



Safeguarding Children Policy and Procedures

May 2021

Safeguarding Statement

Safeguarding and promoting the welfare of children is defined as:

- a.) protecting children from maltreatment
- b.) preventing impairment of children's mental and physical health or development
- c.) ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- d.) taking action to enable all children to have the best outcomes

At Highlands we embrace our moral and statutory responsibility to safeguard all children in our care and to promote the welfare of all children, recognising the risks each child faces in their lives. Staff seek to develop a safe and welcoming environment in an open culture where both children and adults feel valued, listened to, and supported to talk about their concerns.

Our staff are trained to be aware and alert to any danger and to report any concerns they have to the manager or the Local Authority.

Policy

Introduction

Highlands (Fareham) Ltd has developed this policy following consultation with Hampshire Local Authority, following the guidance and procedures in Hampshire Safeguarding Children Partnership and in line with Working Together to Safeguard Children (2018).

Purpose

The purpose of this policy is to:

Provide our staff with a framework necessary to promote the safety and wellbeing of children and in so doing ensure our staff meet their statutory responsibilities

Ensure consistent best practice regarding child protection and safeguarding

Ensure we deliver best outcomes for all children in our care.

Scope

This policy relates to managers, staff of all disciplines and volunteers at Highlands, providing them with the framework they need to keep children safe and secure in the home

This policy informs placing social workers, parents, guardians, and all those with responsibility for an at Highlands how we protect and safeguard their children.

This policy looks at how we keep children safe (Child Safeguarding) and how we respond to a child who has been or is at risk of being significantly harmed (Child Protection).

Policy Statement

At Highlands we embrace our moral and statutory responsibility to safeguard all children in our care and to promote the welfare of all children, recognising the risks each child faces in their lives.

Staff seek to develop a safe and welcoming environment in an open culture where both children and adults feel valued, listened to, and supported to talk about their concerns. Listening to the voice of the child is central in ensuring that young people are able to share their concerns with staff members they trust.

We recognise that whilst we take every precaution to recruit safe, caring, and nurturing staff, there is a risk that a child could be mistreated whilst in our care. Our staff are trained to be aware and alert to any such danger and to report any concerns they have to the manager or the Hampshire Local Authority.

In Highlands staff maintain a safe environment by:

Listening to children, being aware of their communication styles and understanding their behaviours

Informing children of their rights and supporting them to express their worries and concerns

Requiring staff to always share their concerns with the manager

Training and supporting staff to develop a team culture where safeguarding, openness and accountability are paramount.

Principles and Values

All children regardless of age, gender, race, ability, sexuality, religion, culture, or language have a right to feel safe and secure and to be protected from harm.

Staff have a duty to act on any disclosure a child makes regarding abuse, whether intentionally disclosed or otherwise, past, or current, and must report all such disclosures.

Staff individually and collectively play a key role in the prevention of harm and have a duty to act on any suspicion they have that a child is at risk.

Staff at Highlands participate with all other agencies and embrace their role in providing a collective proactive partnership engaged in keeping children safe.

Staff are supported in their work at Highlands through training, supervision and mentoring to manage their own feelings and emotions when working with children who have experienced trauma and abuse.

There is a clear easily understood procedure for staff if they are concerned about a child at Highlands.

There is a clear process for reporting concerns a staff member may have or any allegations regarding any manager at Highlands.

Safeguarding culture & ethos

Before commencing work at Highlands, all staff are trained in Child Protection and Safeguarding and are aware of the signs and symptoms of abuse. This training is updated regularly. This training ensures that all staff are aware they cannot make a promise to a child to keep a disclosure confidential.

All staff confirm in writing that they understand the Child Protection and Safeguarding Policy and Procedures on induction and whenever the policy or procedure is updated.

The person appointed as Designated Safeguarding Lead attends training annually and updates that training whenever appropriate ensuring they are competent and capable in their role.

Definitions of Abuse

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults, or another child or children. A child can also be abused by honour-based violence, forced marriage or female genital mutilation.

Neglect

Neglect is 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 even 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 caregivers)
- Ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Emotional Abuse

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless 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, although it may occur alone.

Physical Abuse

Physical Abuse 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.

Sexual abuse

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.

The Nature and Indicators of Abuse

The Nature of Neglect

Neglect is a lack of parental care, but poverty and lack of information or adequate services can be

contributory factors. Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on child protection plans.

Neglect can include parents or carers failing to:

- Provide adequate food, clothing, and shelter
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision or stimulation
- Ensure access to appropriate medical care or treatment.

Research by the NSPCC has highlighted the following examples of the neglect of children under 12:

- Frequently going hungry
- Frequently having to go to school in dirty clothes
- Regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- Being abandoned or deserted
- Living at home in dangerous physical conditions
- Not being taken to the doctor when ill
- Not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging as children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often linked to other forms of abuse, so any concerns staff members have should be discussed with the designated person or with their manager.

Indicators of Neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm due to neglect. It is important to recognise that indicators alone cannot confirm whether a child is being abused. It is essential that if staff members feel unsure or concerned, they act promptly.

Physical indicators of neglect include:

- Constant hunger and taking food
- Poor personal hygiene - unkempt, dirty, or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies.

The nature of Emotional Abuse

Emotional abuse is difficult to identify or recognise. It is also difficult to define or prove.

Most emotional harm is produced in homes described as “Low warmth/High Criticism” and not from single incidents. It is chronic and cumulative and has a long-term impact.

While it is true to say that all types of abuse and neglect have emotional effects, sometimes emotional abuse can occur by itself. It includes witnessing someone harming another person, such as in domestic violence.

