



## Safeguarding Children Policy

### 1. About this policy

1.1 FCT is committed to providing a working environment free from harassment and bullying. FCT exists to provide high quality counselling and therapy services to children, young people and families who are experiencing emotional, behavioural or other mental health problems. FCT believes that a child or young person should never experience abuse of any kind. We have a responsibility to protect the welfare of all children who make use of our services and keep them safe. We are committed to practising in a way that protects them.

1.2 This policy applies to all FCT staff, paid or unpaid, the board of trustees, practitioners, volunteers, students and anyone working on behalf of the charity.

#### 1.3 The purpose of this policy:

- To protect children and young people who receive FCT's services.
- To provide staff, practitioners and volunteers, as well as children, with the overarching principles that guide our approach to safeguarding and child protection.
- To ensure that staff and volunteers are qualified and checked to work with children and young people.

#### 1.4 Legal Framework

1.5 This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989 (<https://www.legislation.gov.uk/ukpga/1989/41/contents>)
- United Nations Convention of the Rights of the Child 1991 (<https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>)
- Data Protection Act 1998 (<https://www.legislation.gov.uk/ukpga/1998/29/contents>)



- Human Rights Act 1998 (<https://www.health-ni.gov.uk/articles/human-rights-act-1998>)
- Sexual Offences Act 2003 (<https://www.legislation.gov.uk/ukpga/2003/42/contents>)
- Children Act 2004
- Safeguarding Vulnerable Groups Acts 2006 (<https://www.legislation.gov.uk/ukpga/2006/47/contents>)
- Protection of Freedom Acts 2012 (<https://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>)
- Children and Families Act 2014 (<https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>)
- Special educational needs and disability (SEND) code of practice: 0 to 25 years - Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014. Updated 2020 (<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>)
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015 (updated 2018) (<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>)
- What to do if you're worried a child is being abused 2015 ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf))
- Mandatory reporting of female genital mutilation 2015 ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/573782/FGM\\_Mandatory\\_Reporting\\_-\\_procedural\\_information\\_nov16\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf))
- Children and Social Work Act 2017 (<https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>)
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2018 (<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/atta>



chment\_data/file/942454/Working\_together\_to\_safeguard\_children\_inter\_agency\_guidance.pdf)

1.6 This policy should be read alongside our policies and procedures on:

- Recruitment (Safer Recruitment), induction and training,
- Equality and Diversity
- Complaints
- Code of conduct for all staff and volunteers (See attached guidance 2015)
- Lone working
- Whistleblowing
- Managing allegations against adults, staff and volunteers
- Dealing with disclosures and concerns about a child or young person

1.7 We recognise that:

- The welfare of the child is paramount, as enshrined in law.
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting children's and young people's welfare.

1.8 We will seek to keep children and young people safe by:

- Valuing them, listening to and respecting them.
- Appointing a Designated Safeguarding Lead (DSL) for children and young people in each county of operation
- Adopting child protection and safeguarding practices through the agreed procedure for each county (*see county Children's Services links below*) and a code of conduct for staff, practitioners and volunteers.



- Recruiting staff, practitioners and volunteers safely, ensuring all necessary checks are made.
- Providing professional support on safeguarding as required.
- Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff, practitioners and volunteers via leaflets and one-to-one discussions.
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately.
- Using our procedures to manage any allegations against staff, practitioners and volunteers appropriately.
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.
- Ensuring that we have an effective complaints policy in place.
- FCT to be registered with the Information Commissioners Office and abide by GDPR policies. Confidential information should not be shared by email (unless encrypted) or on any social media messaging.
- Practitioners are responsible for arranging safe and appropriate venues for client contact.

1.9 We are committed to reviewing our policy and good practice **annually**.

This policy was last reviewed in: 28<sup>th</sup> March 2022

## 2. Indicators of abuse and neglect

(from Keeping Children Safe in Education Sept 2020)

2.1 **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.

- 2.2 **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.
- 2.3 **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.
- 2.4 **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing 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.



