Collaborative, Inclusive, Compassionate

SAFEGUARDING AND CHILD PROTECTION POLICY AND PROCEDURE

(This policy links to the FHC Safeguarding Policy Statement, the Adults Safeguarding Policy, and the Origins' Policy for Adults who disclose non-recent abuse)

1. INTRODUCTION

1.1 Safeguarding is about how we as professionals set about working with each other to make the world we live in safer for us all not least vulnerable children and adults. In relation to children, we do this by ensuring that we are committed to providing services so that all children can fulfil their full potential within a safe and nurturing environment ensuring that children's wellbeing and safety is paramount.

1.2 The scope of this policy refers to the safeguarding and protection of children. However the policy does refer to the FHC Adult's safeguarding and protection for persons aged 18 years and over to assist in identifying the designated leads in the respective areas easily. There is a separate policy for Adult's safeguarding.

1.3 Child Protection are the measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children. Child Protection means safeguarding children from harm. Effective child protection is essential as part of the wider work to safeguard and promote the welfare of children and includes:

- Protecting children from abuse and neglect
- Preventing impairment of children's health or development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances.

1.4 This document addresses two specific aspects of safeguarding:

- To provide clear and specific guidelines enabling staff to deal appropriately and effectively with child safeguarding issues including child protection concerns.
- To ensure, as far as possible, that all staff representing Father Hudson's Caritas are fit to work with children.

1.5 The term 'staff' in this policy and procedure refers to *all* employees, volunteers and anyone involved in paid or unpaid work on behalf of Father Hudson's Caritas (FHC).

1.6 An overall Policy Statement for FHC was adopted by Trustees in September 2019. This sets out the overall commitment and approach to safeguarding in the whole organisation. It should be read in conjunction with this Policy.

2. OVERALL AIMS AND PURPOSES

2.1 FHC is committed to providing services to children and families based on the overriding principles that the safety and well-being of children and young people is paramount; and that all staff and volunteers have a duty to protect, safeguard and promote the welfare of children and young people.

2.2 FHC is committed to working within the guidelines issued by Local Safeguarding Partners, therefore this policy must be read in conjunction with the relevant geographical Local Safeguarding policies and procedures. See Appendices B Working Together to Safeguard Children Act 2023 (a guide to interagency working).

2.3 In addition this policy and the Safeguarding Partners policy must be read alongside any local project/service safeguarding and child protection policy and procedures. The project's/service policy and procedure is the responsibility of the project/service Manager. FHC therefore, will have:

2.3.1 Procedures on safeguarding and child protection and managing child abuse and neglect in the foster home.

2.3.2 Procedures on safeguarding and child protection and managing child abuse and neglect in the Schools Project.

2.3.3 Procedures on safeguarding and child protection and managing child abuse and neglect in the Community Projects.

2.4 FHC acknowledges that the Local Authority (Children Services) and the Police have a statutory responsibility to investigate cases of suspected child abuse and so is therefore committed to working alongside Safeguarding Partners. Safeguarding Partners rely on the co-operation of other agencies and the sharing of relevant information in order to ensure that referrals/cases are dealt with appropriately. Father Hudson's Caritas will provide assistance to Local Authorities and the Police to enable them to carry out their statutory child protection responsibilities.

2.5 In all cases where FHC's projects/services suspects that a child/young person is or is likely to suffer significant harm this will be reported to the appropriate authorities.

In immediate and/or emergency situations FHC staff will take whatever steps are practicable to protect the child/young person whilst awaiting response from statutory bodies. If the child/young person requires urgent medical treatment, arrangements should be made for the child to be taken to hospital.