It is sometimes possible to spot emotionally abusive behaviour from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent harm and more intensive work being carried out later on.

Indicators of Emotional Abuse

Development Issues

- Delays in physical, mental, and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders, or changes

Behavioural Issues

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I am stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-harming/mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

Social Issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

Emotional Responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults

- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

The Nature of Physical Abuse

Most children get cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map will assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and a child should not be asked to remove any clothing by a staff member. A copy of the body map can be found in the appendices below.

Indicators of Possible Physical Abuse

The following are possible indicators of abuse and are factors which should cause concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

Staff should also be concerned if a child or staff explain the injury in an unsatisfactory manner such as:

- The injury is accompanied by allegations of abuse or assault
- The explanation given does not match the injury
- The explanation uses words or phrases that do not match the vocabulary of the child (adult's words)
- No explanation is forthcoming
- The child (or the parent/carer/staff) is secretive or evasive

They should also be concerned if the child:

- Is reluctant to have parents/staff/manager contacted
- Runs away or shows fear of going home
- Is aggressive towards themselves or others
- Flinches when approached or touched
- Is reluctant to undress to change clothing for bed/sport/activity
- Wears long sleeves during hot weather
- Is unnaturally compliant in the presence of parents/carers/specific staff
- Has a fear of medical help or attention

- Admits to a punishment that appears excessive.

The Nature of Sexual Abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child, for example, relatives, family friends, neighbours, babysitters, and people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

Sexual abuse is often planned and systematic; people do not sexually abuse children by accident, though sexual abuse can be opportunistic.

Grooming the Child takes place where people who abuse children take care to choose a vulnerable child and often spend time getting close to them and making them dependent

Grooming the Child's Environment takes place where abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Indicators of Sexual Abuse

Physical Observations

- Damage to genitalia, anus, or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural Observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality e.g. becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, e.g. onset of wetting, by day or night; nightmares, thumb sucking or bringing out discarded cuddly toys
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-harming/mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Becoming worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Child Sexual Exploitation

Child Sexual Exploitation is defined as, "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 sexual 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 non-contact 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 (through others copying videos or images they have created and posting on social media, for example).
- 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.
- 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.

Possible indicators of Child Sexual Exploitation include: -

- Acquisition of money, clothes, mobile phones etc without plausible explanation.
- Gang-association and/or isolation from peers/social networks.
- Exclusion or unexplained absences from school, college, or work.
- Leaving home/care without explanation and persistently going missing or returning late.
- Excessive receipt of texts/phone calls.
- Returning home under the influence of drugs/alcohol.
- Inappropriate sexualised behaviour for age
- Sexually transmitted infections.
- Evidence of/suspicious of physical or sexual assault.
- Relationships with controlling or significantly older individuals or groups.
- Multiple callers (unknown adults or peers).
- Frequenting areas known for sex work.
- Concerning use of internet or other social media.
- Increasing secretiveness around behaviours.
- Self-harm or significant changes in emotional well-being

Child sexual exploitation is never the victim’s fault, even if there is some form of exchange: all children and young people under the age of 18 have a right to be safe and should be protected from harm.

Extremism and Radicalisation

The risk of extremism and radicalization is now clearly identified by the Government as a safeguarding issue. People who are vulnerable to becoming involved in terrorism can be any age, from any group, faith, ethnicity, or background. Factors which are associated with a person who becomes vulnerable to being drawn into terrorism are:

- Peer Pressure
- Family tensions
- Crime and anti-social behaviour
- Lack of self-esteem and positive identity
- Personal or political grievance
- Mental health issues

- Learning or communication difficulties
- Influence of internet sites
- Isolation and poor support networks

The Counter Terrorism and Security Act 2015 require Children's Homes to take steps to prevent young people from being drawn into terrorism through the DfE PREVENT duty (June 2015). Radicalisation is a gradual process which happens over time. Terrorist organisations target the vulnerable and disaffected members of society via social media and internet sites. Staff in the Home are well informed as to the potential risks and are well placed to observe gradual behavioural changes which may indicate a young person is at risk of becoming radicalised and report these concerns appropriately. The Home's E-Safety policy and PREVENT Risk Assessment further identify how young people are supported to make use of social media and internet sites safely and how staff will respond if risks emerge for young people. Young people in the Home are provided with continual support through the waking day and provided with safe places and regular opportunities to discuss controversial issues such as extremist beliefs and ideologies. The Home has a focus on developing personal resilience in young people and positive support networks, both of which are essential in reducing the future risk of radicalisation.

Child Criminal Exploitation

Criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology and often starts with being befriended on social media. Criminal exploitation is typified by the imbalance of power. Age is the most obvious, with young people being perceived as being more easily manipulated and will carry shorter sentences if caught. 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. One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (for example, carrying drugs in return for something).

Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

It is important to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a young person who engages in criminal activity to stop someone carrying out a threat to harm his/her family.

County Lines

County lines is a major issue and is a form of Child Criminal Exploitation involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. County lines exploitation is widespread, with gangs from big cities including London, Manchester and Liverpool operating throughout England, Wales, and Scotland. Gangs are known to target vulnerable children and adults. County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other forms of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Homelessness

Homelessness in Children is defined as children and youths as individuals who lack a fixed, regular, and adequate nighttime residence. This definition also includes: Children and youths who are sharing the

housing of other persons due to loss of housing, economic hardship, or a similar reason.

A report released in December 2019 by the Homeless Charity 'Shelter', found that 135,000 children in Britain are homeless or living in temporary accommodation, the highest number in 12 years. For the first time, the charity has exposed the frequency with which children are becoming homeless, as its *Generation Homeless* report reveals a child loses their home every eight minutes. This is the equivalent of 183 children per day, enough to fill 2.5 double decker buses.

