



Safeguarding and Child Protection policy and procedures

All children and young people (CYP), without exception, have the right to protection from abuse regardless of age, culture, gender, ethnicity, disability, sexual identity, language or beliefs. It is everyone's responsibility under Working Together to Safeguard Children 2018 to ensure that the welfare and safety of CYP is paramount at all times.

Safeguarding CYP is an essential requirement at Learning Partnership West (LPW). It underpins every aspect of our work. LPW aims to transform young lives, providing places to have fun, be active and play, delivering intensive and effective one-to-one support, quality learning opportunities and ways to get good jobs. Safeguarding is an essential part of delivering this work effectively.

As a school as well as a provider of youth and play work, we actively promote safeguarding CYP and ensure that our practitioners "who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer" (Working Together to Safeguard Children, 2018).

The policy and procedures will ensure:

- All staff, volunteers, board members, sessional staff, students or anyone working on behalf of LPW knows their responsibilities to make Safeguarding a priority at all times, knows how Safeguarding applies in their role, and knows the support they can expect to receive at LPW to deliver Safeguarding effectively.
- Service users can hold LPW to account on delivering its Safeguarding responsibilities.

This policy should be read alongside LPW's policies on:

- Safer recruitment
- Code of behaviour
- Health and Safety
- Conduct and capability
- Whistleblowing
- Complaints
- Internet acceptable use
- School specific safeguarding policies such as E-Safety and Prevent

The Safeguarding and Child Protection policy and procedures are accessed via:

- shared drive
- website
- appropriate sharing with children, young people and families

This policy, and the Child Protection procedures, are reviewed and learnt from annually by external safeguarding experts (Janjer). An annual action plan is produced as part of the review

which is implemented, and monitored quarterly by the Safeguarding and Health and Safety Committee of the Board.

Last reviewed: September 2018

Next review: September 2019

Safeguarding and Child Protection Policy

This policy applies to children aged 0-17 years. Please refer to the Protection and Safeguarding of Vulnerable Adults policy for people aged 18 and over.

Definitions

Safeguarding is:

- protecting children from maltreatment, preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances that are consistent with the provision of safe and effective care;
- and understanding that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child Protection is a part of safeguarding and promoting welfare. It is the activity that is undertaken to protect specific children who are suffering, or who are likely to suffer, significant harm.

1. Scope

1.1 We recognise that working in partnership with children, young people, parents, carers and other agencies is essential in promoting young people's welfare.

1.2 The Safeguarding and Child Protection Policy applies to all staff, volunteers, board members, sessional staff, students or anyone working on behalf of LPW

1.3 The policy applies to working arrangements with other agencies to support LPW's Safeguarding Statement and Child Protection Policy, including local education authorities, schools, support agencies and employers.

2. Background

2.1 LPW's policy and procedures are based on statutory guidance documents Keeping Children Safe in Education 2018 and Working Together to Safeguard Children 2018.

2.2 These are based on safeguarding and promoting the welfare of children under the provisions of the Children Act 1989, The Education Act 2002, Children Act 2004 and Children and Social Work Act 2017.

2.3 Working Together to Safeguard Children 2018 states that: “The Children Act 2004, as amended by the Children and Social Work Act 2017, strengthens this already important relationship by placing new duties on key agencies in a local area. Specifically the police, clinical commissioning groups and the local authority are under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area. Everyone who comes into contact with children and families has a role to play.”

2.4 In accordance with the Counter-Terrorism and Security Act 2015, there is a statutory duty on LPW to “have due regard to the need to prevent people from being drawn into terrorism”. This is known as the Prevent duty. Please see LPW’s Prevent policy for more information.

2.5 The Serious Crime Act 2015 places a statutory duty upon teachers, along with social workers and healthcare professionals, 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. Please see page 36 of this document for more information.

2.6 Safeguarding and promoting the welfare of children covers more than child protection. The requirements for LPW are for policies and procedures that cover arrangements not just for meeting the welfare and safeguarding needs of children, young people, as well as ensuring appropriate practices for staff recruitment and selection and providing a safe and secure environment in which to study. LPW and their staff form part of the wider safeguarding system for children.

2.7 All Staff must be familiar with the Safeguarding Policies and Procedures and use them in practice at all times. All Staff must also familiarise themselves with the South West Child Protection Procedures website: <https://www.proceduresonline.com/swcpp/>

3. Intent

The intent of the Safeguarding and Child Protection Policy is to ensure that:

3.1. A safe environment is provided for CYP at all times.

3.2. CYP who are at risk of and/or likely to suffer significant harm are identified, and appropriate action is taken with the aim of making sure they are kept safe both at LPW premises, at home or elsewhere. This includes the risk of radicalisation as noted in the Prevent duty.

3.3. There exist safe recruitment practices in checking the suitability of staff and volunteers to work with or in proximity to CYP. Please refer to the Safer Recruitment Policy for more details.

3.4. Staff (paid or unpaid) are made aware of issues relating to the welfare of CYP and have a responsibility to report concerns appropriately.

4. Confidentiality and sharing information

- 4.1. Once disclosure and referral have been made the incident should be considered confidential. The situation should not be discussed with any other member of staff (with the exception of the designated Safeguarding Officer), student or outsider.
- 4.2. All information regarding child protection issues will be kept updated on Upshot database for play and youth work and for LPW Independent School on CPOMS database.
- 4.3. LPW is obliged to work and share information with external agencies charged with the protection of CYP. This includes Social Services, the police, local schools, and other safeguarding partners, based on the 'need to know' principle.
- 4.4. LPW commits to share information with Social Services and other agencies.
- 4.5. 'Confidentiality' is often misunderstood. An over emphasis on confidentiality can leave young people in danger of harm. If something is confidential, this does not mean that it cannot be shared. However, it is important to:
- Share only what it is necessary to share to protect a child or young person
 - Record what you shared, and with whom
 - Record your reasons for sharing
- 4.6 Data will be stored for six years, after work with the service user has ceased.

5. Roles and Responsibilities - Designated Senior Staff Member for Child Protection

- 5.1. LPW Safeguarding Officer (SO) has lead responsibility for child protection and safeguarding. Rachel Robinson (CEO) is the SO for play and youth work. Within the school, the Designated Safeguarding Lead (DSL) holds responsibility for child protection and safeguarding. David Simons (Director of Learning and Head teacher) is the DSL. Rachel Robinson and David Simons deputise for each other.
- 5.2. The SO has a key duty to take lead responsibility for raising awareness amongst staff of issues relating to the welfare of CYP, and the promotion of a safe environment for CYP.
- 5.4. The SO will oversee the referral of alleged harm or abuse to the relevant investigating agencies in line with local safeguarding procedures.
- 5.5. The SO is also responsible for ensuring that:
- Advice and support to staff and volunteers on issues relating to safeguarding and child protection, including e-safety, is provided

- A proper record of any child protection referral, complaint or concern is maintained (even where that concern does not lead to a referral)
- LPW liaises with local authorities, local safeguarding partners and other appropriate agencies
- Staff and volunteers receive initial safeguarding training and are aware of LPW safeguarding and child protection procedures.