3. LEGISLATION, OTHER POLICIES AND RELATED GUIDANCE

- Children Act 1989
- Children Act 2004
- Sexual Offences Act 2003
- Working Together to Safeguard Children Act 2015 (a guide to interagency working) Updated guidance 2018 and 2023
- Information Sharing: Advice to practitioners providing safeguarding services to children and young people, parents and carers.
- Safeguarding Vulnerable Groups Act 2006
- Good Practice in Safeguarding – A Framework for Voluntary and Independent Child Care organisations (2014- BSCB)
- The Childcare (disqualification) Regulations 2009 Regulation 9 as made under section 75 of the Childcare Act 2006.
- Human Rights Act 1998
- Data Protection Act 1998
- LSCB Safeguarding and Child Protection Procedures
- FHC local project Policy and Procedures

4. DEFINITIONS AND SIGNS AND INDICATORS

4.1 In accordance with the Children's Act 1989, a **"child/young person"** is defined as a person under the age of 18 years. Vulnerable children means children -

- who are unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of social care services,
- whose health or development is likely to be significantly impaired, or further impaired, without the provision for them of social care services,
- who have a physical or mental impairment,
- who are in the care of a public authority, or
- who are provided with accommodation by a public authority in order to secure their well-being

4.2 A vulnerable adult covers all people over 18 years who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care or unable to protect him or herself against significant harm or exploitation".

4.3 The following definitions, signs and indicators can be found in Appendices A

- Safeguarding
- Child Protection
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect
- Child Sexual Exploitation (CSE)
- Child Trafficking
- Modern Slavery
- Bullying and Cyber-Bullying
- Domestic Abuse
- Grooming
- Female Genital Mutilation (FGM)
- Radicalisation and Extremism
- Harmful Sexual Behaviour

5. KEY STAFF ROLES

5.1 The Designated Safeguarding Lead (DSL) within FHC are as follows ;

- Children in the Fostering and Schools Project – Head of Service – Joanne Walthew
- Children and Adults in the Community Projects – Head of Service – Shari Brown
- Adults in St Joseph's, St Catherine's Day Centre and Domiciliary care service - Head of Service - Ed Brown.

The DSL's have responsibility for ensuring that Safeguarding Children/Adult procedures are carried out by the project managers, staff and volunteers. In their absence, Jo Watters CEO has accountability for ensuring compliance.

5.2 The Children's DSL is responsible for supporting staff in dealing with all safeguarding issues including child protection. The DSL will act as the first point of contact for managers within project/services for case discussions relating to children at risk of harm. The DSL has a responsibility to meet regularly with staff to provide support and guidance until the safeguarding incident has been resolved. It is recognised that safeguarding and child protection is challenging and stressful work. The DSL and Project/Service Managers will fully support staff by providing opportunities to talk through any anxieties they may have.

5.3 The DSL will ensure that any concerns about the welfare of children are recorded and that such records are kept confidentially and securely. Recording should be clear, explicit in agreements and what action will be taken and who specifically will take the action. The DSL is responsible for ensuring that immediate action is taken where there is a specific child protection incident which poses a clear risk to a child's safety.

5.4 If the DSL is unhappy about the response of MASH/child's social worker they will escalate concerns in line with the resolution and escalation protocol. See appendices B for e-links.

5.5 The DSL's will have specific responsibility for ensuring that the Safeguarding Policy for adults/children will be reviewed annually and updated as necessary.

5.6 The DSL'S will be required to inform the CEO of all safeguarding issues arising within the service the same working day and immediately should an allegation or concern involve a member of staff.

5.7 The DSL's will have the appropriate level of skill, knowledge and experience to fulfil their role.

6. ALL STAFF

6.1 All staff have the responsibility to safeguard children and therefore need to be aware of how to respond to all situations. The priority will be immediately to safeguard the child and prevent further abuse occurring. Any action taken must remain focused on the welfare of the child.

6.2 Staff will adhere to the following basic principles in all cases:

- All concerns and allegations, whatever their origin, must be taken seriously
- Never delay action that is necessary for the immediate safety of a child
- Always record the reasons for the concerns in writing
- Always reach a clear and explicit agreement with the DSL about who will take what action or agree that no action will be taken.
- Whether or not further action is to be taken , always record in writing , any discussions held about a child's welfare and agreements about possible action
- Never investigate whether or not a child has been abused, this responsibility lies with the Children's Social Care/ and/or the Police
- Where necessary, work closely with the Project/Service Manager/DSL in compiling a written referral to MASH (Multi Agency Safeguarding Hub) or if a Looked After Child with the Child's social worker.