The report also shines a light on the 5,683 homeless families with children currently living in emergency B&Bs and hostels. Families are often squashed into one room with little space to cook, play or eat their meals; are forced to share bathrooms with strangers; and the accommodation is often located miles away from schools, jobs and loved ones.

Homelessness is linked to poor physical health for children including low birth weight, malnutrition, ear infections, exposure to environmental toxins and chronic illness (e.g., asthma). Homeless children also are less likely to have adequate access to medical and dental care.

Particular consideration should be made for the transition of young people leaving Care services at the age of 16/17 to ensure that they do not become homeless as a result.

Domestic Violence

Children and young people may be witness to or victims of domestic violence. Studies show that living with domestic violence can cause physical and emotional harm to children and young people in the following ways:

- ongoing anxiety and depression
- emotional distress
- eating and sleeping disturbances
- physical symptoms, such as headaches and stomach aches
- find it hard to manage stress
- low self-esteem
- self-harm
- be aggressive towards friends and school mates
- feel guilt or blame themselves for the violence
- have trouble forming positive relationships
- develop phobias and insomnia
- struggle with going to school and doing school work
- use bullying behaviour or become a target of bullying
- difficulty concentrating find it hard to solve problems
- have less empathy and caring for others
- lead to alcohol use or drug taking.

Perplexing Presentations/ Fabricated Illness

Medically Unexplained Symptoms (MUS)

In Medically Unexplained Symptoms (MUS), a child's symptoms, of which the child complains and which are presumed to be genuinely experienced, are not fully explained by any known pathology. The symptoms are likely based on underlying factors in the child (usually of a psychosocial nature) and this is acknowledged by both clinicians and parents. MUS can also be described as 'functional disorders' and are abnormal bodily sensations which cause pain and disability by affecting the normal functioning of the body. The health professionals and parents work collaboratively to achieve evidence-based therapeutic work in the best interests of the child or young person. In 2018, the Royal College of Psychiatrists and the Paediatric Mental Health Association (PMHA) developed a guide to assessing and managing medically unexplained symptoms (MUS) in children and young people and a recent editorial is very helpful. Experienced clinicians report that, on occasion, MUS may also include PP or FII.

Perplexing Presentations (PP)

The term Perplexing Presentations (PP) has been introduced to describe the commonly encountered situation when there are alerting signs of possible FII (not yet amounting to likely or actual significant harm), when the actual state of the child's physical, mental health and neurodevelopment is not yet clear, but there is no perceived risk of immediate serious harm to the child's physical health or life. The essence of alerting signs is the presence of discrepancies between reports, presentations of the child and independent observations of the child, implausible descriptions and unexplained findings or parental behaviour.

Fabricated or Induced Illness (FII)

Fabricated or Induced Illness (FII) occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in a child. Possible indications of FII include:

- Symptoms only appear when the parent or carer is present.
- The only person claiming to notice the symptoms is the parent or carer.
- The affected child has an inexplicably poor response to medication or treatment. ● When one health problem is resolved, the parent or carer may begin reporting a new set of symptoms.
- The child's alleged symptoms don't seem plausible - for example, a child who has supposedly lost a lot of blood but does not seem unwell.
- The parent or carer has a history of frequently changing GP's or visiting different hospitals.

The patterns of abuse found in cases of FII usually fall into one of six categories, with varying severity. These are:

- Exaggerating or fabricating symptoms.
- Intentionally withholding nutrients from the child or interfering with nutrients.
- Inducing symptoms by means other than poisoning or smothering, such as using chemicals to irritate the skin.
- Low toxicity poisoning - for example using laxatives to induce diarrhoea.
- High toxicity poisoning - for example using insulin to lower a child's blood sugar level.
- Deliberately smothering the child to induce unconsciousness.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured, or changed, but there is no medical reason for this to be done. It is also known as female circumcision or cutting, and by other terms, such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse. It is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth, and mental health. FGM is carried out for various cultural, religious and social reasons within families and communities in the mistaken belief that it'll benefit the girl in some way (for example, as a preparation for marriage or to preserve her virginity). But there are no acceptable reasons that justify FGM. It is a harmful practice that has no health benefits. FGM usually happens to girls whose mothers, grandmothers or extended female family members have had FGM themselves, or if their father comes from a community where it is carried out.

Girls are sometimes taken abroad for FGM, but they may not be aware this is the reason for their travel. Girls are more at risk of FGM being carried out during the summer holidays, as this allows more time for them to "heal" before they return to school.

FGM is illegal in the UK. It is an offence to:

- perform FGM (including taking a child abroad for FGM)

- help a girl perform FGM on herself in or outside the UK
- help anyone perform FGM in the UK
- help anyone perform FGM outside the UK on a UK national or resident
- fail to protect a girl for whom you are responsible from FGM

Anyone who performs FGM can face up to 14 years in prison. Anyone found guilty of failing to protect a girl from FGM can face up to 7 years in prison.