5.6. James Wetz, Non-Executive Director of LPW has Board level oversight of LPW Safeguarding and Child Protection arrangements and chairs a Quarterly Safeguarding Committee which is a Committee of the LPW Board.

Procedures

To underpin this policy, LPW has a number of related procedures and processes. Please refer to the Child Protection procedure for further information.

6. Monitoring and Review

This policy will be reviewed annually by external specialist partners Janjer and by the board.

7. Training and Support

All staff, volunteers, board members and will receive annual safeguarding training. Safeguarding forms a regular part of 1:1 supervisions and team meetings to ensure everyone is up to date and supported. Safeguarding training is part of the LPW induction process. Training records are kept up to date by the HR and Finance Assistant.

APPENDIX 1: Definitions of harm and abuse

LPW recognises the following as definitions of abuse:

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 (e.g. via the internet). They may be abused by an adult or adults or another child or children.

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. Example: a cause for concern might be Female Genital Mutilation. FGM is an offence under the Female Genital Mutilation Act 2003. The maximum jail term is 14 years. Most FGM occurs between ages 4 – 12, however, any suspicion of this must be immediately reported to a safeguarding officer.

Neglect - The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate 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.

Sexual Abuse - involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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 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.

Peer on Peer - 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.

As per Working Together to Safeguard Children (2018) "we need be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child".

APPENDIX 2: Disclosure

Children and young people (CYP) have a right to expect LPW to provide a safe and secure environment and a fundamental right to be protected from harm. All allegations of abuse will be taken seriously and responded to swiftly and appropriately.

Harm is any behaviour that endangers the well-being of a child or young person and includes:

- Sexual abuse
- Domestic violence
- Child pornography or prostitution
- Neglect

If a child or young person discloses a Child Protection issue it is essential that you:

Listen carefully but do not question or interview	It is not the role of LPW to investigate allegations of harm or abuse. Disclosure gives the opportunity to gather information to assist in making an informed decision on any further appropriate action or referral to external agencies. Do not ask questions or interview – inexperience can result in unintentional leading questions which could negate some of the information gathered.
Do not make judgements	It is important to remain neutral in your approach and make no judgements on the situation or information given.
Reassure	The child or young person is likely to be emotional / angry / distressed / detached / reluctant at the point of disclosure. Quietly reassure that, following this disclosure you will be able to get them the help they need to take the issue forward.
Keep accurate notes	Keep brief accurate notes but do not take notes during the meeting. Try to record any names or relationships disclosed and be specific on the language used. Notes are confidential and should be given to the designated Safeguarding Officer. No copies should be kept and no reference should be added to IYSS. All notes should be signed and dated by the member of staff (it is not necessary to ask the student to sign the notes).

Refer	All concerns must be reported to your Line Manager, the designated Safeguarding Officer, and the local authority.
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In addition, you **MUST** tell the child or young person that you have to pass this information on to LPW Safeguarding Officer. Absolute confidentiality should never be promised.

Child Protection Procedures

September 2018

Next update: September 2019

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1. INTRODUCTION

A vulnerable child or young person (CYP) is any child or young person who may be at risk of exploitation and harm.

Practitioners must be clear that the main centre of their concern with the child or young person is their health and well-being and these protocols are based on the core principle that the welfare of the child or young person is paramount. All children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/ or sexual identity have the right to be protected from harm.

There is a need for professionals to work together in accurately assessing and minimising risks to potentially vulnerable CYP. Professionals are required to respect an individual's legal rights to privacy and confidentiality.

A holistic, collaborative, inter-agency approach is the most effective way of working. The approach must be sensitive and aimed at empowerment and is likely to need to be sustained over a long period of time. It must be remembered during any assessment that parents, siblings, friends or "boyfriends" may be directly involved in exploiting CYP.

At the first point of contact with the child or young person, staff must ensure that they follow confidentiality and information sharing policies and procedures. Competency to consent must also be assessed and recorded.

Working Together to Safeguard Children (HM Government, 2018) and Keeping Children Safe in Education (HM Government, 2018) and South West Child Protection Procedures provides guidance on the sharing of information. It states that personal information about a child or young person held by professionals and agencies is subject to a legal duty of confidentiality and must not normally be disclosed without the consent of the subject. However, it stresses that the law permits the disclosure of confidential information necessary to safeguard a child or young person. Disclosure must be justifiable in each case, according to the particular facts of the case and legal advice must be sought in cases of any doubt.

Wherever possible it is essential the child or young person's parents/carers are involved in the intervention and decision-making. Even where parents/carers may state they do not wish to be involved workers must ensure they are advised, in writing of planned meetings and their outcomes. This provides them with information about their child and enables them to become involved if they wish.

The following general guidance is given to inform and assist staff in dealing with CYP with specific issues. In all instances of concern, staff must keep their line manager involved and informed of any issues involving vulnerable CYP.

2. CHILD PROTECTION PROCEDURE

2.1 What to do when a child or young person makes a disclosure or there is evidence of significant harm.

LPW is committed to ensuring that it meets its responsibilities in respect of child protection by treating any disclosure seriously and sensitively. Every child and young person is unique and this must be taken into account. What may appear to be a relatively minor incident can have a devastating effect on child or young person, whereas in other instances a child or young person may be less upset by what may appear to be a more serious incident. It is therefore important that all staff take the following factors into account.

DO

- Keep calm;
- Be accessible and receptive;
- Listen carefully and ask open questions only to clarify;
- Reassure the child or young person that they are right to tell and be guided by what s/he feels is acceptable to tell you;
- Explain the next steps. You must tell the child or young person that you will have to involve others (school or social services) but that you will support them by telling the right people;
- Remember that the child or young person has chosen you, as a trusted adult, to confide in. They will expect your support;
- Create an intervention on the relevant system – see Section 5 Recording Information - Use the young person's own words and include questions you have asked.