6.3 Staff must report any concerns and allegations to their Project/Service Manager immediately and the DSL.

6.4 Where there is an allegation against the DSL report directly to the CEO.

7. PROCEDURE FOR STAFF RESPONDING TO CHILD PROTECTION CONCERNS

7.1 In circumstances where a child/young person volunteers/discloses information about abuse, staff will:

- find a suitable place in which a child can talk freely
- reassure the child
- make time to listen carefully to what the child is saying
- try to communicate with the child that is appropriate to their age, understanding and preference (this is especially important where the child may be disabled or where English is not their first language)
- in circumstances where a child has an injury, but no explanation is volunteered, it is acceptable to enquire how the injury was sustained.

staff will not:

- interrupt the child
- prevent them freely recalling events
- promise confidentiality
- ask leading questions
- attempt to investigate allegations, as this may jeopardise a police investigation
- take photographs
- tape record or video a conversation
- ask children to remove clothing.

7.2 Staff will participate in multi-agency meetings as required and the organisation will contribute to Serious Case Reviews/Child Death Reviews as required.

8. RECORDING

8.1 Staff must keep a detailed and factual record of the discussions of the disclosures made by the child or any other person as per the local project/services recording and policy procedures. These must be made as soon as possible after the disclosure is made.

8.2 The record will include the following:

- date and time it was written
- name and signature of the staff member recording
- actual words used by the child
- if marks or injuries are apparent, the record will describe them and include where on the child the marks/injuries were seen
- personnel present (including names, address(s), gender, date of birth, names of person with parental responsibility and any other primary carers/persons present and what was said by these persons).
- details of any statements made by the persons who were caring/responsible for the child at the time of the injury

- details of any witnesses, including anyone else who heard what the child said, saw marks or injuries or noticed behaviour indicative of abuse.

9. REPORTING AND REFERRING

9.1 If any member of staff/volunteer has concerns about a child's welfare, they must discuss with the Project/Service manager/DSL within the same day. Concerns may arise out of a series of relatively minor issues about inadequate standards of care or a result of one specific incident which poses a clear risk to a child's safety (for example an assault on a child).

9.2 The Project/Service Manager/DSL will discuss and advise of action to take in context of the severity of the safeguarding concerns and in respect of the project/service's own reporting procedures. Responses may include:

- Monitoring the situation carefully and keeping records of all concerns and the reasons why no contact or referral was made to the responsible Local Authority/MASH at this stage. For example a child may be safe now, but either they or other children could be at risk in the future.
- Gathering more information before deciding whether to make a referral to MASH.
- Contacting the Police in the event of a criminal offence being committed or suspected of being committed against a child.

9.3 If the child is a Looked after Child then the Project Manager/DSL will ensure that the matter is referred (verbally and written) to the Local child's social worker of the responsible Local Authority the same day and no later than one working day.

9.4 For all other children then the matter must be reported verbally and referred to the local MASH on the same day followed by a written referral.

9.5 A written record of the referral will be placed on the child's file.

9.6 Monitoring and recording of the outcome of the referral should be obtained by the project/service and recorded on the child's file detailing what action, if any, will be taken.

9.7 The outcome and conclusion of any investigation by Local Authority Children's Services or Police will also be recorded on the child's file.

9.8 All staff and volunteers, in pursuit of their duty to safeguard, protect and promote the welfare of all children/young people will co-operate with Safeguarding Partners in any enquiry and attend meetings as required when the purpose is to protect and promote the wellbeing of children/young people.