Breast Ironing

Much like FGM, Breast Ironing is a harmful cultural practice that originates from Cameroon and has been reported in neighbouring countries. It is the process whereby young pubescent girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or to delay the development of the breasts entirely. These may include, stones, pestle, a hammer or spatula, and breast bands. Typically, the perpetrator of the act will believe they are doing so in the best interests of the child to protect them from harassment, rape, abduction, and early forced marriage. Whilst there is no specific law in the UK around breast ironing, in 2019 the Crown Prosecution Service (CPS) updated the so-called Honour-Based Abuse and Forced Marriage guidance to recognise breast ironing as child abuse. Due to the instruments used, there are serious health concerns associated with the practice. These include: -

- Cancer
- Abscesses
- Infection
- Dissymmetry of the breasts
- Cysts
- Tissue damage
- Severe fever
- Disappearance of the breasts
- Poor mental well-being

Signs and indicators can be difficult to spot as it is typically a well-kept secret between the child and perpetrator. In most cases the perpetrator is a family member, with 58% of cases believed to be carried out by the mother. Often the father will remain unaware. The child generally believes the act is being carried out in her interests so will often remain silent. Some indicators may include: -

- Reluctance to undertake normal medical examinations.
- Fear of changing for physical activities (such as swimming) due to scars or bandages being visible.
- Unusual behaviour after time with family or time away, such as depression, anxiety, aggression, withdrawal.
- Some girls may ask for help, but it may not be direct due to fear or embarrassment.

Harmful Sexualised Behaviour

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive. It can be displayed towards younger children, peers, older children or adults. It's harmful to the children and young people who display it, as well as those it is directed towards.

A summary of messages from research into HSB published in 2016 and 2017 had these key findings:-

- Although most victims of abuse do not go on to display HSB, exposure to trauma is a key factor in the development of HSB.
- There is a continuum of sexual behaviours, so a continuum of responses to problematic behaviour is required. This should take into account each young person's age, stage of development, level of risk and need.
- Interventions to support children and young people who display HSB should consider each

child's development, family background and any broader child protection concerns. ● Professionals need to be aware of the range of HSB that can be displayed by children and young people online or using technology, and how best to respond.

- Children and young people who display HSB should not be labelled, criminalised or stigmatised, because this makes it more difficult for them to regain a 'normal' life.
- Schools and children's services have an important role in challenging social and cultural messages that can reinforce harmful sexual behaviours.
- Children and young people will have keep safe work , keyworks , to ensure they are educated about what abuse is .
- Children and young people will be educated how to report abuse, through worry forms , complaint forms, informing staff, through their advocates. All children and young people will be able to access private use of telephones and help lines and also mind of my own app.

Violence Against Women and Girls (VAWG)

The CPS has published a Violence Against Women and Girls (VAWG) Strategy for 2017-2020 providing a framework outlining the approach taken to these crimes. The CPS recognises VAWG as a form of discrimination against women and a fundamental issue of human rights arising from gender inequality. The framework is in line with the CPS's Public Sector Equality Duty and draws upon the UK's ratification of relevant United Nations conventions (The United Nations Special Rapporteur on Violence against Women, Its Causes and Consequences, 15 Years of the United Nations Special Rapporteur on Violence against Women (1994–2009)—A Critical Review) , the Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention) and the Government's strategy on ending VAWG 2016-2020.

VAWG crimes describes behaviours which are committed primarily, although not exclusively, by men against women. It includes incidents related to domestic abuse including controlling or coercive behaviour, rape and other sexual offences, stalking, harassment, so called 'honour' based abuse, forced marriage, female genital mutilation, child sexual abuse, modern slavery and human trafficking focusing on sexual exploitation, prostitution, pornography and obscenity.

The CPS recognises that victims of VAWG crimes are disproportionately women with the majority of perpetrators being male. Within this context of VAWG crimes, the CPS also recognises that many of these offences are committed against men and boys, and that some offences can be committed by females.

Although there is no specific offence of VAWG for England and Wales (although note that the Welsh Government has introduced the Violence Against Women, Domestic Abuse and Sexual Violence Act 2015), there are specific offences within criminal law that may constitute VAWG. For example, prosecutions can be brought for rape, sexual assault and controlling or coercive behaviour. For some types of VAWG there are no specific offences to prosecute under. However, if the behaviour falls within a particular policy or agreed definition of a criminal offence, then it should be prosecuted as such. For example, incidents of domestic abuse might be prosecuted under a number of offences, including controlling or coercive behaviour, and can range from criminal damage to murder.

Procedures

Introduction

The following procedures apply to managers, staff of all disciplines and volunteers at Highlands. The aim of these procedures is to provide a robust framework which enables staff to take immediate and appropriate action when they are worried a child is being or has been abused.

At all stages, the primary concern must be the interests and safety of the child. Sometimes there may be a conflict of interest between the rights of the child and the rights of others (for example, employment rights). In such situations the interests of the child remain paramount.

Suspicion or Disclosure of Abuse

If a staff member suspects a child has been abused or if they have a disclosure from a child of abuse, they have what we call a Cause for Concern. In such situations they will:

- Ensure the immediate safety of the child, taking any necessary steps to remove them from any further harm
- Only seek clarification from the child without asking detailed questions, remembering their role is to raise a concern, not to investigate
- Report it to the Designated Safeguarding Lead immediately
- Make a record of the information before the end of the working shift keeping in mind this record may be used and referred to by other professionals and possibly in internal and external proceedings.

Raising a Concern

If a staff member has concerns about the safety or wellbeing of a child at Highlands, they will notify the manager (Designated Safeguarding Lead) immediately and record their concerns on the Cause for Concern Form as described below. If the Designated Safeguarding Lead or their deputy is not available or if there are immediate concerns, the staff member should follow the on-call procedure who will then ensure appropriate action is taken. The Home operates a 2-tier on-call system to ensure that a suitably trained member of staff is always available.

The Designated Safeguarding Lead will assess the information and consider if significant harm has happened or if there is a risk of significant harm. If the Designated Safeguarding Lead is of the opinion that the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then they will contact the young person's placing authority and complete Hampshire County Councils interagency referral form [Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk) and follow up with a referral form.