DON'T

- Don't over-react. Strong emotions, particularly anger or disgust can easily be transmitted and be wrongly interpreted by the child or young person as being directed at them and not at what has happened to them;
- Don't jump to conclusions;
- Don't try to get the child or young person to disclose. (Let the child or young person talk and only ask questions you need to know to clarify immediate safety);
- Don't speculate or accuse anybody;
- Don't ask any leading questions; for example, was it your dad/mum etc? Avoid questions requiring a yes/no response;
- Don't make any promise you cannot keep;
- Don't promise that this can be kept secret or confidential as subsequent disclosure could lead to feeling of betrayal. Explain that you are obliged to inform other people;
- Don't assume you (Staff or Line Manager) know how Children's Social Care will respond to a request for advice or a referral. Each case is unique. The information you have may be vital in a new, ongoing or future investigation.

REMEMBER:

It is **Children's Social Care's** responsibility to judge whether or not a case is a Child Protection issue.

It is the role of **Children's Social Care** and the **Police** to investigate.

Any incident that is covered by the terms of the [Children Act 1989 \(Section 47\)](#) must be reported with or without the child or young person's permission. Indeed any account that makes you feel uncomfortable or suspect that some form of abuse, harm or neglect is taking place is sufficient to discuss with your Line Manager and agree further action, and may entail involving people from schools and other partner organisations. Example of issues that may affect a child or young person are included in section 9.

REMEMBER

If in **any** doubt – treat the young person as vulnerable and discuss with your Line Manager, LPW Safeguarding Officer or the relevant local authority first response team.

2.2 Making a referral

A referral needs to be made within one working day:

2.2.1 Child or young person is seen at school – refer to the Designated Safeguarding Lead (DSL) or Deputy in their absence. It is important that staff know who this is. In every school this role defaults to the Head teacher in the absence of the DSL. Inform your line manager or duty Manager as soon as possible of the action that you have taken.

2.2.2 Child or young person is of school age, but is seen outside school, or is not attending for any reason – Discuss with your line or duty manager and then refer to the relevant local authority first response team.

2.2.3 Young person has left school and is under the age of 18 (19 if vulnerable)

Discuss with your line or duty manager and then if appropriate refer direct to the relevant local authority first response team. This includes young people seen at college and work based learning premises.

2.2.4 Child or young person has been seen jointly with another professional (e.g. Family Intervention Workers, Education Welfare Officer, Learning Mentor)

When the disclosure takes place a decision will need to be made, and recorded, on who is going to make the referral.

2.2.5 Child or young person on trip or residential

- Agreed LPW Manager, back at main office base
- Relevant local authority first response team – (see page 16)

2.2.6 Last resort/Extreme circumstances

If you are unable to get a response from the relevant local authority first response team or relevant local authority emergency duty team, and you feel that prompt action must be taken to avoid immediate and significant harm to a child or young person, you must **contact the police** to request help.

If appropriate, the police will issue a protection order; but this would only be as a last resort.

2.3 Advice and support lines

Advice is available from the relevant local authority first response and social care teams. Please see details below:

Bristol:

First Response Team – (8.30-5pm Mon-Thurs and 8.30-4.30 Fri) 0117 9036444

Social Services Emergency Duty Team (Nights, Weekends and Bank Holidays) 01454 615 165

North Somerset:

Child Protection Team - 01275 888 808

Bath and North East Somerset:

Children, families and assessment team - 01225 396312 or 01225 396313

South Gloucestershire:

Office hours - 01454 866000

Out of hours - 01454 615165

All areas:

Police – If a child is at immediate risk call the police on 999.

NSPCC Helpline – 24 hour helpline – 0800 800 5000

3. RECORDING INFORMATION

3.1 Child or Young person known to LPW

It is important that you carefully note your concerns, chronologically, in writing. For youth and play work, record your concerns on Upshot database, and for LPW School learners, record your concerns on CPOMS database. Your records must cover these basic facts:

- what you saw: when and where;
- what you said: when, where and who to;
- what was said to you: when, where and who by;
- what you did.

Find out if there have been any previous concerns within LPW, and who is the case holder.

Staff must keep a record of **all** contacts with other agencies involved in a case (including phone calls and email correspondence). For each contact record:

- **Who** you corresponded with (name/agency);
- **When** the correspondence took place (date/time);
- **What** the correspondence was about;
- **What** outcome resulted (action needed/by whom)? If 'No Further Action' is the outcome, record the reasons for this decision.

Staff must save any generated documents such as letters sent to child or young person/parents, statements from child or young person, documents and correspondence originated by other agencies on Upshot (for youth and play work) or CPOMS (for LPW School learners). The paper originals must be shredded and disposed of as confidential waste. (Remember – all agencies involved will keep copies of documents/correspondence they have originated.)

Where the relevant local authority first response team decides to take **no further action**, feedback must automatically be provided to the referrer within **one working day**. If necessary, the staff member must follow up within **one working day** after first contact and record on the relevant database the reasons and date of this decision.

All records must be kept for six years, after work with the service user has ceased.

3.2 Child or Young person new to area or not listed on IYSS

In this instance a temporary record must be created and then information recorded as 6.1.

4. CASE CONFERENCES & CHILD PROTECTION MEETINGS

A case conference/child protection meeting will bring together family members, the child or young person where appropriate, and those professionals most involved with the child or young person and their family. Staff may be asked to attend such meetings. This is entirely consistent with the role, and the following steps must be taken:

It is good practice for contributors to provide, in advance, a written report of what will be said to those attending the conference;

Staff must agree with the chair of the meeting what the parameters are with regard to confidentiality and must seek advice from line management if it is felt that an approach contrary to our own data protection policy being sought;

- Staff must clarify their role and agree what is expected from them before they leave the case conference;
- Staff must also discuss the information they will share with the child or young person and parents where appropriate before the case conference;
- In most cases, relevant reportable information will already have been disclosed. Staff must expect to give an opinion on whether the child or young person must be subject to a child protection plan.
- All those providing information must take care to distinguish between fact, observation, allegation and opinion. As with all information sharing, information shared must be both factual and/or based on your professional assessment, supported by evidence and/or a rationale for your assessment;
- In preparing for attendance at a child protection case conference Staff must:
 - Consult with their Line Manager;
 - Contact the Chair of the case conference prior to the meeting to clarify processes, expectations and your role;
 - Consider their views on Child Protection registration for the child or young person, and the supporting evidence for these views, and be prepared to share these at the conference;
 - Ensure the child or young person understands the staff's role at the conference;
 - It is good practice for contributors to provide, in advance, a written report to the conference that will be made available to those attending.