9.9 **Consent is not** required by the parents or foster carers if you are referring a matter of concern about the children in their care to the MASH/Local Authority Children's services. However to ensure transparency in the working relationship with the parents and foster carers, it is good practice that the referrer must advise parents/carers that such a referral has been made and preferably on the same day. The exception would be if the referrer considers by informing the parents/foster carers this would put the children at further risk. Please record the reason clearly in the children's records.

9.10 In relation to all projects/services, a record must be maintained by the project manager regarding all such referrals to the Local Authority Children's Services, MASH and/or the Police regarding any concerns of a child or children. The procedure of the projects/services own safeguarding and child protection policy must be upheld. The record must include the following:

- Date of Referral
- Description of concerns/allegations
- The name of the worker and agency/Local Authority of who the concerns were referred to.
- Action to be taken by the respondent of the referral.
- Follow up action taken to check progress of referral including dates and outcome.
- Outcome of the referral and the closure date of the referral.
- Project/Service Manager to maintain monthly reports of all such referrals and forward to the Head of Service/DSL.
- Information relating to vulnerable children and service users contained in any email must be shared in a confidential manner

10. ADDITIONAL RESPONSIBILITIES FOR SOCIAL WORKERS AND REGULATED PROJECTS

10.1 New Routes Fostering staff must notify Ofsted of any Section 47 (Children Act 1989) investigation, progress and final outcome as detailed in Schedule 7, Events and Notifications (Fostering Service Regulations 2011 Re 36(1)). This is in addition to notifying the Local Authority and Police.

10.2 Fostering assessments for applicants - A particular situation may arise in fostering assessments whereby staff may encounter a disclosure of childhood abuse by the applicant(s) during the assessment. Whilst the assessment of suitability will necessarily focus on the applicant's ability to effectively parent and protect the foster child, there is a duty of care in respect of any child whom the alleged abuser may be in contact with now, therefore, the assessing social worker must report the matter to the MASH in the geographical area in which the alleged abuser currently lives and share any information with MASH in relation to the alleged abuser details name, age and address (if known).

10.3 Reporting of Female Genital Mutilation Abuse - Social workers (teachers and health care professionals) have a mandatory legal duty to report to the Police on the non-emergency line 101 when a person under the age of 18 years discloses directly to them that they have been subjected to Female Genital Mutilation (FGM) or is at risk of FGM taking place. Family support/social care worker should report suspected or actual FGM abuse to the Multi-agency Safeguarding Hub (MASH) by completing a multi-agency referral form (MARF). Please refer to your projects/services local FGM policy for more detailed information.

11. STAFF SUPPORT

11.1 Child Protection work can be challenging and stressful. Father Hudson's Caritas recognises that while staff and volunteers may be competent and feel confident in exercising their judgement when undertaking this work, they should always have access to support and supervision (usually your line-manager), as the stressful nature of the work should not be underestimated. Peer Supervision is another form of support and should be encouraged by senior management for all social care staff where possible.

12. PROCEDURE FOR ALLEGATIONS AGAINST A PERSON IN A POSITION OF TRUST

12.1 A person in a position of trust is anyone who carries out work, paid or unpaid on behalf of an agency, which has access to children or privileged information about children as part of their work.

12.2 If allegations are made against Father Hudson's Caritas staff or volunteers, it is important to recognise the different strands and area or responsibility, namely:

- Safeguarding/Child Protection issues
- Any necessary criminal investigation
- Any necessary use of the Society's disciplinary procedures.

12.3 Any allegation of expression of concerns against staff/volunteers will be brought to the attention of the Head of Department/DSL or the CEO in their absence. The Head of Department/DSL in receipt of this information will notify the CEO of allegations immediately and agree action to take.

12.4 Any reported suspicion or allegation of child abuse against a member of staff/volunteer will be reported to the Local Authority Designated Officer (LADO) and the Police immediately (this includes offences committed under the Sexual Offences Act 2003) and a written referral sent to the LADO using the Local Authorities referral and consultation form.

