies) should be aware of local procedures for making a Prevent referral.

¹ As defined in the Government's Counter Extremism Strategy,
<https://www.gov.uk/government/publications/counter-extremism-strategy>.

² As defined in the Revised Prevent Duty Guidance for England and Wales,
<https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>.

³ As defined in the Terrorism Act 2000 (TACT 2000),
<http://www.legislation.gov.uk/ukpga/2000/11/contents>

APPENDIX 14

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 15

CHILDREN MISSING FROM HOME/ CARE

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

APPENDIX 16

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.

Children who run away or go missing from home or care - GOV.UK (www.gov.uk)

APPENDIX 17

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 colleagues 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 18

SO-CALLED 'HONOUR-BASED' VIOLENCE

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

Actions

If colleagues have a concern regarding a child that might be at risk of HBA or who has suffered from HBA, 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 **teachers** that requires a different approach.

APPENDIX 19

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.

Children / Young Peoples should be just as clear about what is expected of them online as offline.

APPENDIX 20

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. Colleagues should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Colleagues should be aware of the importance of:

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

and

- (c) 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 colleagues 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 2003 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.

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 colleagues 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 colleagues are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

APPENDIX 21

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 colleagues can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmufco.gov.uk.

APPENDIX 22

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) A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
- (b) 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
- (c) 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
- (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

APPENDIX 23

UPSKIRTING 'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence and may constitute sexual harassment.

Anyone, and any gender, can be a victim and this behaviour is completely unacceptable. Upskirting is distressing and a humiliating violation of privacy for victims.

The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019. 'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and/or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.

Perpetrators will face two years in prison. By criminalising this distressing practice, it is hoped that it deters people from committing the crime.

Upskirting, where committed to obtain sexual gratification, can result in the most serious offenders being placed on the sex offenders register.