5. SUPPORT FOR STAFF

Issues of child protection, when disclosed, may have a disturbing effect on you, e.g. you may feel upset by the details of the case, you may feel dissatisfied about how a case has been handled. It is important that you get support.

5.1 Supervision and support

Initially, you must seek support from your line manager through the LPW Supervision and Support Procedures. You must not wait until your next scheduled supervision session to seek support from your line manager. If your line manager is not available, you must seek support from another manager. Supervision and team meetings are used to share examples of good practice, learning and to provide peer support and learning.

5.2 Counselling services for Staff - EAP

Staff that work with issues of Child Protection may themselves need support in dealing with the emotional distress that this can cause. An Employee Assistance Scheme is in place that will allow staff the opportunity to speak in confidence to a qualified Counsellor.

5.3 Training

Staff who have contact with children or young people will be trained in the company's Child Protection Procedures as part of their induction process, and will be expected to attend yearly update briefings reminding them of the procedures and highlighting any changes. They will also be given initial child protection training as part of their induction programme and, where appropriate, multi-agency child protection training through Children's Social Care and other partner organisations. Delivery Managers must attend the local area Advanced multi-agency child protection training as soon as possible. All this training must be refreshed every three years.

Designated Safeguarding Lead (DSL) for the school must complete DSL training every 2 years. The deputy Designated Safeguarding Leads must complete the same training as the DSL.

The Company must ensure that staff are kept fully up to date and refreshed about their roles and responsibilities in regard to both national and local guidelines.

Note: It must not be assumed that new staff from partner agencies or other LPW services has up to date/relevant child protection training.

6. ALLEGATIONS OF ABUSE ABOUT A MEMBER OF STAFF OR VOLUNTEER

This Child Protection Policy and Procedure is primarily concerned with protecting vulnerable CYP but occasions could arise where a member of staff is accused of abuse or of an inappropriate relationship, even if consensual. Any professional, in a position of trust, could potentially be accused of committing an 'Abuse of Trust' offence with a child or young person under the age of 18 or with a vulnerable adult.

Any complaint or allegation being received about a member of staff or volunteer by a child or young person, parent/carer or representative from a partner agency will be dealt with under the company's Conduct and Capability Policy.

The company will seek advice from the LADO on whether to suspend the employee involved with the case on full pay during the course of the investigation. This is not a disciplinary sanction but may be necessary to ensure the investigation can be carried out effectively, and to safeguard the interests of both the child or young person and the member of staff.

If an allegation is made that a staff member or volunteer may have:

- behaved in a way that has harmed a child or young person or;
- committed a criminal offence against or related to a child or young person, or;
- behaved in an inappropriate way towards a child or young person or conducted themselves in a way which calls into question their suitability to work with CYP or;
- if there are concerns about the person's behaviour towards their own CYP unrelated to their employment or voluntary work, or,
- if an allegation is made about abuse that took place some time ago and the accused person may still be working with or having contact with CYP.

In the instances above and also in the instance of a young person directly accusing a member of staff in face-to face work, the following procedures will be followed:

- report it to the Safeguarding Officer as soon as possible, however trivial it may seem;
- make a signed and dated written record of your concerns, observations or the information you have received to pass on to the Safeguarding Officer;
- Maintain confidentiality and guard against publicity while an allegation is being considered or investigated and follow the South West data sharing procedures;
- The Safeguarding Officer must then contact the Local Authority Designated Officer (LADO) within 1 working day of receiving the report of an allegation.

You must not:

- attempt to deal with the situation yourself;
- make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents;
- keep the information to yourself or promise confidentiality; take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator or parents or carers.

The same action must be taken if the allegation is about abuse that has taken place in the past, as it will be important to find out if the person is still working with or has access to CYP.

If a child or young person has clearly been injured and/or there is clear evidence of significant harm or risk of significant harm, immediate referral to the police or social care or emergency services must be considered, in accordance with Child Protection procedures, and your Safeguarding Officer informed as soon as possible afterwards. Remember that the safety and welfare of the child or young person is your overriding concern.

6.1 Action by an LPW Safeguarding Officer

When a report is made to the Safeguarding Officer it will be clear in some cases that an immediate referral must be made to the relevant local authority first response team or the police for investigation, as a child or young person appears to have been harmed or is at risk of significant harm or a criminal act appears to have been committed.

The Local Authority Designated Officer (LADO) must be informed of all allegations within one working day hours and will provide advice and guidance and be involved in the management and oversight of all allegations cases as well as liaising with you, all other parties and monitoring the progress of all cases.

This means that Safeguarding Officer (or HR, in case of the unavailability of) must:

- get written details of the allegation or concern, signed and dated by the person reporting it. Countersign and date this record. (If it is difficult to get a written report they must make their own written record of the conversation with the referrer and sign and date it);
- collate and record information and personal details about (i) the child or young person, parents/carers, siblings; (ii) the person against whom the allegation has been made; and (iii) details of any known or possible witnesses, including checking on and recording, with times and dates etc, any other incidents or concerns about the children or young person or the member of staff/volunteer concerned together with actions taken and

- outcomes. At the same time keep alert for patterns which might suggest the abuse goes further and involves other CYP and adults;
- ensure that the Local Authority Designated Officer LADO is contacted within **ONE WORKING DAY** of receiving the report of an allegation;
 - inform the person reporting the allegation or concern what action will be taken, in accordance with local procedures and with regard to local information sharing protocols and the need to maintain confidentiality;
 - ensure that the alleged perpetrator or person about whom there is a concern is informed of the allegation or concern as soon as possible after consulting with the LADO and in accordance with any restrictions on information sharing that may be imposed by the police or social care. How enquiries will be conducted and possible outcome, for example, disciplinary action, dismissal, referral to regulatory body must be explained together with sources of support and advice from professional organisations/trade unions etc;
 - help all parties understand the process throughout;
 - assume the member of staff is innocent until proven guilty;
 - ensure the member of staff continues to receive line management supervision and support and access to counselling services;
 - personally inform the member of staff of each development following the allegation. This must be followed up in writing.

They must not:

- take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing or interviewing the alleged perpetrator, prior to contacting the LADO, (or without the go-ahead from police or social care if a direct referral has been made). The LADO will liaise with the police and/or social care as necessary, as they may want to place restrictions on the information that can be shared;
- automatically suspend or dismiss the member of staff without seeking further advice;
inform parents/carers of the child or young person until advised to do so by the LADO or a strategy meeting, other than in an emergency situation, such as when a child or young person has been injured and needs medical attention. The LADO will advise on how and by whom parents/carers must be informed and will liaise with police or social care where they are or may need to be involved.