12.5 It is the responsibility of the Local Authority and the Police to investigate such actions.

12.6 Action in respect of the alleged perpetrator will be taken in line with the Father Hudson's Caritas Disciplinary Policy and Procedure. A key decision to be made is the need to remove or suspend the member of staff/volunteer in order to protect their own interests and for those of the children.

12.7 It should be noted that the failure of a member of staff/volunteer to act appropriately to safeguard and promote the welfare of children will lead to invoking of the Disciplinary Policy and Procedure.

12.8 Any enquiries under the Safeguarding/Child Protection procedures will take priority over any internal investigations under disciplinary procedures. Once a decision has been made to investigate under the Child Protection procedures or an investigation has concluded, it remains for the Society to decide whether or not to pursue the matter further under the disciplinary procedures.

12.9 The full evidence will be made available to staff subject to the allegation as soon as is agreed appropriate within the ongoing needs of any investigation by the police, Local Authority, or by any disciplinary process.

12.10 If the outcome of a disciplinary determines that a person is removed from a regulated activity (either by instruction or own volition) because they caused harm or posed a risk to a child, then it must be referred to the Disclosure and Barring Service (DBS) and Social Work England where applicable.

13. DISQUALIFICATION UNDER THE CHILDCARE ACT 2009 (REGULATION 9)

13.1 All staff are required to disclose to the Head of Department if they are living in the same household where another person who is disqualified lives or is employed (disqualification by association) as specified in regulation 9 of the Childcare (Disqualifications) Regulations 2009 as made under section 75 of the Childcare Act 2006.

14. SHARING INFORMATION

14.1 There are certain legal restrictions on sharing/disclosure of information. These are:

- Common Law Duty of confidence and confidentiality
- Human Rights Act 1998
- Data Protection Act 1998

But in general, the law does not prevent the sharing of information with other practitioners/appropriate agencies, if public interest in safeguarding and child's welfare

overrides the need to keep information confidential. The key factor is the rule of proportionality; is the proposed disclosure a proportionate response to the need to protect the welfare of the child/young person.

Where this is the considered view, Father Hudson's Caritas will support staff in a referral to the responsible Local Authority.

IMPORTANT: Staff/volunteers should not assume that someone else has passed on the information and all staff are individually responsible for safeguarding and child protection concerns.

15. CONFIDENTIALITY

15.1 The general position is that if the information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the person's consent. In practice, this means that all service users information (whether held on paper, computer, visually or audio recorded or held in memory of the staff/volunteer must not normally be disclosed without the consent of the service user. It is irrelevant how old the service user is or what state of his/her mental health is, the duty still applies.

15.2 There are three circumstances where making disclosures of confidential information is lawful, which are:

- Where the individual to whom the information relates to has consented
- Where disclosure is necessary to safeguard the individual, or others, or is in the public interest: or
- Where there is a legal duty to do so, for example, a Court order.

16. SAFEGUARDING CHILDREN THROUGH SELECTION AND RECRUITMENT

16.1 Father Hudson's Caritas recognises that during recruitment and selection processes, some applicants may have already shown themselves to be unfit to care for children. The Human Resources Manager who has overall responsibility for recruitment will in the process of recruiting staff and volunteers will:

- Require the applicant to provide details of all names used, and residential addresses covering the last 5 years, and to provide evidence of identity and their current address and 'right to work checks'.
- Require the applicant to provide the names of at least two referees. One of the current employer and previous employer. They should be able to comment on their work with children.
- If the applicant is seeking to volunteer or seeking paid work with children, for the first time, both references should be from people who can provide information that is relevant to their character, attitudes, behaviour etc. towards children.

- Not accept anyone as staff or as a volunteer unless both references have been received and verified with the referee.
- The applicant will undertake an interview process.
- Applicants who have been deemed appointable and an offer made will be required to provide all certificates in relation to their qualifications, any membership or registration required and/or declared, complete a health questionnaire and application to the Disclosure Barring Service. Again these will all need to be satisfied before being accepted.
- When we accept student in placements, a DBS application will be undertaken.
- All new staff will receive a comprehensive induction and that all new staff has the knowledge and confidence to apply the Safeguarding and Child Protection Policy.