**2.5 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.

### **3. Safeguarding issues**

All adults working with children should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

#### **3.1 Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. 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. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse 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. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

#### **3.2 Peer on peer abuse**

All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);



- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- upskirting, which 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;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

All adults working with children should be clear as to the policy and procedures with regards to peer on peer abuse.

### 3.3 Serious violence and Child Criminal Exploitation

All adults working with children should be aware of indicators, which may signal that 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.

All staff should be aware of the associated risks and understand the measures in place to manage these. 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.

### 3.4 Female Genital Mutilation (FGM)

Whilst all adults working with children 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 all regulated professionals working within health or social care, and teachers. This covers Health and social care professionals regulated by a body which is overseen by the Professional Standards Authority for Health and Social Care – so for those registered with UKCP, BACP, NCS, HCPC, GMC etc.



If a regulated professional, 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 professional must report this to the police.

### 3.5 Mental Health

All adults working with children should also 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. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. 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. 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. If adults working with children 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. The department for education has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools (which may also be useful for colleges). In addition, Public Health England has produced a range of resources to support secondary school teachers to promote positive health, wellbeing and resilience among young people including its guidance Promoting children and young people's emotional health and wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol.

### 4. **WHAT TO DO when any FCT member has a concern about a child:**

**\* If you believe a child is in immediate danger, please call the Police on 999.**

Following any disclosure or concern for a young person **in immediate danger**, counsellors/staff /volunteers will contact:

#### 4.1 MASH (Multi-Agency Safeguarding Hub) is the point of contact for general safeguarding concerns:

*Part of Children's Social Care:*



**DORSET:** Tel: 01305 228558 or Email: [MASH@dorsetcouncil.gov.uk](mailto:MASH@dorsetcouncil.gov.uk)  
Bournemouth, Christchurch & Poole:  
Tel: 01202 735046 or Email [MASH@bcpcouncil.gov.uk](mailto:MASH@bcpcouncil.gov.uk)

**HAMPSHIRE:** Tel: 0300 555 1384, Out of hours Tel: 0300 555 1373 or  
Email: [CSProfessional@hants.gov.uk](mailto:CSProfessional@hants.gov.uk)

**SOMERSET:** Tel: 0300 123 2224, Out of hours tel: 0300 123 23 27 or  
Email: [childrens@somerset.gov.uk](mailto:childrens@somerset.gov.uk)

**WILTSHIRE:** Tel: 0300 456 0108, Out of hours Tel: 0300 456 0100 or  
Email: [mash@wiltshire.gov.uk](mailto:mash@wiltshire.gov.uk)

## **5. WHAT TO DO when any FCT member has a concern about the behaviour of an adult:**

### **5.1 Managing allegations against adults:**

FCT follows the procedures set out by the relevant Safeguarding Children Partnerships in the relevant local authorities.

If any FCT member has a safeguarding concern about the behaviour of another adult, whether inside or outside of FCT, they must immediately consult the relevant County Chair or FCT Board Safeguarding Lead who will refer to the relevant LADO.

Any allegation of abuse will be dealt with in a fair and consistent way that provides effective protection for the child/young person and at the same time supports the person who is the subject of the allegation.

In some circumstances, if relating to a member of FCT, the member of FCT will, without prejudice, be asked to step down from FCT responsibilities pending the results of the investigation.

FCT will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

If a member of FCT has a concern about another adult, whether inside or outside of FCT, which does not meet the 'harm threshold', this should still be reported and noted by the Designated Safeguard Lead for possible discussion with the LADO. This is called a 'low level concern'



5.2 **LADO** (Local Authority Designated Officer) - this is for concerns about an adult working with children and young people (including historic matters), please call:

- BANES:** Tel: 01225 396810 or Email: [lado@bathnes.gov.uk](mailto:lado@bathnes.gov.uk)  
**DORSET:** Tel: 01305 221122 or Email: [lado@dorsetcc.gov.uk](mailto:lado@dorsetcc.gov.uk)  
**HAMPSHIRE:** Tel: 01962 876364 or Email: [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk)  
**SOMERSET:** Tel: 01823 355803 or Email: [childrens@somerset.gov.uk](mailto:childrens@somerset.gov.uk)  
**WILTSHIRE:** Tel: 01225 713945 or Email: [Ladowiltshire@wiltshire.gcsx.gov.uk](mailto:Ladowiltshire@wiltshire.gcsx.gov.uk)

## 6. Reporting a Concern Online - Websites:

- BANES:** <https://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection>  
**DORSET:** <https://www.dorsetscb.co.uk/working-with-children/applying-thresholds-and-reporting-concerns/>  
**HAMPSHIRE:** <http://www.hampshiresafeguardingchildrenboard.org.uk/report-a-concern/>  
**SOMERSET:** <https://www.somerset.gov.uk/education-and-families/report-a-child-at-risk/>  
**WILTSHIRE:** <http://www.wiltshirescb.org.uk/children-and-young-people/>

## 7. Oversight of FCT Safeguarding Policy and Procedures is by:

Dr. Alison Sankey, the FCT Safeguarding Lead, with the support of the CEO, Roz Miller.

Please contact if relevant but **not urgent** if you require advice, a 2<sup>nd</sup> opinion, or if unclear whether an issue has reached a threshold to contact the agencies on previous pages:

- **Designated Safeguarding Lead - Dorset**, Dr Neil Harris Medical Advisor to FCT Dorset ([neilph@aol.com](mailto:neilph@aol.com)) or telephone: 01425 673652.
- **Designated Safeguarding Lead - Hampshire**, Dr Steve Bailey – email: [steve.bailey772@btinternet.com](mailto:steve.bailey772@btinternet.com) or tel: 07766074222



- **Designated Safeguarding Lead - Somerset**, Shan Tate, email: [shan.tate@btinternet.com](mailto:shan.tate@btinternet.com) or tel: 07985 309302
- **Designated Safeguarding Lead - Wiltshire**, Dr. Alison Sankey on email: [chair-wiltshire@familycounsellingtrust.org](mailto:chair-wiltshire@familycounsellingtrust.org) or tel: 07813 972543
- **Safeguarding Lead on the FCT Trustee Board – County-wide**, Dr. Alison Sankey as above

## 8. Definitions for types of abuse under the following Local Children Safeguarding Boards - guidance:

- BANES: <https://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection>
- Dorset: <https://www.dorsetscb.co.uk/working-with-children/>
- Hampshire: <http://www.hampshiresafeguardingchildrenboard.org.uk/professionals/child-abuse-definitions/>
- Somerset: <http://www.somerset.gov.uk/childrens-services/safeguarding-children/report-a-child-at-risk/>
- Wiltshire: <http://www.wiltshirescb.org.uk/children-and-young-people/>

## 8 Notes

- 8.1 In most circumstances, the DSL will seek advice from Children's Social Care by ringing the MASH to obtain advice. MASH contact details are in clause 4.1 of this document.
- 8.2 It is not the responsibility of FCT or individual members, practitioners/volunteers to investigate safeguarding concerns or determine the truth of any disclosure or allegation. All FCT members however, have a duty to recognise concerns and inform the relevant people immediately.
- 8.3 Record the concern by completing a WSCB 'Welfare and Child Protection concern form' (see Appendix) and hand it in to the DSL. The records must be signed and dated. The DSL should include outcomes and any agreed action that is to be taken.

## 9. Record keeping and handling of child protection concerns:



The FCT practitioner will:

- Keep clear written records of all child safeguarding and child protection concerns using the standard recording form, with a body map (see template in Appendix) if relevant, including actions taken and outcomes as appropriate. Pass these records to the DSL.
- Discuss information about safeguarding issues with their supervisors as long as names or identifiable features are withheld.
- Ensure all child safeguarding and child protection records are kept securely in a locked location. The record must be signed and dated and kept in a file under the child name (not family files), away from all the other records. The DSL is responsible for ensuring that concerns and discussions are written up properly and acted on appropriately.