6.2 Initial consideration between the LADO and Safeguarding Officer

The initial discussion with the Local Authority Designated Officer will establish that the concern or allegation has, or may have, some foundation and must be dealt with under these procedures. If it does not, no further action will be taken

under these procedures and this will be recorded by the LADO. The Safeguarding Officer must deal with the matter must be dealt with under the LPW Conduct and Capability Policy. If the allegation is demonstrably false or malicious, consideration must be given to any action that may need to be taken with the person who made the false allegation.

Where it is established that the concern or allegation does fall within the scope of these procedures there are three main routes, which may be taken following initial consideration:

- An investigation may be carried out by the police in respect of a possible criminal offence;
- Children's social care may carry out an assessment to see if the child or young person needs services as a 'child in need' under Section 17 of the 1989 Children Act or carry out enquiries if the child or young person is at risk of significant harm under Section 47 of the 1989 Children Act;
- Consideration of disciplinary action by the employer.

6.3 The LADO and Safeguarding Officer must consider:

- whether further details are needed to enable a decision about how to proceed and how and by whom they may be gathered;
- how and by whom the parents or carers of the child or young person concerned must be informed of the allegation, if they are not already aware. In cases where the police or social care may need to be involved, the LADO must consult those staff about how best to inform parents or carers;
- how and when the accused person must be informed;
This must always be done as soon as possible after consultation with the LADO, but if there is a need for a strategy discussion or it is clear that the police or social care need to be involved in the decision about what can be disclosed, the accused person must not be informed until it has been agreed by all;
- whether a strategy discussion must be called i.e. if there is cause to believe a child or young person is suffering or is likely to suffer significant harm. If so, the LADO must contact Children's Social Care to request the strategy discussion;
- whether the allegation may constitute a criminal offence and needs to be referred to the police for investigation. If so, the LADO must immediately inform the police. In some circumstances it may be advisable to consider convening a meeting between the police, LADO, employer and any other relevant persons (similar to a strategy meeting);
- if the concern or allegation clearly does not require a strategy discussion, police investigation or social care assessment, what steps the Safeguarding

Officer may need to take under employer's procedures. This may range from no further action to invoking disciplinary procedures or summary dismissal/decision not to use the person's services in future.

The Safeguarding Officer has responsibility for ensuring allegations are dealt with in accordance with procedures, resolving inter-agency issues and liaising with local safeguarding partners.

6.4 No further action (under these procedures) may need a referral to:

- social care as 'child in need';
- police if the allegation was deliberately invented.

If an allegation made by a child or young person does prove to be demonstrably false no further action will be taken under these procedures, but the Safeguarding Officer must refer the matter to Children's Social Care to determine whether the child or young person is in need of services or might have been abused by someone else.

If it is established that the allegation has been deliberately invented the LADO must ask the police to consider what action may be appropriate.

The Safeguarding Officer will need to consider what support must be offered to the member of staff concerned. Depending on circumstances this may necessitate supporting a return to work and agreeing how contact between the child or young person, about by the allegation was made, and the member of staff will be managed.

Where applicable, the Safeguarding Officer must liaise other staff, such as Human Resources, as necessary and in accordance with LPW procedures for managing allegations.

If no further action is appropriate in relation to the allegation Human Resources must ensure that this is recorded and kept on the accused person's confidential personnel file. A copy must be given to the person concerned. These and any subsequent records are to be kept on file until the person reaches normal retirement age or for 10 years if that is longer. This is to enable accurate information to be given in response to any future request for a reference and to explain what took place if a future DBS check throws up police details of an allegation that was made that did not result in prosecution or conviction. It will also be relevant if further concerns are raised or allegations made in the future.

6.5 Referral to Children's Barred List Check and/or Regulatory Body

If the allegation is substantiated and:

- the person is dismissed, or;
- the employer ceases to use the person's services, or;
- the person resigns or otherwise ceases to work.

LPW must discuss with the LADO whether a referral must be made to the Children's Barred List Check and/or a regulatory body, for example, the General Teaching Council or General Medical Council.

Consideration will then be given as to whether the person must be barred from working with CYP, or have conditions imposed in respect of their work. If referral is made, it must be submitted within **ONE MONTH** of the conclusion of the dismissal or other conclusion.

6.6 Information Sharing and Confidentiality

Information must be shared in a timely manner and in accordance with local information sharing protocols and current child protection procedures.

While the allegation is being considered or investigated every effort must be made to maintain confidentiality and guard against publicity. Apart from keeping the child or young person, parents, carers and accused person up to date on the progress of the case, in accordance with these procedures, information sharing must be restricted to those who have a need to know in order to protect CYP, facilitate enquiries or manage related disciplinary or suitability procedures.

It is important that any information obtained in the course of a social care enquiry that is relevant to a disciplinary case must be shared with the employer or regulatory body without delay. Similarly, police and the Crown Prosecution Service must share relevant information, without delay, with the employer at the conclusion of their investigation or any court case, so that appropriate action can be taken.

If, during the course of an employer's investigation, new information comes to light that raises further concerns or identifies additional risks, this must be shared with the LADO without delay, as a different course of action may need to be taken.

7. FURTHER INFORMATION

Local safeguarding partners are defined by the following groups, in LPW's areas of work:

Bristol - <https://www.proceduresonline.com/swcpp/bristol/index.html>

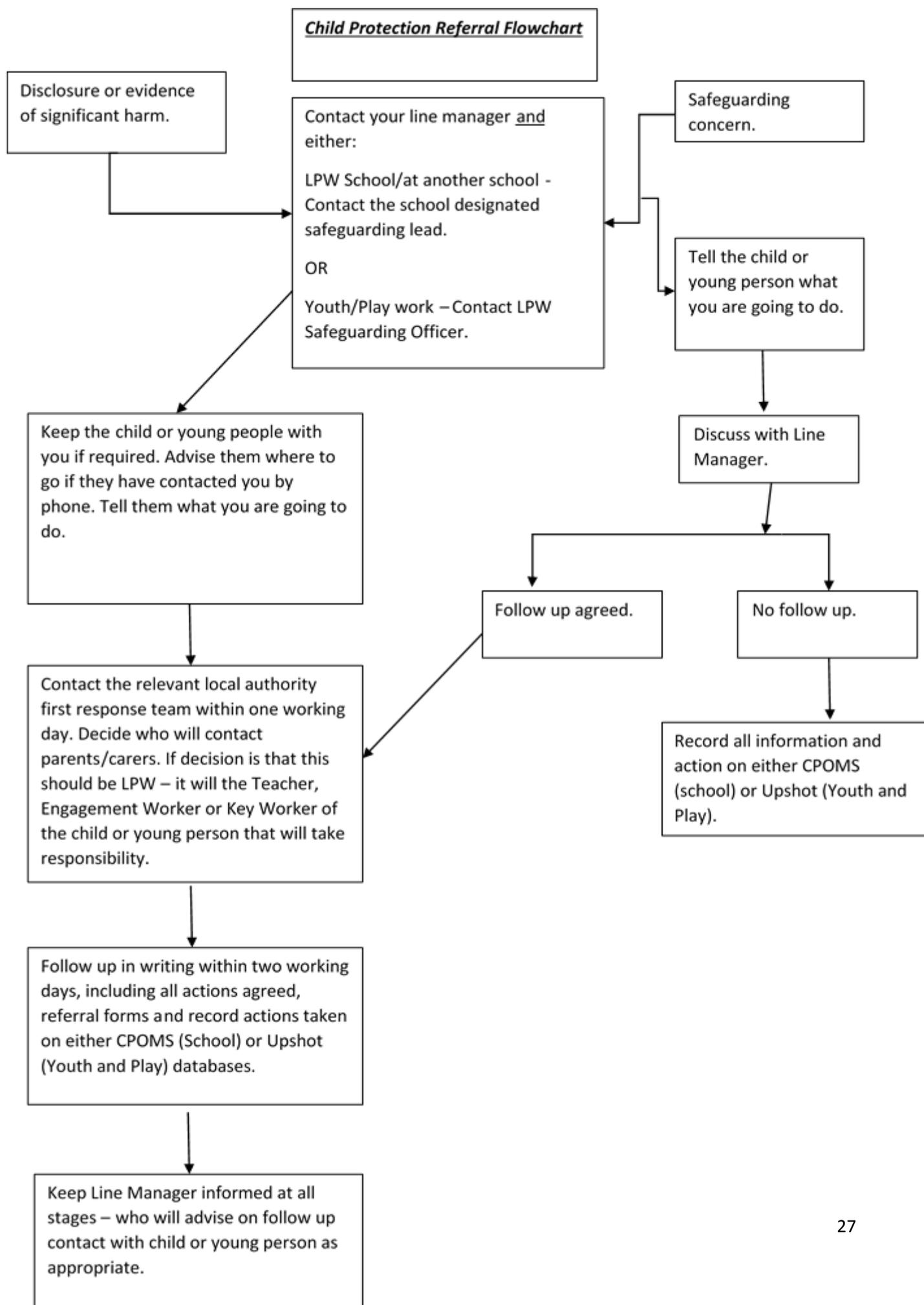
North Somerset - <http://www.northsomersetsafeguarding.co.uk/>

Bath and North East Somerset -
<https://www.proceduresonline.com/swcpp/banes/index.html>

South Gloucestershire -
<https://www.proceduresonline.com/swcpp/southglos/index.html>

LPW adheres to South West child protection procedures, which can be found here:

<https://www.proceduresonline.com/swcpp/>



Child Protection Guidance on specific situations

Introduction and Contents

The Child Protection Guidance should be used as sources of information for all staff who work with children and young people (CYP) at LPW, and used in conjunction with the Child Protection Policy. For all the following situations check for local guidance at <https://www.proceduresonline.com/swcpp/>. If you need to discuss any matters contained in this policy document you must speak to your Line Manager or the Safeguarding Officer.

As Child Protection Policy states, all child protection concerns must be reported to your Line Manager and relevant local authority first response team. Contact details for relevant local authority first response teams are on page 16. More information on each issue can be found here: <https://www.proceduresonline.com/swcpp/bristol/contents.html>

As well as each of the appendices, Keeping Children Safe in Education (HM Government 2018) and Working Together to Safeguard Children (HM Government, 2018) can also be referred to.

Information can be found on the [TES website](#) and [NSPCC website](#). Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- [child missing from education](#)
- [child missing from home or care](#)
- [child sexual exploitation \(CSE\)](#)
- [bullying including cyberbullying](#)
- [domestic violence](#)
- [drugs](#)
- [fabricated or induced illness](#)
- [faith abuse](#)
- [female genital mutilation \(FGM\)](#)
- [forced marriage](#)
- [gangs and youth violence](#)
- [gender-based violence/violence against women and girls \(VAWG\)](#)
- [mental health](#)
- [private fostering](#)
- [preventing radicalisation](#)
- [sexting](#)
- [teenage relationship abuse](#)
- [trafficking](#)

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Appendix 1

Child Sexual Exploitation

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

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and noncontact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

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

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

The vast majority of CYP who enter prostitution do so as a result of coercion or desperation. All CYP (male and female) under the age of 18 years who are involved in prostitution, or are being sexually exploited, must be regarded as "children in need". They may be at risk of significant harm and must therefore be subject to an assessment of their needs and circumstances. Children that are trafficked into the UK are at increased risk of suffering significant harm through Sexual Exploitation.

Base-Barnardo's against Sexual Exploitation - 0117 934 9726

One25 Project (over 18's) - 0117 909 8832

Appendix 2

Children or Young People who are Missing

Staff must bear in mind when working with CYP and families where there are outstanding child protection concerns that a series of missed appointments or abortive home visits, without any other form of contact, may indicate that the family has suddenly and unexpectedly disappeared. If such concerns arise discuss with your line manager the next course of action. In the event of LPW staff being informed of the whereabouts of a missing child or young person, then the normal Child Protection Procedures must be adhered to.

Appendix 3

Children Missing from Education, Home or Care

Definitions and Explanation of Terms

Missing – Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.

Absent – A person not at a place where they are expected or required to be.

Looked After – A child is “looked after” by a local authority if he/she is “in care” by reason of a court order, or if he / she is provided with accommodation for more than 24 hours by agreement with her/his parents or with the child if he / she is aged 16 or more.

Accommodated – A child is accommodated if he / she is looked after by the Local Authority with the voluntary agreement of his / her parents, or with the child if he/she is over 16 years old.

Child – A young person under the age of eighteen years.

The following principles should be adopted by all agencies involved with missing people:

- a. Going missing is a dangerous activity and can have short and long term consequences. All individuals have a responsibility to report a child if they are missing. If a parent or carer does not report a child missing within a reasonable timescale when their whereabouts are unknown, this should be seen as displaying compromised parenting and Social Care procedures must be followed;
- b. It is imperative that services working with children are able to and actively do identify those who are commencing a pattern of running behaviour and provide the appropriate interventions at the earliest opportunity to prevent future incidents which may place them, or others, at risk;
- c. Research has identified the following risk factors that can precede a missing incident in a young person:
 - o Arguments and conflicts at home including being told/forced to leave;
 - o Poor family relationships including specific step-parent issues;
 - o Physical and emotional abuse including Domestic Violence and Abuse;

- Personal wellbeing – feeling depressed, needing someone to talk to;
- Problems with alcohol and/or drugs;
- Problems at school.