All matters relating to child protection are treated as confidential and only shared as per Working Together to Safeguard Children (2018). Information will only be shared with agencies who we have a statutory duty to share with and such matters are only shared with staff members on a 'need to know' basis. Staff will always be given essential information necessary to maintain the safety of a child.

If a staff member has concerns around another staff member's practice or behaviour, they will record this information and pass it to the manager of the home. The manager will review and consider the LADO threshold and impact on the young person. If the manager is unavailable, the staff member will contact the Responsible Individual or follow the Home's On-Call protocols.

If the staff member has a concern about the practice or behaviour of the manager, they will contact the Responsible Individual.

The Responsible Individual is:

Jackie Smeeth

Contact Number and email: 07716 639564 jackiesmeeth@highlands-group.co.uk

Should any member of staff have concerns around the conduct of the Responsible Individual, they should report this to the Registered Manager. There is a protocol in place where the concern can be shared with the Company Directors, to whom the Responsible Individual is accountable.

In all cases of concern, the staff member can directly contact Children's placing authority if they cannot contact a manager or On-Call or if they are dissatisfied with the response to a concern. The home has a separate Whistleblowing Policy which outlines actions to take should a member of staff have concerns that a concern is not being adequately dealt with.

The contact details for the Hampshire Children's Services are:

Telephone to Hampshire Children's Services [0300 555 1384](tel:03005551384) (Out of Hours [0300 555 1373](tel:03005551373))

Email to csprofessional@hants.gov.uk.

Further contact details will depend upon the Placing Authority for the individual child.

Cause for Concern

Highlands uses a “Cause for Concern” form to record any staff concerns around the safety or wellbeing of a child. This form includes:

- Dates and times of the observations and location.
- Dates and times of any discussions they were involved in.
- Any injuries or marks
- Explanations given by the child/adult including any actual words or phrases used by the child
- Any drawings used by the child
- What action was taken?
- The date of the report and staff signature.

Response to a Suspicion or Disclosure of Abuse

When the Designated Safeguarding Lead (DSL) receives a report of a concern from a staff member they will:

- Immediately assess if the child is in **immediate** danger and urgent protective action is required, in which case the police should be called. The DSL should also notify children’s social care and the placing authority of the occurrence and what action has been taken
- If not in immediate danger, the DSL will ensure the young person is suitably supported. They will then decide whether there are sufficient grounds for suspecting significant harm has occurred (for example, a disclosure of historic abuse)
- If “yes”, the Placing Authority responsible for the young person if they are placed at the home by a different authority from that in which the home is located.
- The DSL will confirm any referral in writing to Children’s Services as soon as possible, including the actions that have been taken. The written referral should be the Interagency Referral Form if within Hampshire County Council.
- If they are unsure whether to refer the matter, they will phone Hampshire Children’s Services Professionals Line for advice.
- Complete an Ofsted Notification in line with the home’s ‘Notification of a Significant Event’ Policy, if threshold is met.
- Undertake a review of young persons relevant plans.

Managing allegations against people who work with children & the role of the Designated Officer (Formerly LADO)

The framework for managing allegations is set out in the Hampshire Safeguarding Children Board (HSCB) procedure, Working Together to Safeguard Children (2018) and Keeping Children Safe in Education (2020). While Working Together has been updated, the framework of Appendix 5 of the 2010 version still forms the basis of the HSCB procedure. The framework applies to all who work with children and young people, including those who work in a voluntary capacity. It also covers a wider range of allegations than child protection, including cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

In the event of an allegation the Registered Manager, as DSL, will contact the Designated Officer for further instruction. If a staff member does not trust that a concern has been adequately shared, they can contact the Designated Officer directly themselves, or contact the responsible individual.

It is essential that any allegation of abuse made against a person is dealt with consistently, fairly, quickly and in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

An integral part of the framework for managing allegations against staff is the role of the Designated Officer (formerly LADO). The Designated Officer is responsible for the management and oversight of individual cases and must be informed of all allegations or concerns relating to staff or volunteers that fit the criteria above before any investigation starts. The Designated Officer will provide advice and guidance to any agency or employer providing services for children. Where necessary they will liaise with Children's Social Care and other agencies, monitor the progress of cases and work to ensure that all allegations are dealt with appropriately.

Fiona Armfield is Designated Officer for specialist and residential provisions in Hampshire. Telephone number: - **01962 876364**.

If appropriate you may be asked to complete a referral form as a method of making a written referral. The referral e-form can be found on the safeguarding section of the SfYC webpages.

In any instance where an allegation has been made against a member of staff working within the home, they will be suspended pending investigation. If dismissed, a referral will be made to Disclosure and Barring Service (DBS) about that individual. Referrals will reflect that they failed to safeguard young people .

Roles and Responsibilities

Management

Senior managers at Highlands will:

- Contribute to inter-agency working in line with guidance Working Together to Safeguard Children (2018)
- Provide training and competency assessment for all staff
- Ensure Safer Recruitment procedures are followed, and key roles are filled
- Provide support to staff on all matters regarding safeguarding and child protection
- Ensure that any allegation or concern against a staff member is dealt with in accordance with guidance from Hampshire Safeguarding Children Partnership
- Ensure Highlands has effective safeguarding policies & procedures including a child protection policy
- Ensure any staff member in a key role e.g. Designated Safeguarding Lead is qualified and competent in that area.