For more information, please refer to the relevant local authority's Record Keeping policy.



**DO:**

- Take the child or young person to a private and safe place
- Stay calm
- Reassure the child or young person, and stress that he/she is not to blame and they were right to tell you
- Listen to the child or young person and tell them that you are taking what they tell you seriously
- Tell the child or young person that you have to speak to someone who can help to keep them safe
- Do not interview the child or young person, keep questions to a minimum and encourage the child/young person to use his/her own words: questioning should only include TED questions:
  - Tell me
  - Explain
  - Describe
  - Or use the mirroring technique:
    - i.e. "My dad hit me last night"; respond by "Your dad hit you last night?"
- Record as soon as possible exactly what the child/young person has said to you / what you have heard or what you saw, and any other relevant information.
- **Immediately do what is necessary to keep the young person safe and inform your DSL and/or Chair of local FCT** so that any appropriate action can be taken to protect the child or young person if necessary.
- Maintain confidentiality other than sharing what is necessary and relevant to protect the young person with relevant persons.

**DO NOT:**

- Investigate the issue yourself
- Ask the child/young person to write down what they said or repeat it to another adult
- Record the conversation on any device
- Ask another adult to witness their disclosure –the child/young person has chosen to tell you.



An overview sheet and chronology forms are provided - see Appendix: **Responding to Disclosures**

**9. Sharing concerns with parents and carers:**

For more information, please refer to the websites of your relevant authority – especially around Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carer 2015.

FCT is committed to work in partnership with parents and carers and in most situations it may be appropriate to discuss initial concerns with them.

However, there will be some circumstances where the DSL will not seek consent from the individual or their family, or inform them that the information will be shared. For example, if doing so would:

- place a child/young person at increased risk of significant harm;
- place an adult at increased risk of serious harm;
- prejudice the prevention, detection or prosecution of a serious crime;
- lead to unjustified delay in making enquiries about allegations of significant harm to a child/young person, or serious harm to an adult.

**10. Whistleblowing**

Whilst the ‘allegation management’ procedure described above must be used when the behaviour of an adult causes a concern, all FCT members should also feel able to raise concerns about poor or unsafe practice and potential failures in the FCT safeguarding regime.

In the first instance, concerns about poor or unsafe practice within FCT should be raised with the County Chair or the FCT Board Safeguarding Lead.

Where an FCT member feels unable to raise an issue with the County team or Chair or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:



- Any member of the Board of Trustees of FCT or the FCT CEO \*1
- The [NSPCC whistleblowing helpline](https://www.nspcc.org.uk/what-we-do/our-services/whistleblowing-helpline/) is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

\*1 - Contact email for FCT CEO: [ceo@familycounsellingtrust.org](mailto:ceo@familycounsellingtrust.org) or mob: 07799 133305

**11. FCT safeguarding training:**

All FCT practitioners will be required to have at least the equivalent of Level 2 Safeguarding training before taking FCT referrals and will have provided evidence that they have read and understood this policy. All FCT practitioners will be required to keep up to date with local child protection practice by attending the equivalent of level 2 Safeguarding training every 3 years.

The County specific DSLs and the FCT Board Lead on Safeguarding will be required to have Level 3 Safeguarding Training.

**12. Safer Recruitment:**

Please see FCT Safer Recruitment Policy.

**13. Indicators of abuse and neglect**

Some of the signs below may be indicative of abuse:

**13.1 Physical Abuse:**

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained:
  - bruises or cuts;
  - burns or scalds; or
  - bite marks.

1. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Any child suffering physical abuse will also be suffering emotional abuse.



### 13.2 Emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

### 13.3 Neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.
- Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Children who are neglected will also be suffering emotional abuse and often other types of abuse.

Neglect may occur if a parent becomes physically or mentally unable to care for a child.

A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child.

## 14. Specific safeguarding issues: Some of the signs below may be indicative of abuse:

### 14.1 Sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
  - Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
  - Children who ask others to behave sexually or play sexual games; and
  - Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

1. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. Though they may well be suffering emotional abuse too.

2. A child may not understand what is happening and may not even understand that it is wrong.



#### 14.2 Child Sexual Exploitation (CSE):

- 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 don't take part in education.

#### 14.3 Female genital mutilation (FGM):

##### **Indicators that a child or young person may be at risk of FGM:**

- Knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school;
- The child may also talk about a special procedure/ceremony that is going to take place or a special occasion to 'become a woman'.

Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

##### **Indicators that FGM may already have occurred:**

- Prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems;
- Difficulty walking, sitting or standing, and look uncomfortable;
- Spend longer than normal in the bathroom or toilet;
- May complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

#### 14.4 Online safeguarding training (specific safeguarding issues):



- **Child Sexual Exploitation:** <https://keepthemsafe.safeguardingchildrenea.co.uk/>
- **Female Genital Mutilation:** <https://www.fgmelearning.co.uk/>
- **Prevent:** [www.elearning.prevent.homeoffice.gov.uk](http://www.elearning.prevent.homeoffice.gov.uk)
- New Home Office e-learning tool, aimed at those with responsibilities under the Prevent duty, has been developed to help raise awareness of radicalisation.

## 15. **Private Fostering:**

Under certain conditions, a child might be cared for, as part of a private arrangement, by someone who is not their parent or a 'close relative'. This constitutes private fostering when the following conditions are met:

- a child is under 16 years of age – 18 if they have a disability
- the arrangement is for 28 days or longer
- the child's new carer does not have parental responsibility for the child and is not a close relative.

Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

By law parents and carers must notify the local authority of private fostering arrangements to safeguard and protect the child's welfare as well as ensuring the child, carer and parent are receiving appropriate support and help.

If we do become aware that a child or young person is being privately fostered, we will inform the carer/parent of their legal duty to notify the relevant County's Children's Social Care; we will follow this up by contacting Children's Social Care directly.

## 16. **Preventing radicalisation:**

Extremism can take several forms, including Islamist extremism and far-right extremism.

### 16.1 **Radicalisation** is the process by which a person comes to support terrorism and forms of extremism.

- There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology.



- Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer.
- The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

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. Radicalisation of young people can be compared to grooming for sexual exploitation.

#### 16.2 **Early indicators may include:**

Vulnerability and social factors, such as:

- family or local community tensions
- low self-esteem
- experience of poverty, disadvantage, discrimination, social exclusion / perception of injustice
- Access to extremist influences or showing sympathy for extremist causes
- Advocating messages similar to illegal organisations
- Evidence of accessing / possessing illegal or extremist material (including online)
- Justifying the use of violence to solve societal issues
- Pattern of regular or extended travel to locations known to be associated with extremism
- Significant changes to appearance, behaviour and peer relationships.

#### 17. **Appendix: Responding to Disclosures**

### **SAFEGUARDING OVERVIEW SHEET**

**(To be included in the child's file when concerns are logged for the first time)**



Name of child \_\_\_\_\_ DOB: \_\_\_\_\_

Date file created \_\_\_\_\_

Nature of concern:

Other known names \_\_\_\_\_

Address \_\_\_\_\_

Other family members:

(include full name, relationship e.g. mother, stepfather etc. For U18s, include age, if known)

Are any other child protection files held in relation to this child or another child closely connected to him/her? YES/NO

If yes, which files are relevant?

Name and contact number of Social Worker (Children's Social Care) or CAF details:

Name and contact number of any other agency workers involved:

Name of lead person responsible for reviewing this:

### 17.1 Chronology of concerns

Child's name:.....





**2.2 To be completed If relevant:**



Body Map to be completed by the person raising the concern or observing injuries			
<b>PLEASE NOTE: CHILDREN ARE NOT TO BE UNDRESSED OR PHOTOGRAPHS TAKEN OF ANY MARKS OR INJURIES</b>			
Date concern noted		Date/time of report	
Name of child		DOB	
Name of person making this record <small>(PLEASE PRINT)</small>		Role in school	
Signed as a true record		Date DD/MM/YY	