Missing from Education

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 child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school or college's unauthorised absence and children missing from education procedures.

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.

A child going missing from education is a potential indicator of abuse or neglect. School and college staff should follow the school's or college's procedures for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.

Schools should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.

The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers.

Regulation

All schools must inform their local authority of any pupil who is going to be deleted from the admission register where they:

- have been taken out of school by their parents and are being educated outside the school system e.g. home education;
- have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
- have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her

parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;

- are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,
- have been permanently excluded.

The local authority must be notified when a school is to delete a pupil from its register under the above circumstances. This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register. It is essential that schools comply with this duty, so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

All schools must inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State).

Appendix 4

Disabled Children and Young People

Disabled CYP may be more vulnerable since they may experience:

- greater physical and social isolation;
- a lack of control over their life and body (removal of choice and decision making);
- greater dependency on others (including the provision of intimate care);
- increased numbers of carers (more potential perpetrators);
- problems with communication (in particular a lack of vocabulary to describe abuse or to describe body parts).

Prevention of abuse therefore relies on a philosophy of respect and communication, which empowers disabled CYP throughout their daily lives.

WECIL (Fishponds), www.wecil.org.uk - 0117 903 8900

Disability, Information & Advice Service (DIAS) (Knowle), - 0117 983 2828

Appendix 5

Domestic Violence

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:

- psychological;

- physical;
- sexual;
- financial; and
- 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.

In situations where a child or young person discloses that they have witnessed domestic violence in their home, this information needs to be considered in a child protection context. CYP can suffer significant harm from the experience of witnessing domestic violence. It is important to establish if there are other CYP in the household and the frequency of the abuse witnessed. The Child Protection Procedures must be implemented in the same way as other disclosures of abuse.

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

Bristol Domestic Abuse Forum - www.bdaf.org.uk/services

Next Link - 0117 925 0680

Bristol Domestic Abuse Helpline - 0800 6949 999

Woman Kind Helpline – 0845 458 2914

Wish (Hartcliffe) - 0117 903 8632

Domestic Violence Police Investigation Teams:

- South Bristol - 0117 945 5428
- North Bristol - 0117 945 4509
-

Ashiana Project (London), www.ashiana.org.uk - 020 8539 0427

NSPCC

Refuge

Save Lives

Appendix 6

Fabricated or induced illness

There is unequivocal evidence that carers can and do cause harm to children or young people through fabricated and induced illness. There are three main ways of a carer fabricating or inducing illness in a child or young person. These are not mutually exclusive:

- **fabrication** of signs and symptoms. This may include fabrication of past medical history;
- **falsification** of hospital charts and records, and specimens of bodily fluids. This may include also falsification of letters and documents;
- **induction** of illness by a variety of means.

Appendix 7

Faith abuse

Faith abuse in this context relates specifically to the 'belief in spirit possession' and is defined as the belief that an evil force has entered a child and is controlling him or her. Sometimes the term 'witch' is used and is defined here as the belief that a child is able to use an evil force to harm others. There is also a range of other language that is connected to such abuse. This includes black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah, demons, and child sorcerers. In all these cases, genuine beliefs can be held by families, carers, religious leaders, congregations, and the children themselves that evil forces are at work. Families and children can be deeply worried by the evil that they believe is threatening them, and abuse often occurs when an attempt is made to 'exorcise', or

'deliver' the child. Exorcism is defined here as attempting to expel evil spirits from a child.

It may be daunting for professionals to deal with Faith based abuse, but it is important that this kind of abuse is recognised and dealt with under the usual Child Protection procedures.

Appendix 8

Female Genital Mutilation

Female Genital Mutilation (FGM) (previously known as female circumcision) has been illegal in the UK since 1985. It is now illegal to arrange for a child or young person to be taken out of the country for the purpose of FGM.

It is not an accepted ritual for any religion. It is a form of child abuse under UK law.

FGM is a collective term for all procedures, which include the partial or total mutilation of the external female genital organs for cultural or other non-therapeutic reasons.

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Indicators

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines, and Chapter 9 of those Guidelines (pp42-44) focuses on the role of schools and colleges.

Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gives the Government powers to issue statutory guidance on FGM to relevant persons. Once the government issues any statutory multi-agency guidance this will apply to schools and colleges.

Actions

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. When mandatory reporting commences in October 2015 these procedures will remain when dealing with concerns regarding the potential for FGM to take place. Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.

Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon **teachers, along with social workers and healthcare professionals, 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 will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, 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.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still consider and discuss any such case with the school or college's designated safeguarding lead (or deputy) 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.

http://www.who.int/topics/female_genital_mutilation/en/ (World Health Organisation)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf

Appendix 9

Forced Marriage

There is a clear distinction between a forced marriage and an arranged marriage. Forced marriages are illegal in the UK. In arranged marriages, the families of both spouses take a leading role in arranging the marriage, but the final choice remains with the persons involved. In a forced marriage, one or both spouses do not consent to the marriage and coercion is involved. Most cases of forced marriage involve young women and girls aged between 13 and 30, although there is some evidence that as many as 15 per cent of victims are male.

Some cases of forced marriage take place in the UK and in others the child or young person is taken overseas and forced to marry there.

The majority of cases involve South Asian families, but there have been cases involving families from East Asia, the Middle East, Europe, and Africa. Forced marriage is an abuse of human rights and is not justified on any religious or cultural basis and is condemned by every major faith.

Forced marriage places CYP at risk of emotional abuse, physical harm and even possible rape and death. The perpetrators, who are usually parents or family members, can be prosecuted for offences including threatening behaviour, assault, kidnap, abduction, imprisonment and murder. Sexual intercourse without consent is rape. Cases of forced marriage are difficult, complex and potentially very risky for the child or young person involved. Any professionals dealing with such cases must get advice, support and consultation from specialist practitioners.

The Forced Marriage Unit is a single point of confidential advice and assistance for those at risk of being forced into marriage overseas. Contact the Forced Marriage Unit on

020 7008 0151 or email fm@fco.gov.uk or

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

Ashiana Project (London), www.ashiana.org.uk - 020 8539 0427

Appendix 10

Gangs and youth violence

Defining a gang is difficult, however it can be broadly described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity.