Registered Manager/Designated Safeguarding Lead

- Hold overall accountability for safeguarding children
- To attend specific training to fulfil their role
- To ensure staff know how to contact them should they have a concern
- To ensure staff are trained and competent, addressing any shortfalls by organising additional training or refresher courses
- To maintain accurate, legible confidential and secure records of all safeguarding concerns, actions, and assessments
- To engage in a multi-agency approach to ensure safeguarding concerns are reported and actioned.
- To play a key role in the review of safeguarding and protection policies and procedures.

Staff

- All staff are responsible for the safeguarding of children in the home and have a key role to play in identifying concerns early and in providing help for children. To achieve this, they will:
- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to

- Ensure children know that there are adults in Highlands whom they can approach if they are worried about any problems
- Conduct planned key work sessions and instigate 1:1 session as necessary to support children in developing the skills they need to assess and manage risk appropriately and keep themselves safe
- Attend training to be aware of and be alert to the signs of abuse
- Maintain an attitude of “it could happen here” with regards to safeguarding
- Record their concerns if they are worried that a child is being abused and report these to the relevant person without delay (including any allegation against a staff member)
- Follow the procedures set out by the Local Safeguarding Children Board (LSCB)
- Support all children in line with their child protection plan, including any measures put in place following a safeguarding concern
- Ensure they know who the Designated Safeguarding Lead (DSL) and deputy DSL are, and know how to contact them
- Treat information with confidentiality without promising to “keep a secret”.

Monitoring and Review

This Policy will be reviewed on a 12-month basis or sooner if necessary, to ensure its effectiveness and as required under legislation and government guidance.

References and further information

- The Children Act 1989 and 2004
- The Children and Social Work Act 2017
- The Education Act 2002
- Safeguarding of Vulnerable Groups Act 2006
- The Protection of Children Standard within the 2015 Children’s Homes Regulations
- Hampshire Safeguarding Children Partnership’s Procedure
- Working Together to Safeguard Children 2018
- The DfE Child Sexual Exploitation - Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation February 2017.
- The DfE Prevent duty June 2015
- The Home Office ‘Criminal Exploitation of children and vulnerable adults: County Lines guidance September 2018
- The DfE Keeping Children Safe in Education 2020

Related Policies

- Children Missing Policy and Procedures
- Prevention of Bullying Policy
- Self-Harm and Suicide Policy
- E-Safety Policy
- Notification of a significant event
- Whistleblowing Policy

This form must be completed following any issue raised as a concern in as much detail as possible. The home senior lead **MUST** be notified as soon as possible and this form provided to the HOME MANAGER / Manager on call.

Staff Name		Reference Number			
Child's Name		Date			
Names Of Others Involved					
External Agencies Involved					
Nature of Concern					
<i>Write here in detail what you are concerned about. Include facts and what you observed. Where did this take place? When? What was said? What did you see?</i>					
What Actions Did You Take?					
<i>Detail everything you did to ensure the child was safe. Include actions you took to keep others safe</i>					
Who Have You Notified?					
Notified	Name	Date	Time	Verbal	Written
Senior Staff					
Manager					
Other					
Signed		Date		Time	

This form must be completed by the Senior Staff or Manger following the receipt of a Cause For Concern

What Actions Did You Take?

Detail everything you did to ensure the child was safe. Include actions you took to keep others safe. Include communication with staff and ongoing actions

Who Have You Notified?

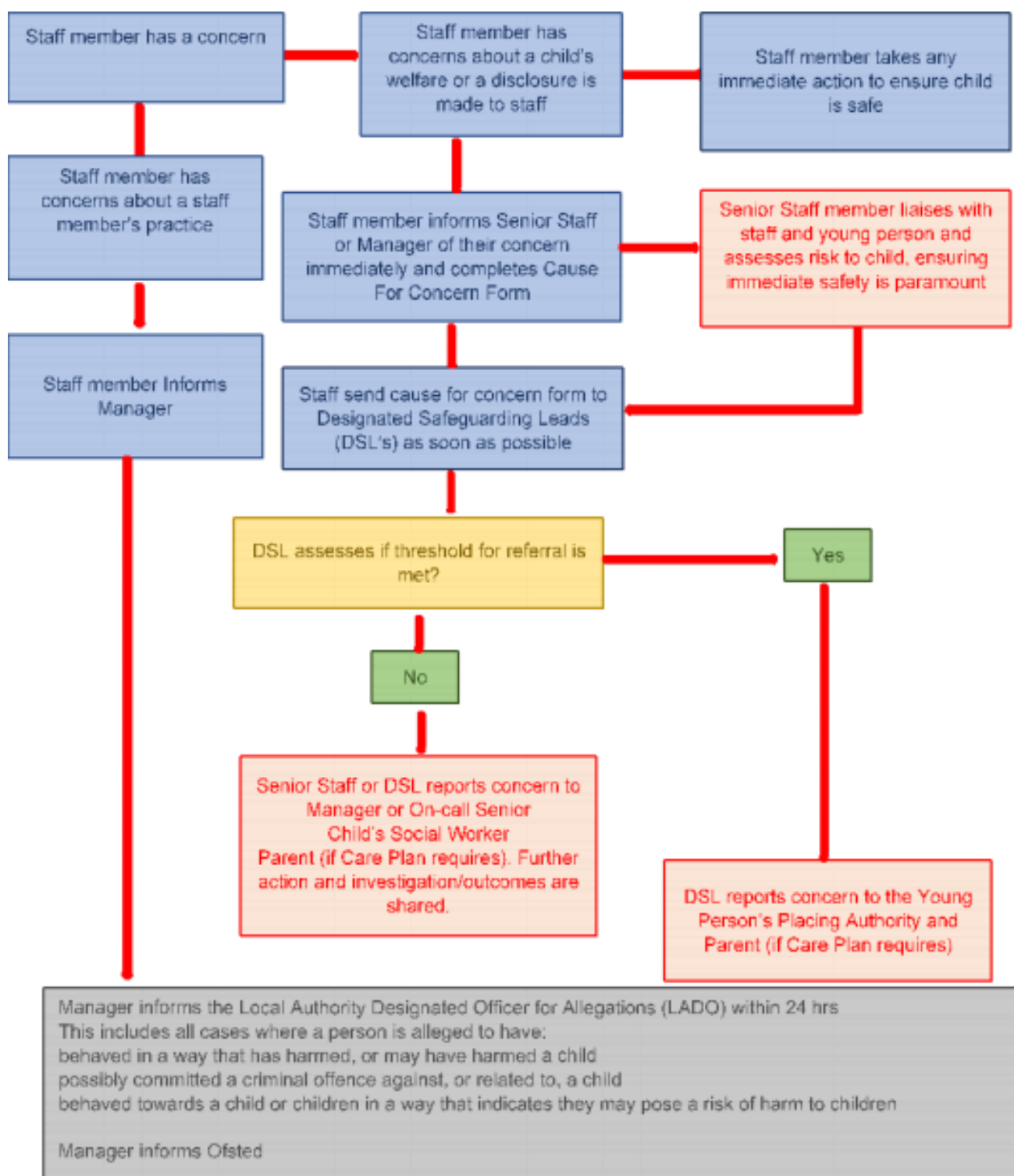
Agency	Name	Date	Time	Outcome

Are There Any Follow Up Actions?

List any actions which are outstanding or need to be completed.

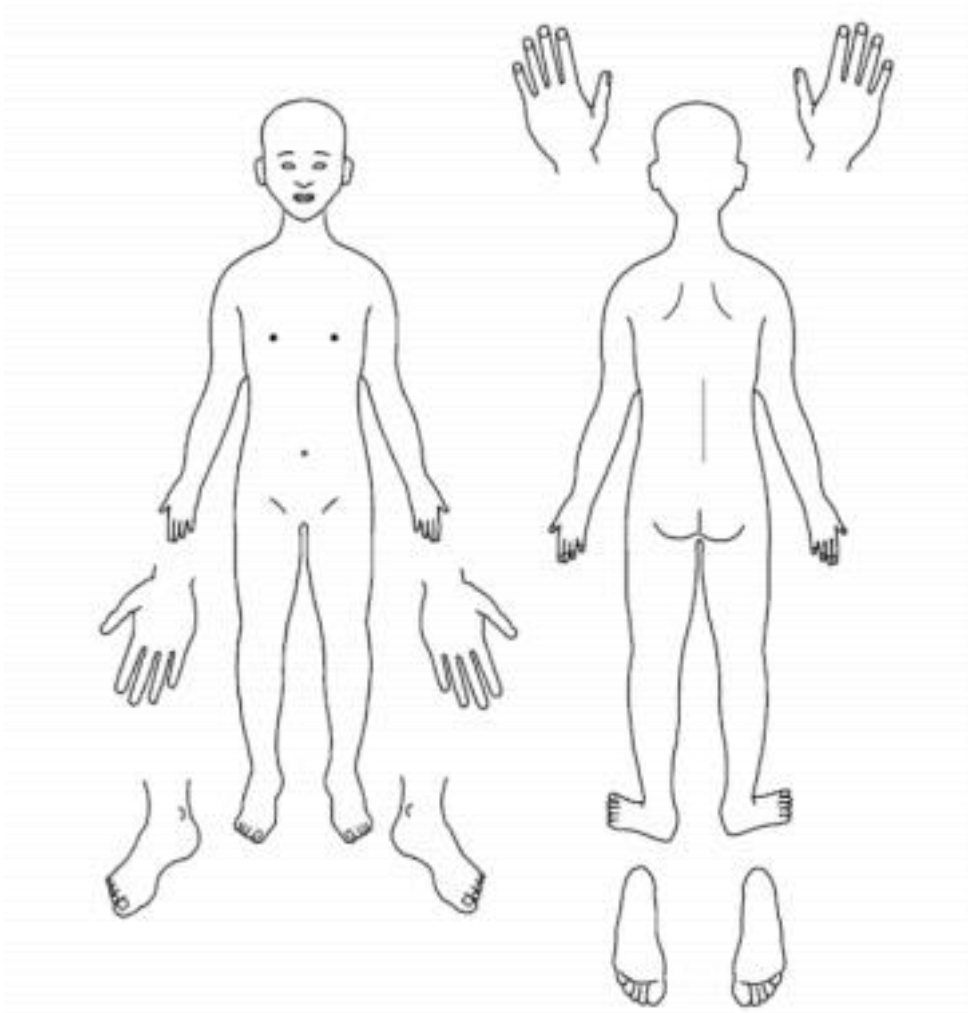
Signed		Date		Time	
Name		Role			

Safeguarding/Protection Flowchart



Body Map

Name:	
Date:	
Reference No:	
Completed by:	



Details of Injury

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Terms used in Children's Safeguarding

ABE	Achieving Best Evidence: Guidance that police and social workers follow when interviewing children when a crime may have been committed.
ACE	Adverse Childhood Experiences
ASD	Adult Services Department
CAFCASS	Child and Family Court Advisory and Support Service: Government agency responsible for court based social workers and children's guardians.
CAIT	Child Abuse Investigations Team: Hampshire Police-investigate child abuse.
CAMHS	Child & Adolescent Mental Health Service
CAST	Children Assessment and Safeguarding Teams
CAWN	Child Abduction Warning Notice A warning letter issued to an adult suspected of involvement in harbouring a child; for example, an adult who allows a child to stay at their home without informing the child's parent or carer.
CCE	Child Criminal Exploitation
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel: Responsible for collecting and analysing information about the death of children under 18 years
CEOP	Child Exploitation and On-Line Protection Command: Work with child protection partners to identify the main threats to children and coordinates activity against these threats to protect children from harm online and offline.
CFSW	Children and Family Support Workers
CIC	Children in Care
CIN	Children in Need – Section 17 of the children's act 1989

CLA	Children Looked After
CME	Children Missing from Education
CMHT	Communications Mental health Team

County Lines	A police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or 'deal lines. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money.
CPC	Child Protection Conference
CPI	Community Partnership Information Form A process for sharing intelligence with police
CPIS	Child Protection Information System
CPP	Child Protection Plan
CPS	Crown Prosecution Service
CPSU	Child Protection in Sports Unit – Partnership between the NSPCC, Sport England, Sport Northern Ireland, and Sport Wales to protect children in sport
CSD	Children Services Department
CRT	Children's Reception Team
CRU	Central Referral Unit (Police)
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSERQ	Child Sexual Exploitation Risk Questionnaire

CYP or CYPR	Child Young Person at Risk (Police)
DA (DV)	Domestic Abuse (domestic violence)
DVA	Domestic Violence and Abuse
DASH	Domestic Abuse Stalking and Harassment Tool
DAPP	Domestic Abuse Perpetrator Programme
DBS	Disclosure and Barring Service
DN	Designated Nurse
DPA	Data Protection Acts

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DSL	Designated Safeguarding Lead – Within educational settings
DSP	Designated Senior Person
DT	Designated Teacher
E&T	Education and inclusion
EHA	Early Help Assessment
EHE	Electively Home Educated
EPO	Emergency Protection Order
EWO's	Education Welfare Officers

EYFS	Early Years Foundation Stage
FGM	Female Genital Mutilation
FII	Fabricated or Induced Illness
FSS	Family Support Service
HBV	Honour Based Violence
HSCP	Hampshire Safeguarding Children Partnership (Previously HCSB Hampshire Safeguarding Children Board)
HIAS	Hampshire Inspection & Advisory Service
HHFT	Hampshire Hospital Foundation Trust
HSAB	Hampshire Safeguarding Adult Board
IARF	Inter-Agency Referral Form: Used to report safeguarding concerns
ICPC	Initial Child Protection Conference
ICS	Integrated Children's System – System used to hold service user information
ICTA	Independent Child Trafficking Advocate
IDASH	Integrated Child Abuse Service for Hampshire
IDVA	Individual Domestic Violence Advisor
IMR	Internal Management Review or Independent Management Review
IOWSCP	Isle of Wight Safeguarding Children Partnership (Was Safeguarding Children Board)

IRO	Independent Reviewing Officer
JTAI	Joint Targeted Area Inspections
KCSIE	Keeping children Safe in Education
LA	Local Authority
LAC	Looked After Child
LADO	Local Authority Designated Officer
LIG	Learning and Inquiry Group
LSAB	Local Safeguarding Adult Board
LCSP	Local Safeguarding Children Partnership (Formerly Local Safeguarding Children Board)
LNA	Learning Need Analysis
MAPPA	Multi- Agency Public Protection Arrangements
MAR	Multi-Agency Review
MARAC	Multi-Agency Risk Assessment Conference
MASF	Multi-Agency Safeguarding Forums
MASH	Multi-Agency Safeguarding Hub
MISPER	Missing Persons
MET	Missing Exploited Trafficked

NFA	No Further Action
NSPCC	National Society for Prevention of Cruelty of Children
OM	Offending Manager

OOC	Out of Country
Operation Encompass	Police informing schools via email following a domestic abuse incident when a child within the family home attends their school.
PACE	Police and Criminal Evidence Act
PEP	Personal Education Plan
PiP	Partners in Practice
PHL	Partnering Health Ltd
PLO	Public Law Outline
POLIT	Paedophile Online Investigation Team (Police)
PP	Police Protection
PPN	Public Protection Notice
PPO	Public Protection Unit (Police)
PR	Parental Responsibility
PSO	Prohibited Steps Order

PSCP	Portsmouth Safeguarding Children Partnership (Formerly Portsmouth Safeguarding Children Board)
PSAB	Portsmouth Safeguarding Adult Board
QAG	Quality and Assurance Group
R&A	Referral and Assessment
RCPC	Review Child Protection Conference
RO	Residence Order
SA	Single Assessment – The ONE assessment created in line with criteria set out in Working together 2013
SAR	Subject Access Request

SCAS	South Central Ambulance Service
SCR	Serious Case Review
SERAF	Sexual Exploitation Risk Assessment Framework
SFYC	Services for Young Children
SGO	Special Guardianship Order
SHFT	Southern Health Foundation Trust
SSFAA	Soldiers, Sailors and Airmen's Families Association
SUID	Sudden Unexpected Infant Death
S17	Section 17 of the children's act 1989 – Child in Need

S20	Section 20 of the children's act 1989 – Child Accommodation
S47	Section 47 of the children's act 1989 – Child Protection
TOR	Terms of Reference
Toxic/trigger trio	Mental health, substance misuse and domestic abuse
WDG	Workforce Development Group
WDT	Workforce Development Team
UASC	Unaccompanied Asylum-Seeking Children
UCS	Unscheduled Care Setting
UHS	University Hospital Southampton
VAWG	Violence Against Women and Girls
VISOR	The Violent and Sexual Offenders Register
WTTSC	Working Together to Safeguard children