16.2 With reference to our existing workforce, Father Hudson's Caritas will:

- Complete three yearly DBS checks
- Notify the Disclosure and Barring Service if we dismiss a member of staff or volunteer because they have harmed a child.
- Ensure staff and volunteers have clear job descriptions including a statement that they are expected to abide by our Safeguarding Policy
- Provide advice and support to staff to ensure they meet good practice in relation to safeguarding children.
- Challenge policy and practice that compromises children's safety.

17. PROFESSIONAL REGISTRATION

17.1 All social work staff employed must retain their registration with Social Work England in order to practice legally and must renew their registration in line with Social Work England's guidelines and employers terms of conditions.

18. TRAINING AND SUPERVISION

18.1 All staff and volunteers should receive Safeguarding and Child Protection training (appropriate to their level) and supervision and support to enable them to recognise abuse, raise concerns with their supervisor/manager and know how to respond appropriately. This is viewed as core training by Father Hudson's Caritas and is the responsibility of the Head of Department. Learning from serious case reviews and child death reviews should also be included in such training.

19. IMPLEMENTATION AND REVIEW

19.1 Implementation of this policy is by the CEO and reviewed annually and distributed accordingly to all relevant staff and volunteers.

19.2 The procedures are submitted for consideration and comment Safeguarding Partners in the geographical area in which headquarters is based.

19.3 Individual Projects/Services Safeguarding and Child Protection Procedures should be implemented and reviewed alongside the Core Policy by the Head of Department/Manager annually and distributed accordingly to all relevant staff and volunteers.

APPENDICES A – DEFINITIONS AND SIGNS AND INDICATORS

Please note that the indicators listed are not designed to be a definitive or exhaustive checklist and they need to be looked at in respect of the entire context of a situation)

Projects/Services may also be required to create additional and more detailed policies to the Core Policy in order to provide even further guidance and information to staff, for example, Child Sexual Exploitation, Domestic Abuse, Radicalisation and Extremism and Female Genital Mutilation.

Safeguarding: how we, as professionals, set about working with each other in a child centred approach to make the place we work and live in safer for vulnerable children. We ensure that all children are able to fulfil their potential within a safe and nurturing environment.

The Working Together to Safeguard Children Guidance 2015, 2018 and 2023 (a guide to interagency working to safeguard and promote the welfare of children) covers the legislative requirements and expectations on individual services and a clear framework for safeguarding children.

What is **abuse and neglect**? There are a number of types of abuse and neglect and a brief explanation follow for each:

PHYSICAL ABUSE may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child, including fabricating the symptoms of, or deliberately causing ill health to a child.

SIGNS AND INDICATORS;

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Inappropriately over-dresses
- Refusal to undress for gym
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact.

SEXUAL ABUSE involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (rape or buggery) or non-penetrative acts.

They may include involve children to look at, or in the production of, pornographic material or encouraging children to behave in sexually inappropriate ways. This includes grooming and on-line abuse.

SIGNS AND INDICATORS;

- Overly affectionate or knowledgably, in a sexual way, inappropriate to the child's age
- Medical problems such as chronic itching, pain in genitals, venereal diseases
- Extreme reactions .e.g. depression, self-harm, suicide attempts, running away, overdoses and anorexia
- Personality changes such as becoming insecure or clingy
- Regressing to younger patterns of behaviour such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with an individual
- Starting to wet again, day or night nightmares
- Becoming worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overacting to criticism

HARMFUL SEXUAL BEHAVIOUR includes; using sexually explicit words and phrases, inappropriate touching, using sexual violence or threats and full penetrative sex with other children and adults. Children and young people who develop sexual behaviour harm themselves and others.

EMOTIONAL ABUSE is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as

overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

SIGNS AND INDICATORS;

- Physical, mental and emotional developmental delayed or slow
- Sudden speech disorders
- Continued self-deprecation
- Over reaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain
- Neurotic behaviour
- Extremes of passivity or aggression

NEGLECT is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in a serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing or neglect of, or unresponsiveness to, a child's basic emotional needs.

SIGNS AND INDICATORS;

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation/obesity
- Untreated medical problems
- Poor social relationships
- Compulsive scavenging

- Destructive tendencies
- Low self-esteem
- Indiscriminate seeking affection/attention
- Developmental problems

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.

SIGNS AND INDICATORS;

- Going missing frequently and/or from a young age
- Leaving home late at night/in the middle of the night
- Truancy/change in school attendance
- Bullying in or out of school
- Previous and sometimes current sexual abuse, neglect and physical abuse
- Domestic Abuse within the family
- Family involvement in sexual exploitation, drugs and alcohol
- Drug and alcohol use themselves
- Emotional symptoms, including eating disorders, mood swings and self-harm (sometimes very extreme, e.g. genital cutting)
- Involvement in theft, shoplifting, deception etc. often organised by the person exploiting them
- A preoccupation with their mobile phone which could indicate the child is being controlled (e.g. possession of multiple phones, unexplained credit, extreme distress when one is lost or not working)
- Leaving home in response to a communication received via a mobile phone
- Having limited freedom of movement
- Frequenting places of concerns
- Returning after having been missing looking well cared for
- Showing signs of sexual activity/abuse including sexually transmitted infections, terminations and pregnancy scares
- Possession of money and goods (clothes, jewellery, SIM cards, mobile phone(s) etc.) not accounted for
- Having an older “boyfriend” in some cases the “boyfriend” drives them about.
- Changes in friendship groups - is any one being talked about in particular- have they stopped associating with old friends?

- Secrecy- Is information being hidden?
- In possession of hotel 'items' such as soaps, shampoos
- Change in appearance e.g. leaving home in clothing unusual for the child
- Little or no acknowledgment of the risks associated with camera phones and what can happen to images.

GROOMING is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Children and young people can be groomed online, or by someone they have met – for example, a family member, friend or professional. Groomers can be male and female. They could be any age. Many children and young people don't understand that they have been groomed or that what has happened is abuse.

CHILD TRAFFICKING is child abuse and children are recruited, moved and transported and then exploited, forced to work and sold. Children are trafficked for; sexual abuse, benefit fraud, forced marriage, domestic servitude (i.e. cleaning, childcare and cooking), forced labour in factories and agriculture and criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVD's and bag theft.

DOMESTIC ABUSE is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence - domestic abuse includes any emotional, physical, sexual, financial or psychological abuse. It can happen in any relationship and even after the relationship has ended.

Both male and female can be abused or abusers.

Witnessing domestic abuse is child abuse and teenagers can suffer domestic abuse in their personal relationships. Domestic abuse can seriously harm children and young people.

SIGNS AND INDICATORS;

Children who witness domestic abuse may display indicators of other forms of abuse as listed, in particular they may:

- Become aggressive
- Display anti-social behaviour
- Suffer from depression or anxiety
- Not perform to their capacity at school/classes- due to difficulties at home or disruption of moving to and from refuge accommodation

FEMALE GENITAL MUTILATION (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision, cutting or 'Sunna'. Religious, social, or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It is dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make child birth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

SIGNS AND INDICATORS;

- Who is at risk? Most girls are aged 5 to 8 years, but FGM can happen at any age before getting married or having a baby. Some girls are babies when FGM is carried out.
- Level of integration- The position of the family and the level of integration with the UK society. Those less integrated are more likely to carry out FGM as they may be unaware that is it illegal and harmful.
- Familial History- any girls who come from a family in which women have been subjected to FGM. They must be considered at risk, as must other females in the family. If a girls sister has already been subjected to FGM they are considered at risk.
- School Activity- any girl drawn from personal, social and health education (PSHE) may be at risk as parents are preventing the girl from any form of education informing her of her body and rights.
- Older Visitors- families that practice FGM in the UK may receive a visit from a female elder from their country of origin.
- Child Confides- a girl may describe FGM as a 'special procedure' or attend a 'special occasion' to become a woman.
- Holiday- a girl may be taken abroad at the start of the Schools Holiday's. Be alert if they talk about a long holiday.
- Parental Statement- the parents have requested to take the children out for a long period of time from school.
- Have difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear.

FGM can be extremely painful and dangerous. It can cause:

- Severe pain
- Shock
- Bleeding
- Infections such as tetanus, HIV and hepatitis B & C
- Organ damage
- Blood loss and infections that can cause death in some cases

The long term effects in girls and women who have had FGM may have problems that continue through adulthood, including:

- Difficulties in urinating or incontinence

- Frequent or chronic vaginal, pelvic or urinary infections
- Menstrual problems
- Kidney Damage and possible failure
- Cysts and abscesses
- Pain when having sex
- Infertility
- Complications during pregnancy and child birth
- Emotional and mental health problems

RADICALISATION AND EXTREMISM - Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Extremism is vocal or active opposition to fundamental British Values, including, democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs and calls for death of members of our armed forces – whether in this country or overseas.

- Identity Crisis – the individual is distanced from their cultural /religious heritage and experiences discomfort about their place in society;

- Personal Crisis – the individual may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;

- Personal Circumstances – migration; local community tensions; and events affecting the individuals country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;

- Unmet Aspirations – the individual may have perceptions of injustice; a feeling of failure; rejection of civic life;

- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;

- Special Educational Need – Individuals may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

BULLYING AND CYBER-BULLYING is a behaviour that hurts someone else, for example name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere at school, at home or on-line. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens on-line, using social networks and mobile phones, is often referred to as cyber-bullying. A child can feel like there's no escape, because it can happen wherever they are, at any time day or night.

Examples of Cyber Bullying include;

- **Abusive comments**, rumours, gossip and threats made using digital communications and/or technologies - this includes internet trolling.
- **Sharing pictures**, videos or personal information without the consent of the owner and with the intent to cause harm or humiliation.
- **Hacking** into someone's email, phone or online profiles to extract and share personal information, or to send hurtful content while posing as that person.
- **Creating dedicated websites** that intend to harm, make fun of someone or spread malicious rumours.
- **Pressurising** someone to do something they do not want to such as sending a sexually explicit image.

SIGNS AND INDICATORS;

Children do not always ask directly for help or discuss their concerns openly. When bullying is involved, they may feel at fault or anticipate that there will be negative repercussions if they tell an adult.

Changes in a child's behaviour and body language cannot indicate for certain that bullying is happening. However, the following signs will certainly tell you that something may be wrong.

- Unexplained injuries;
- Lost or broken possessions;
- Low self-esteem;
- A loss of friends;
- Withdrawing from social situations;
- Change in attitude or behaviour;
- Difficulty sleeping or bed wetting;
- Truanting or feigning sickness;
- Declining grades and a lack of interest in school;
- Self-destructive behaviour;
- Refusal to talk about what is wrong.

GANG AFFILIATION AND COUNTY LINES

Young people can be particularly vulnerable to recruitment into groups and gang activities. A child who is affected by gang activity, criminal exploitation, sexual exploitation and violence are at risk of significant harm through physical, sexual and emotional abuse.

'County Lines' is a term used when drug gangs from big cities expand their operations to smaller towns and exploit children and vulnerable people to sell drugs

(Please refer to National Crime Agency Publication on this)

There are a number of risk factors and triggers that can lead to a young person becoming involved in gangs. Many of these risk factors apply to other harmful activities such as CSE and youth offending.

It is important to be aware of the various factors that increase children and young people's vulnerability to gang affiliation and membership.

Safeguarding principles should be upheld and applied if concerns are raised

Appendices B – Working Together To Safeguard Children

Working Together to Safeguard Children- A guide to interagency working to safeguard and promote the welfare of children.

http://www.workingtogetheronline.co.uk/index.html