There are a number of areas in which young people are put at risk by gang activity, both through participation in and as victims of gang violence which can be in relation to their peers or to a gang-involved adult in their household.

A child who is affected by gang activity or serious youth violence may have suffered, or may be likely to suffer, significant harm through physical, sexual and emotional abuse.

Significant harm is defined as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection services.

Appendix 11

Historic Abuse

There may be occasions when a child or young person will disclose abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in exactly the same way as a disclosure of current abuse. The reason for this is that the abuser may still represent a risk to CYP now.

Appendix 12

So-called 'honour-based' violence

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

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multiagency 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 (see Appendix 9).

Appendix 13

Mental health

Many children will grow up with a parent who, at some point, will have a mental illness. Most illnesses will be mild or short lived. Some children live with a parent that has severe mental illness. It is estimated that between 30-60% of people with a severe mental illness have children. It is estimated that there are over 120,000 families experiencing poor Mental Health and over a third of these families have a child subject to child protection procedures.

Off the Record: 0808 808 9120

Appendix 14

Private fostering

A private foster carer is someone other than a parent or a close relative who cares for a child for a period of 28 days or more, in agreement with the child's parent. It applies only to children under 16 years, or under 18 if they are disabled.

Private foster carers can be part of the child's wider family, a friend of the family, the parents of the child's boyfriend or girlfriend or someone unknown but willing to foster the child. Close relatives - a grandparent, a brother or sister, an aunt or an uncle, a step parent - are not private foster carers.

Some of the common situations where children are privately fostered are:

- Where parents are unable to care for their children, for example if they have chronic ill health or are in prison
- Where children from abroad are sent to stay with relatives, often to improve their education
- Teenagers who have broken ties with their parents and are staying in the short-term with friends
- Those living with host families whilst taking courses of study

Children's Social Care is not involved in making private fostering arrangements but is responsible for checking that the arrangements are suitable for the child. As a professional it is important for you to notify First Response if you are in contact with a child or young person who is being privately fostered. This will help protect the child against abuse or neglect and provide some reassurance that the child is being looked after properly.

Appendix 15

Self-harm

Definition of self-harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing poisonous substances or objects
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively
- Unusual eating patterns
- Excessive alcohol/drug intake

Why do young people self-harm

Self-harm is not usually triggered by one isolated event but rather set of circumstances that leave CYP overwhelmed and unable to manage their feelings. It is not the core problem but a sign and symptom of underlying emotional difficulties, used as a way of coping.

For some CYP, self-harm gives temporary relief and a sense of control over their lives. But it brings its own very serious problems

Confidentiality

The child/young person must be involved wherever possible and consulted on his/her views. Always be clear with children/young people about the course of action that will be taken. Do not promise confidentiality that cannot be kept.

Staff should tell children/young people that they may have to share information without their consent. Information given to LPW staff by children/young people should not be shared outside of the organisation without the child/young person's permission except for in exceptional circumstances. This should be discussed with a People Manager.

Staff must always follow safeguarding process where you feel a child/young person is at risk of significant harm.

Assessing risk

A child/young person has disclosed to engagement worker whom they trust and have a good relationship with. The member of staff working with them is the best placed person to provide initial support and also finding out the information needed to assess the immediate/long term level of risk. Always remember that it is important to listen to the child/young person. Stay calm and empathic. Do not over load them with questions. Staff should use their judgment to assess immediate/long term and ongoing risk assessment. This can be done over several sessions. Every child/young person's situation is different, however questions you can ask to assess severity of self-harm might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to take care of your wounds?
- Have you ever hurt yourself more severely than you intended?
- Have you ever seen a doctor because you were worried about a wound?
- How often do you tend to self-harm?

When assessing risk consider:

Children/young people who self-harm do not normally wish to kill themselves. Children/young people who self-harm hurt themselves as a way of coping with life. For children/young people the experience of pain of self-harm reassures them they're still alive. It could be that they are experiencing emotional numbness or feeling disgruntled with the world around them.

Appendix 16

Sexually Active CYP

This applies to anyone who is sexually active and under 18.

Those working with this group of CYP must do as much as they can to provide a safe, accessible and confidential service whilst remaining aware of their Duty of Care to safeguard them and promote their well-being.

Decisions in this area, which can often be challenging, must always be made on a case-by-case basis, taking into consideration all relevant information. Where health professionals

believe that children may be subject to coercion or exploitation, existing child protection guidelines must be followed. Health professionals with concerns must seek advice and help, anonymously if necessary, from staff with expertise in child protection, such as named and designated professionals.

Appendix 17

Substance Misuse

Drug (illegal substances, prescribed medication and solvents/aerosols) and alcohol use in itself does not necessarily indicate that a child or young person may be suffering or likely to suffer significant harm. The risks arising from substance misuse must always be assessed from a holistic standpoint and in light of the facts of each case.

ARA-Addiction Recovery agency (www.addictionrecovery.org.uk). Telephone number 0117 930 0282

BDP-Bristol Drugs Project (www.bdp.org.uk). Telephone number 0117 987 6000

KWADS-Knowle West against Drugs (www.kwads.org.uk). Telephone number 0117 953 3870

Appendix 18

Teenage relationship abuse

Teenagers experience as much relationship abuse as adults. Several independent studies have shown that 40% of teenagers are in abusive dating relationships. Domestic violence is still a 'hidden' issue in our society; and it is even more so for teenagers. This is exacerbated by the fact that adolescents can be more accepting of, and dismissive about, this form of behaviour than adults.

Appendix 19

Young Sex Offenders

We may not always have information about whether a child or young person has been convicted of a sex offence against another young person, or that there are concerns about a child or young person being a sex offender. It is particularly important to consider these possibilities when involved in arranging work placements (for example, where there are children), taking a child or young person on a trip or residential activity or supporting a young person to access alternative accommodation (post-16) where other child or young people are living. Social Services will generally be able to provide information to the general question 'is there any reason why this young person must not be placed with/work with younger children', including members of their family. (Note: ensure Information Sharing Protocols are adhered to and the child or young person has agreed to this contact being made.)

Contact your local Area Youth Offending Teams for more information.

Brook Advisory Centre - 0117 929 0090

Bristol Sexual Health Centre – 0117 342 6900

Charlotte Keele Health Centre - 0117 951 2244

Appendix 20

Child on child sexual violence and sexual harassment

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

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

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Appendix 21

Child criminal exploitation: county lines

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

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be

due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Appendix 22

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, 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 new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

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

<https://www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets>