Blatchington Court Trust

SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY (INCLUDING CHILD PROTECTION PROCEDURES)

Approved by: Alison Evans Date of approval: 1st May 2022 Originator: Sophie Heiser	
Date of current revision: Jan 2023	**Reviser: Sophie Heiser**
Revision number: 2	**Next revision due: January 2024**

THIS POLICY IS NOT PART OF ANY EMPLOYEE'S CONTRACT AND THE TRUST RESERVES THE RIGHT TO AMEND AT ANY TIME.

Safeguarding Trustee: Jonathan Wilson

Designated Safeguarding Lead: Sophie Heiser

Deputy Designated Safeguarding Lead: David Best

1 Introduction

Blatchington Court Trust (BCT) is a charity that supports children and young people with a vision impairment. We provide educational advocacy, counselling and leisure services, as well as grants for specialist equipment and 1:1 support. This policy relates to our clients under the age of 18 years. There is a separate policy (*Adult Safeguarding Policy*) for clients aged 18-30 years.

Our policy applies to all staff, trustees, volunteers and contracted workers working for BCT.

It is vital to remember that children are considered to be unable to keep themselves safe and make good decisions about their welfare, so BCT staff have a responsibility to act on their behalf if they have any such concerns. BCT staff do not need parental consent to refer a child regarding a safeguarding matter, but it is better to have their consent. In any instance of concern, it is advised to contact social care by telephone immediately, and to follow up any such contact with the formality of a written referral (see section 5).

This policy has been drawn up on the basis of law and guidance that seeks to protect children listed as follows:

- Children's Act 1989

- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special Educational Needs and Disability (SEND) Code of Practice 0-25 yrs, 2014
- Working Together to Safeguard Children 2018

This policy should be read alongside our policies and procedures:

- Code of Conduct
- Health and Safety
- Lone Working
- Whistleblowing
- Anti-bullying
- Safer Recruitment
- E-safety

Blatchington Court Trust (BCT) fully recognises its moral and statutory responsibilities for safeguarding and promoting the welfare of its clients. All children and young people will have the same protection regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation. BCT is committed to anti-discriminatory practice and explicitly recognises the additional needs of children from minority ethnic groups and disabled children and the barriers they may face, especially around communication. We will work in partnership with children, young people, parents, carers and other agencies to promote young people's welfare.

There are four main elements to our policy:

- ensuring we practice safer recruitment in checking the suitability of staff who work directly with our clients
- raising awareness of child protection issues and equipping our staff with the skills needed to keep them safe
- developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse

- establishing a safe environment in which clients can benefit from our services.

We recognise that because of the day-to-day contact many of our staff have with our clients, they are well placed to identify concerns early and to observe the outward signs of abuse. BCT will therefore:

- establish and maintain an environment where clients feel safe, secure, valued and respected and are encouraged to talk, believing they will be listened to
- ensure clients know that there are BCT staff whom they can approach if they are worried
- ensure any concerns staff have over the safety of a client at home, in school or in the community are raised with the appropriate colleague/s.

2 Procedures

We will follow the Pan Sussex Safeguarding Children Board Procedures (https://sussexchildprotection.procedures.org.uk/). Safeguarding is especially important for our clients as children with disabilities are three times more likely to experience abuse. Children with a sensory/physical impairment are at much greater risk of abuse from within their own family as well as in the wider education and social community.

BCT will value our clients, listen to and respect them. It will also ensure:

- it has a nominated designated safeguarding lead (DSL) who has received appropriate training and support for this role (Sophie Heiser)
- it has a deputy designated safeguarding lead (DDSL) (David Best)
- it has a nominated trustee who will take leadership responsibility for BCT's safeguarding arrangements (Jonathan Wilson)
- every member of staff and trustee knows the name of the DSL and DDSL and understands their roles
- the DSL and/or DDSL is always available to speak to during office hours and has made adequate and appropriate cover arrangements for any out of hours activities
- all staff understand their responsibilities in being alert to the signs of abuse and neglect, including the specific issues of female genital mutilation (FGM), child criminal and sexual exploitation (CCSE), children missing education (CME), radicalisation and extremism (Prevent) and sexual violence and sexual harassment, and maintain an attitude of 'it could

happen here'

- all staff understand their responsibility for referring any concerns to the DSL/DDSL in a timely manner and are aware that they may raise concerns directly with social care services if they believe their concerns have not been listened to or acted upon
- parents have an understanding of the responsibility placed on BCT staff for child protection by stating its obligations in the main reception area, the counselling room and on the BCT website
- third parties organising activities for clients are aware of, and understand, the need for compliance with BCT's child protection and safeguarding guidelines and procedures
- the duty of care towards its clients and staff is promoted by raising awareness of illegal, unsafe and unwise behaviour, and assisting staff to monitor their own standards and practice
- all staff feel able to raise concerns about poor or unsafe practice and are aware of whistleblowing procedures and helplines.

BCT will also:

- be aware of, and follow, procedures set out by the DfE and the PSSCB where an allegation of abuse is made against a member of staff, including making a referral to the local authority designated officer (LADO)
- operate safer recruitment practice, ensuring that at least one member on every recruitment panel has completed safer recruitment training.

Our procedures will be regularly reviewed and updated at least annually unless an incident or new legislation or guidance requires the need for an interim review. We recognise the expertise our staff build by undertaking safeguarding training and managing safeguarding concerns on a daily basis. We, therefore, invite staff to contribute to, and shape, this policy and associated safeguarding arrangements.

3 Training

When staff join BCT they will be informed of the safeguarding children and young adults' arrangements in place. They will be given a copy of this policy including its appendices and BCT's HR policies and told who the DSL is, who acts in their absence and what this role includes.

All staff will receive safeguarding children and vulnerable adults training as part of their induction. The induction programme will include basic child protection/safeguarding information relating to signs and symptoms of abuse, how to manage a disclosure from a client, when and how to record a concern about the welfare of a client and advice on

safe working practice.

In addition, staff will receive safeguarding and child protection updates from the DSL as required, but at least annually.

Safeguarding training will be undertaken every two years. Training sessions will be monitored and recorded centrally in the safeguarding file in General Data.

4 Responsibilities

The board of trustees will nominate a member to take leadership responsibility for safeguarding children and young people who will liaise with the DSL in matters relating to safeguarding. It will ensure that:

- the DSL takes lead responsibility for safeguarding and child protection and does not delegate this responsibility
- the DSL and DDSL roles are explicit in the role holders' job descriptions
- safeguarding policies and procedures are in place, available to parents on the BCT website or by other means, and reviewed at least annually
- an annual report on the effectiveness of BCT's safeguarding procedures is presented to the board of trustees
- it complies with all legislative duties, including the duty to report suspected or known cases of FGM and the duty to prevent young people from being drawn into terrorism.

The executive director will ensure that:

- the safeguarding policies and procedures are fully implemented and followed by all staff
- sufficient funding, support, time and resources are allocated to enable the DSL and other staff to discharge their responsibilities with regard to child protection
- all staff feel able to raise concerns about poor or unsafe practice and that these are handled sensitively and in accordance with the whistleblowing procedures
- all allegations of abuse against staff are reported to the LADO in a timely manner.

The DSL will co-ordinate action on safeguarding and promoting the welfare of children and young adults within the BCT setting. The DSL is responsible for:

- organising safeguarding induction training for all newly appointed staff,

whole staff training, refreshed at least every three years with annual updates as required

- undertaking an annual audit of safeguarding procedures by using the NSPCC self-assessment tool https://learning.nspcc.org.uk/safeguarding-self-assessment-tool
- making use of the Levels of Need guidance when making a decision about whether or not the threshold for Early Help or children's social care intervention is met
- referring a child to Front Door for Families (Brighton & Hove), MASH (West Sussex) or Single Point of Access (SPoA) (East Sussex) when there are concerns about possible abuse and neglect
- liaising with the executive director to ensure she is informed of all child protection issues, especially on-going enquiries under section 47 of the Children Act 1989 and police investigations
- liaising with other staff on matters of safety and safeguarding, and when deciding whether to make a referral by liaising with relevant agencies
- keeping written records of concerns about children and young adults, including the use of body maps, even where there is no need to refer the matter immediately
- ensuring all safeguarding records are kept securely, separate from the main client folder, and in locked/password-protected locations
- ensuring all safeguarding concerns and client information are passed on to relevant organisations when clients move on, and that copies of the records are kept until the client is 30 years of age
- acting as a source of support, advice and expertise for all staff.

5 Procedures for managing concerns

Where we identify children and families in need of support, we will carry out our responsibilities in accordance with the Pan Sussex Safeguarding Children Procedures. In the first instance, the DSL will contact the relevant local children's safeguarding board/social services team linked to the particular child's local authority.

Concerns regarding abuse and neglect should be referred to the local authority in which the child lives. Brighton and Hove child protection concerns should be directed to Front Door For Families; East Sussex concerns should be directed to SPoA; and West Sussex concerns should be directed to the MASH team. See Appendix 1 for telephone numbers to call.

Staff are advised to maintain an attitude of 'it could happen' where safeguarding is

concerned. When concerned about the welfare of a client, staff should always act in the interests of the client and have a responsibility to take action as outlined in this policy. They should not assume that a colleague or another professional will take action and share information that might be critical in keeping clients safe.

All staff are encouraged to report **any concerns** that they have and not to see these as insignificant. On occasions, a referral is justified by a single incident such as an injury or disclosure of abuse. More often, however, concerns accumulate over a period of time and are evidenced by building up a picture of harm over time; this is particularly true in cases of emotional abuse and neglect. In these circumstances, it is crucial that staff record and pass on concerns in accordance with this policy to allow the DSL to build up a picture and access support for the client at the earliest opportunity. A reliance on memory without accurate and contemporaneous records of concern could lead to a failure to protect.

Any member of staff receiving a disclosure of abuse from a client, or noticing signs or symptoms of possible abuse, will make notes as soon as possible (within the hour, if possible), writing down exactly what was said, using the child's own words as far as possible. All notes should be timed, dated and signed, with name printed alongside the signature. Concerns should be recorded on the Record of Concern form, which can be found in Company Shared/Safeguarding/Record of Concern Form and also in Appendix 2.

Once completed, the form should be emailed to the DSL, or in their absence the DDSL, immediately. Wherever possible, it is advisable that the member of staff should talk to the DSL/DDSL as soon as the concern is raised. The form will be saved in the Safeguarding File on Company Shared in a folder with restricted access only to the DSL/DDSL.

It is *not* the responsibility of BCT staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise concerns and pass the information on in accordance with the procedures outlined in this policy.

The designated safeguarding lead (DSL) should be used as a first point of contact for concerns and queries regarding any safeguarding concern. Any member of staff or visitor to BCT who receives a disclosure of abuse, or suspects that a child/young person is at risk of harm, must report it immediately to the DSL or, if unavailable, to the DDSL. In the absence of any of the above, the matter should be brought to the attention of the most senior member of staff.

5.1 Raising a safeguarding concern

Anybody can raise a safeguarding concern for a child. A safeguarding concern is when any person has a reasonable cause to believe that:

- a child has needs for care and support, and
- may be experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves from that abuse or neglect.

If, on the basis of the presenting information available, it appears that these stages are met, then a safeguarding concern should always be raised with the local authority. In an emergency, the emergency services should be contacted.

Whenever there is information which indicates that a child may be, or is, at risk of experiencing abuse, neglect or exploitation, this should be shared with the local authority even when it is also shared with other agencies that may need to be advised such as the Care Quality Commission or the police.

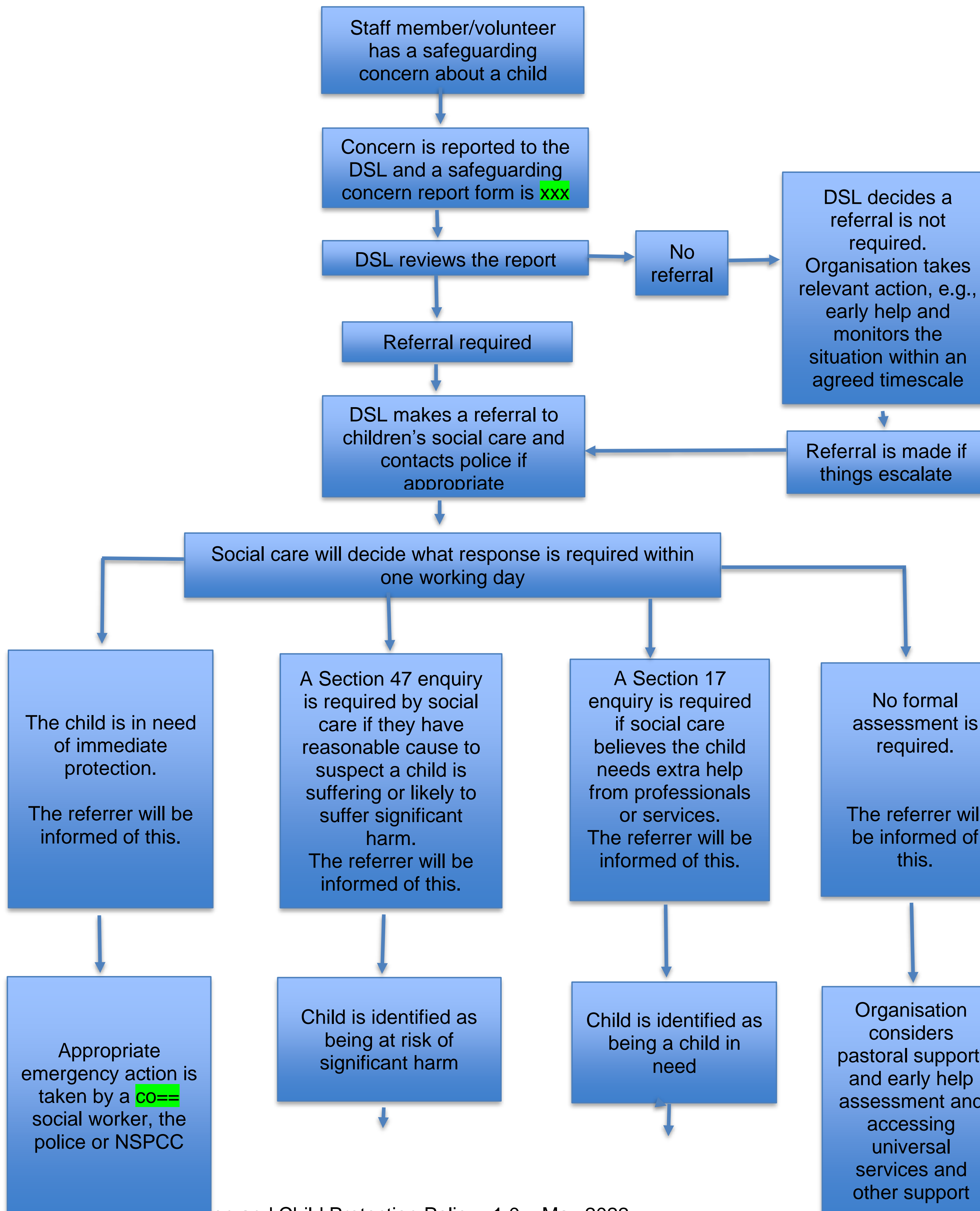
Where possible and safe to do so, the person contacting the local authority about a safeguarding concern would have had a conversation with the child and their parent/carer regarding their consent, views and wishes.

The exception to this could be if the person contacting the local authority was unable to have a conversation because of concerns that it would have increased the risk for the child.

REMEMBER:

- You may not be the only person who has noticed or experienced the abuse or neglect.
- There could be lots of people who have low-level concerns about the same thing, but if you do not pass the information on it cannot be addressed.
- Even if it has not affected you, or someone you know directly, it could be affecting someone else who may not be able, or in a position, to say something about it.
- Abuse and neglect do not just appear from nowhere. Sharing information before something becomes abuse or neglect is really important – do not think you are making a fuss about nothing.

Flow Chart for Raising a Safeguarding Concern



Child protection plan is drawn up if required

Appropriate support that the child needs is identified

5.2 Immediate actio… d by t… the concern

- Make an evaluation of any risks and take steps to ensure that the child or others are not in immediate danger. Ensure that other people are also not in danger.
- If a crime is in progress, or life is at risk, dial the emergency services on 999.
- Safeguard any potential evidence. Do not tamper with, clean up or move any potential evidence if a crime is suspected. Expert advice may be needed from the police.
- If you believe a crime has been committed, contact the police and then contact children's services.
- Contact children's services if a child is at risk.
- If you are a member of staff, inform your manager, unless your manager is implicated, then talk to an appropriate independent manager.
- Record any information received and all actions taken.

5.3 Good practice guidance to disclosure

Talk with the child as soon as possible unless this would put them, others or you at risk.

- Speak in a private and safe place.
- Accept what they say without judgement.
- Don't 'interview' the child — just gather information to establish the basic facts. This will help when you inform children's social services or the police.
- Never promise the child that you will keep what they tell you confidential; explain who you will tell and why.
- Explain to the child how they will be involved and kept informed.
- Provide information and advice on keeping safe and the safeguarding process.
- Keep an accurate record of your conversations, and actions or decisions taken by you and others.

Following receipt of any information raising concern, the DSL will consider what action to take and seek advice as required. All information and actions taken, including the reasons for any decisions made, will be fully documented.

If, at any point, there is a risk of immediate serious harm to a child, a referral should be made to children's services immediately. Anybody can make a referral. If the child's situation does not appear to be improving, the staff member with concerns should press for re-consideration by raising concerns again with the DSL/executive director. Concerns should always lead to help for the child/young person at some point.

Staff should always follow the reporting procedures outlined in this policy in the first instance; however, they may also share information directly with children's services or the police if:

- the situation is an emergency and the DSL and the deputy are both unavailable
- they are convinced that a direct report is the only way to ensure the child/young person's safety.

Any member of staff who does not feel that concerns about a child/young person have been responded to appropriately, and in accordance with the procedures outlined in this policy, should raise their concerns with the safeguarding trustee. If any member of staff does not feel the situation has been addressed appropriately at this point, they should contact children's services directly with their concerns.

6 Specific safeguarding issues

For detailed explanations, refer to Appendix 3

- Emotional abuse
- Neglect
- Physical abuse
- Sexual abuse
- Sexual abuse by young people
- Sexting
- Child sexual exploitation (CSE)
- Child criminal exploitation - county lines
- Domestic abuse
- "Honour"-based violence and female genital mutilation (FGM)/forced marriage
- Radicalisation and extremism
- Repeated racist incidents or a single serious incident may lead to consideration under child protection/safeguarding procedures.

7 Anti-bullying

Our policy on anti-bullying acknowledges that to allow or condone bullying may lead to consideration under child protection procedures.

All incidences of bullying, including cyber-bullying, sexting, racist, homophobic and gender-related bullying, will be dealt with in accordance with our *Anti-bullying Policy*. We recognise that our clients are more susceptible to being bullied.

We recognise that there will be occasions when bullying incidents will fall within child protection procedures or may be deemed criminal activity and that it may be necessary to report the concerns to social services or to the police.

8 Information sharing and confidentiality

Information sharing is vital in identifying and tackling all forms of abuse. All personal information will be processed fairly and lawfully in line with our duties under the Data Protection Act 2018 and GDPR and will be held safely and securely. However, we recognise that this is not a barrier to sharing information where the failure to do so would result in a child being placed at risk of harm.

We recognise that all matters relating to client safeguarding are confidential.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard clients.

The client's safeguarding file will contain:

- a BCT concern form
- a chronology of incidents and subsequent actions/outcomes
- whether the client is the subject of a child protection plan/vulnerable adult plan
- actual incidents that have occurred
- important information linked to the cause of concern
- referral records
- child protection meeting dates and concerns, if relevant.

When a client about whom concerns have been raised and recorded leaves BCT, the DSL will consider if it would be appropriate to share information with agencies responsible for the on-going education/care of the client.

9 Communication with parents

We recognise that good communication with parents of clients up to the age of 18 is crucial in order to safeguard and promote the welfare of clients effectively.

We will always undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the client at further risk of harm or would impede a criminal investigation.

We will ensure that parents have an understanding of the responsibilities placed on BCT and staff to safeguard clients and their duty to co-operate with other agencies in this respect.

10 Supporting and supervision of staff

We recognise that staff working in BCT who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support such as counselling or regular supervision, as appropriate.

In order to reduce the risk of allegations being made against staff, and ensure that staff are competent, confident and safe to work with clients, they will be made aware of safer working practice guidance and will be given opportunities in training to develop their understanding of what constitutes safe and unsafe behaviour. Staff should refer to the *Code of Conduct* for clarity on BCT's expectations of their behaviour at work.

11 Safer recruitment and selection of staff

The recruitment process is robust in seeking to establish the commitment of candidates to support BCT's measures to safeguard clients and to identify, deter or reject people who might pose a risk of harm to clients or are otherwise unsuited to work with them.

References are requested and scrutinised for all candidates prior to interview and any discrepancies or concerns are raised and discussed during interview, including for any volunteers and internal candidates.

BCT maintains a single central record of recruitment checks for audit purposes.

Any member of staff working in regulated activity prior to receipt of a satisfactory DBS check will not be left unsupervised and will be subject to a risk assessment. The DBS check will be updated every three years via the centralised updating service. BCT

requires a new enhanced DBS check to be undertaken even if a new member of staff has a current check from another organisation. Staff will not be able to work with clients directly until they have a valid DBS check.

Volunteers will need to provide BCT with a valid enhanced DBS check certificate.

Recruitment and appointment decisions will be made by the executive director and any recruitment decision where the staff member has a criminal record as disclosed on the DBS will be made in consultation with trustees and detailed explanation given as to why the recruitment decision was made.

Recruitment panels will involve a manager who has undertaken safer-recruitment training.

12 Allegations against staff

We acknowledge that a client or their parent may make an allegation against a member of staff or volunteer.

The member of staff receiving the allegation will immediately inform the executive director unless the allegation concerns the executive director, in which case the designated trustee will be informed immediately. The allegation will be reported directly to the local authority designated officer (LADO).

The executive director (or designated trustee) will discuss the content of the allegation with the LADO prior to undertaking any investigation.

BCT will follow the Pan Sussex Safeguarding Children's Board Procedures for managing allegations against staff.

The executive director (or designated trustee) will be guided by the LADO in matters relating to the case, including suspension, sharing of information and any follow up investigation.

13 Public interest disclosure (whistleblowing)

We recognise that clients cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues using BCT's confidential *Whistleblowing Policy*.

Whistleblowing concerns about the executive director should be raised with the chair of trustees. Depending on its nature, the issue can be reported directly to the LADO.

14 Photography and use of images including handheld devices

The welfare and protection of our clients is paramount and consideration should always be given to whether the use of photography at our social and leisure events will place them at risk. Images may be used to harm clients, for example, as a preliminary to 'grooming' or by displaying them inappropriately on the internet, particularly social networking sites.

For this reason, consent is always sought when photographing clients using **ONLY** BCT iPads, smart phones or cameras. Consent must be sought from those with parental responsibility.

15 Health and safety

Our health and safety policy, set out in a separate document, reflects the consideration we give to the safeguarding of our clients, both within the BCT environment and when away from BCT, for example, when involved in BCT organised social activities and leisure pursuits.

16 Safe environment

BCT undertakes appropriate risk assessments and checks in respect of all equipment and of the building and grounds in line with local and national guidance and regulations concerning health and safety.

BCT has adequate security arrangements in place in respect of the use of its building by visitors both in and out of office hours.

17 Monitoring and valuation

Our safeguarding policy and procedures will be monitored and evaluated regularly by the DSL and designated trustee and will include:

- discussions with clients and staff
- scrutiny of data and risk assessments
- scrutiny of trustee minutes;
- a Safeguarding Matters Annual Report submitted to the trustees by the DSL and DDSL
- an update of this safeguarding policy every three years.

18 Other relevant policies

The trustees' statutory responsibility for safeguarding the welfare of clients goes beyond basic child protection/safeguarding vulnerable adults' procedures.

The duty is now to ensure that safeguarding permeates all activity and functions. This policy, therefore, complements and supports a range of other policies, notably:

- Communication and Consultation
- Complaints. Suggestions and Plaudits
- Dignity and Respect
- Disclosure and Barring Service
- Code of Conduct
- Trips and Visits
- Health and Safety
- Equal Opportunities

The above list is not exhaustive, but when undertaking development or planning of any kind BCT will need to consider safeguarding matters.

19 APPENDIX 1 Local contact details

Child protection referrals

Brighton & Hove
Front Door for Families C/O Whitehawk Community Hub and Library 179A Whitehawk Road Brighton BN2 5FL Telephone: 01273 290400 Email: FrontDoorForFamilies@brighton-hove.gcsx.gov.uk Online Referral Form
East Sussex
Single Point of Advice (SPoA) Mon-Thurs 8.30am-5pm and Fri 8.30am-4.30pm. **Phone**: 01323 464222 **Email:** 0-19.SPOA@eastsussex.gov.uk Or 0-19.SPOA@eastsussex.gcsx.gov.uk Out of Hours Social Care Service - children's services: 01273 335905/6
West Sussex
MASH: Monday to Friday between 9am-5pm: 01403 229900 At all other times, including nights, weekends and bank holidays, contact the 'out of hours' emergency team: 0330 222 6664 Email: MASH@westsussex.gcsx.gov.uk

Brighton and Hove contacts

Front Door for Families
C/O Whitehawk Community Hub and Library 179A Whitehawk Road Brighton BN2 5FL Telephone: 01273 290400 Email: FrontDoorForFamilies@brighton-hove.gcsx.gov.uk Online Referral Form
Out of Hours Emergency Duty Service
Telephone: 01273 335905 or 335906
Police - Brighton & Hove Safeguarding Investigations Unit

Telephone: 101 and ask for Brighton Safeguarding Investigations Unit.
Designated Professionals Brighton & Hove
Designated Doctor, Jamie Carter: 01273 238703 Designated Nurse, Jo Tomlinson: 01273 238703/ 07770 381421 Named Dentist, Jennifer Parry: 01273 696955 ext 2452
Local Authority Designated Officer (LADO)
Telephone: 01273 295643 Email: darrel.clews@brighton-hove.gcsx.gov.uk

East Sussex contacts

Children's Social Care
Single Point of Advice (SPoA) Mon-Thurs 8.30am-5pm and Fri 8.30am-4.30pm. **Phone**: 01323 464222 **Email:** 0-19.SPOA@eastsussex.gov.uk or 0-19.SPOA@eastsussex.gcsx.gov.uk Out of Hours Social Care Service - children's services: 01273 335905/6 Out of Hours Social Care Service - adult services: 01323 636399 Child Protection Plans: 01323 466606
Safeguarding Investigations Unit
For all Safeguarding Investigations Unit, dial 101, and ask for the relevant team – Hastings, Eastbourne, Brighton, Littlehampton or Horsham
LSCB Chair
Reg Hooke – please contact the LSCB Admin, maxine.nankervis@eastsussex.gov.uk
Designated Professionals East Sussex
Designated Doctor Safeguarding Children: 01424 758012 Designated Nurse Safeguarding Children: 01424 735664 Specialist Practitioner for Child Death: 01273 513441 Designated Nurse Looked After Children: 01323 446999

West Sussex contacts

Children's Social Care
MASH Anyone who has concerns about the welfare of a child can contact a single countywide phone number, known as the 'MASH', Monday to Friday between 9am-5pm: 01403 229900 At all other times, including nights, weekends and bank holidays, contact the 'out of hours' emergency team: 03302226664 Email: MASH@westsussex.gcsx.gov.uk
Designated Professionals West Sussex
Designated Nurse Safeguarding Children: 07770 800 247
Police
Safeguarding Investigations Unit: Telephone 101 and ask for the Safeguarding Investigations Unit or in an emergency dial 999

Child death

Child Death: Single Point of Contact
Individual professionals should notify the SPOC at the same time as they notify the Coroner (in the case of an unexpected death) or Registrar/health services of the death of a child. Click here for the contact details for all SPOC's nationally.

20 APPENDIX 2 Record of concern form

Anybody can raise a safeguarding concern for a child. A safeguarding concern is when any person has a reasonable cause to believe that:

- a child has needs for care and support, and
- may be experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves from that abuse or neglect.

If, on the basis of the presenting information available, it appears that these stages are met, then a safeguarding concern should always be raised with the local authority. In an emergency, the emergency services should be contacted.

Whenever there is information which indicates that a child may be, or is, at risk of experiencing abuse, neglect or exploitation, this should be shared with the local authority even when it is also shared with other agencies that may need to be advised such as the Care Quality Commission or the police.

Where possible and safe to do so, the person contacting the local authority about a safeguarding concern would have had a conversation with the child and their parent/carer regarding their consent, views and wishes.

The exception to this could be if the person contacting the local authority was unable to have a conversation because of concerns that it would have increased the risk for the child.

REMEMBER:

- You may not be the only person who has noticed or experienced the abuse or neglect.
- There could be lots of people who have low-level concerns about the same thing, but if you do not pass the information on it cannot be addressed.
- Even if it has not affected you, or someone you know directly, it could be affecting someone else who may not be able, or in a position, to say something about it.
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Blatchington Court Trust

RECORD OF CONCERN FORM

Date:	**Name of worker:**
Name of client if known:	**How has the concern come to your attention?** **direct contact/observation** **disclosure** **third party**
Details about the client if known: DoB Gender Address Siblings/other family members	**Do you think this issue is –** **safeguarding** **bullying** **equalities** **other**
Phone numbers for client if known:	
What is your concern about this client? (Be specific: include when and where incident occurred, any evidence of what you saw or was reported, timelines if known)	

Who else, if anyone, was involved and how?	
Client – were there any obvious signs in the client, e.g., bruising, bleeding, changed behaviour? Did the client say anything?	
What action have you taken? (Who have you spoken to and when?)	
Is there a follow up or support plan?	
Has a referral been made to Adult Social Care?	**Yes/No**
Has a referral or follow up been made to another agency?	**Who?**
Name and signature of designated safeguarding lead: **Date of completion of form:**	

21 APPENDIX 3 Specific safeguarding issues

A. Abuse

Recognition and identification of abuse - definitions taken from Working Together to Safeguard Children 2018, Appendix A

What is 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 others. Abuse can take place wholly online or technology may be used to facilitate offline abuse. They may be abused by an adult or adults, or another child or children.

Indicators of abuse

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below may be indicative of abuse, there may be alternative explanations. In assessing the circumstances of any child, any of these indicators should be viewed within the overall context of the child's individual situation including any disability.

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 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 the 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.

Emotional abuse is difficult to:

- define

- identify/recognise
- prove.

Emotional abuse is chronic and cumulative and has a long-term impact. Indicators may include:

- physical, mental and emotional development lags
- sudden speech disorders
- continual self-depreciation ("I'm stupid, ugly, worthless," etc)
- overreaction to mistakes
- extreme fear of any new situation
- inappropriate response to pain ("I deserve this")
- unusual physical behaviour (rocking, hair twisting, self-mutilation) – consider within the context of any form of disability such as autism
- extremes of passivity or aggression.

Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present.

Other indicators of emotional abuse may include:

- Babies – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding.
- Toddler/pre-college – head banging, rocking, bad temper, violent, clingy. From overactive to apathetic, noisy to quiet. Developmental delay, especially language and social skills.
- College age – wetting and soiling, relationship difficulties, poor performance at college, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised.
- Adolescent – depression, self-harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour.
- Child may be underweight and/or stunted.
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement.
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability.

Neglect

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

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children but this does not mean that their children are being neglected. Neglect involves on-going failure to meet a child's needs.

Neglect can often fit into six forms which are:

- medical – the withholding of medical care including health and dental
- emotional – lack of emotional warmth, touch and nurture
- nutritional – through lack of access to a proper diet which can affect in their development
- educational – failing to ensure regular college attendance that prevents the child reaching their full potential academically
- physical – failure to meet the child’s physical needs
- lack of supervision and guidance – meaning the child is in dangerous situations without the ability to risk assess the danger[1].

Common concerns

With regard to the child, some of the regular concerns are:

- the child’s development in all areas including educational attainment
- cleanliness
- health
- children left at home alone and accidents related to this
- taking on unreasonable care for others
- young carers.

Neglect can often be an indicator of further maltreatment and is often identified as an

[1] Source: Horwath, J (2007): Child neglect: identification and assessment: Palgrave Macmillan

issue in serious case reviews as being present in the lead up to the death of the child or young person. It is important to recognise that the most frequent issues and concerns regarding the family in relation to neglect relate to parental capability. This can be a consequence of:

- poor health including mental health or mental illness
- disability including learning difficulties
- substance misuse and addiction
- domestic violence.

Staff need to consider both acts of commission (where a parent/carer deliberately neglects the child) and acts of omission (where a parent's failure to act is causing the neglect). Many of the signs of neglect are visible; however, staff may not instinctively know how to recognise signs of neglect or know how to respond effectively when they suspect a client is being neglected. Clients regularly attending BCT for services (counselling/Blatchington Friends/social activities) may display patterns of behaviour/presentation over time and staff may recognise and respond to concerns about their safety and welfare. All concerns should be recorded and reflected upon, not simply placed in a file.

Here are some signs of possible neglect:

Physical signs:

- constant hunger
- poor personal hygiene
- constant tiredness
- emaciation
- untreated medical problems
- child seems underweight and is very small for their age
- child is poorly clothed with inadequate protection from the weather
- being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- health problems associated with lack of basic facilities such as heating.
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability.

Behavioural signs:

- no social relationships
- compulsive scavenging
- destructive tendencies
- regularly missed appointments
- craving attention or ambivalent towards adults, or may be very withdrawn
- delayed development and failing at school – poor stimulation and opportunity to learn
- difficult or challenging behaviour.

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.

When dealing with concerns regarding physical abuse, refer any suspected non-accidental injury to the designated safeguarding lead without delay so that they are able to seek appropriate guidance from the police and/or children's services in order to safeguard the child.

Staff must be alert to:

- unexplained recurrent injuries or burns, improbable excuses or refusal to explain injuries
- injuries that are not consistent with the story – too many, too severe, wrong place or pattern, child too young for the activity described.

Physical signs:

- bald patches
- bruises, black eyes and broken bones
- untreated or inadequately-treated injuries
- injuries to parts of the body where accidents are unlikely such as thighs, back, abdomen
- scalds and burns

General appearance and behaviour of the child may include:

- concurrent failure to thrive: measure height, weight and, in the younger

child, head circumference

- frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes.

Bruising

- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object.
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury.

Other injuries

- Bite marks may be evident from an impression of teeth.
- Small circular burns on the skin suggest cigarette burns.
- Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically.
- Red lines occur with ligature injuries.
- Retinal haemorrhages can occur with head injury and vigorous shaking of the baby.
- Tearing of the frenulum of the upper lip can occur with force-feeding; however, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate.
- Rib fractures in a young child are suggestive of non-accidental injury.
- Spiral fractures of the long bones are suggestive of non-accidental injury.

Behavioural signs:

- wearing clothes to cover injuries, even in hot weather
- self-destructive tendencies
- fear of physical contact – shrinking back if touched
- admitting that they are punished, but the punishment is excessive such as a child being beaten every night to 'make him study'
- fear of suspected abuser being contacted
- injuries that the child cannot explain or explains unconvincingly
- becoming sad, withdrawn or depressed
- having trouble sleeping
- behaving aggressively or being disruptive

- showing fear of certain adults
- having a lack of confidence and low self-esteem
- using drugs or alcohol
- repetitive pattern of attendance – recurrent visits, repeated injuries
- excessive compliance
- hyper-vigilance.

B. 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 include non-contact activities such as involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

Sexual abuse is usually perpetrated by people who are known to and trusted by the child, e.g., relatives, family friends, neighbours, people working with the child in college or through other activities.

Characteristics of child sexual abuse:

- It is usually planned and systematic – people do not sexually abuse children by accident; though, sexual abuse can be opportunistic.
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent. This can be done in person or via the internet through chatrooms and social networking sites.
- Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives. Again, this can be done in person or via the internet through chatrooms and social networking sites.

In young children behavioural changes may include:

- regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- being overly affectionate – desiring high levels of physical contact and signs of affection such as hugs and kisses
- lack of trust or fear of someone they know well such as not wanting to be alone with a babysitter or child minder
- starting to use sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- starting to wet again, day or night/nightmares.

In older children behavioural changes may include:

- extreme reactions such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- personality changes such as becoming insecure or clinging
- sudden loss of appetite or compulsive eating
- being isolated or withdrawn
- inability to concentrate
- becoming worried about clothing being removed
- suddenly drawing sexually-explicit pictures
- trying to be 'ultra-good' or perfect; overreacting to criticism
- genital discharge or urinary tract infections
- marked changes in the child's general behaviour, for example, they may become unusually quiet and withdrawn or unusually aggressive, or they may start suffering from what may seem to be physical ailments but which can't be explained medically.
- The child may refuse to attend college or start to have difficulty concentrating so that their college work is affected.
- The child may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities.
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person.
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour.
- Low self-esteem, depression and self-harm are all associated with sexual abuse.

Physical signs and symptoms for any age child could be:

- medical problems such as chronic itching, pain in the genitals, venereal diseases
- stomach pains or discomfort walking or sitting
- sexually-transmitted infections
- any features that suggest interference with the genitalia such as bruising, swelling, abrasions or tears
- soreness, itching or unexplained bleeding from the penis, vagina or anus
- symptoms of a sexually-transmitted disease, such as vaginal discharge or genital warts, or pregnancy in adolescent girls.
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention.

Sexual abuse by young people

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental sexual activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate sexual behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out”, which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident, the following factors should be given consideration. The presence of exploitation in terms of:

- Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies.
- Consent – agreement including all the following:
  - understanding that is proposed based on age, maturity, development level, functioning and experience
  - knowledge of society's standards for what is being proposed
  - awareness of potential consequences and alternatives
  - assumption that agreements or disagreements will be respected equally
  - voluntary decision
  - mental competence.
- Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses, i.e., loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Sexting

Sexting is the exchange of self-generated, sexually-explicit images through mobile picture messages or webcams over the internet. Sexting is often seen as flirting by children and young people who think that it is part of normal life. Often, incidents of sexting are not clear-cut or isolated; colleges may encounter a variety of scenarios. Sexting incidents can be divided into two categories – aggravated and experimental.[2]

Aggravated incidents of sexting involve criminal or abusive elements beyond the creation of an image. These include further elements, adult involvement or criminal or abusive behaviour by minors such as sexual abuse, extortion, threats, malicious conduct arising from personal conflicts, or the creation or sending or showing of

[2] *Reprinted from Wolak and Finkelhor 'Sexting: a Typology' March 2011*

images without the knowledge, or against the will, of a minor who is pictured.

Experimental incidents of sexting involve youths taking pictures of themselves to share with established boy or girlfriends, to create romantic interest in other youth or for reasons such as attention seeking. There is no criminal element (and certainly no criminal intent) beyond the creation and sending of the images and no apparent malice or lack of willing participation.

The consequences of sexting can be devastating for young people. In extreme cases, it can result in suicide or a criminal record, isolation and vulnerability. Young people can end up being criminalised for sharing an apparently innocent image which may have, in fact, been created for exploitative reasons.

Because of the prevalence of sexting, young people are not always aware that their actions are illegal. In fact, sexting as a term is not something that is recognised by young people and the 'cultural norms' for adults can be somewhat different. Some celebrities have made comments that appear to endorse sexting – "it's okay, as long as you hide your face" – giving the impression that sexting is normal and acceptable; however, in the context of the law it is an illegal activity and young people must be made aware of this.

The law

Much of the complexity in responding to youth produced sexual imagery is due to its legal status. Making, possessing and distributing any imagery of someone under 18 which is indecent is illegal. This includes imagery of yourself if you are under 18. 'Indecent' is not defined in legislation. For most purposes, if imagery contains a naked young person, a topless girl and/or displays genitals or sex acts, including masturbation, then it will be considered indecent. Indecent images may also include overtly sexual images of young people in their underwear.

The law criminalising indecent images of children was created long before mass adoption of the internet, mobile and digital photography. It was also created to protect children and young people from adults seeking to sexually abuse them or gain pleasure from their sexual abuse. It was not intended to criminalise children. Despite this, young people who share sexual imagery of themselves, or peers, are breaking the law.

The National Police Chiefs' Council (NPCC) has made clear that incidents involving youth-produced sexual imagery should primarily be treated as safeguarding issues. Colleges may respond to incidents without involving the police. Where the police are notified of incidents of youth-produced sexual imagery, they are obliged, under the

Home Office Counting Rules and the national crime recording standard, to record the incident on their crime systems. The incident will be listed as a 'crime' and the young person involved will be listed as a 'suspect'. *This is not the same as having a criminal record.*

Every 'crime' recorded on police systems has to be assigned an outcome from a predefined list of outcome codes. As of January 2016, the Home Office launched a new outcome code (outcome 21) to help formalise the discretion available to the police when handling crimes such as youth-produced sexual imagery. This means that even though a young person has broken the law and the police could provide evidence that they have done so, the police can record that they chose not to take further action as it was not in the public interest.

Refer any incidence of sexting that you become aware of to the DSL or DDSL as soon as you are aware of it.

C. Child sexual exploitation (CSE)

We recognise that CSE is a form of child sexual abuse involving criminal behaviours against children and young people, which can have a long-lasting adverse impact on a child's physical and emotional health. Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people. Victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol, and sometimes accommodation. It may also be linked to child trafficking.

Warning signs and vulnerabilities checklist[3]

The evidence available points to several factors that can increase a child's vulnerability to being sexually exploited. The following are typical vulnerabilities in children prior to abuse:

- living in a chaotic or dysfunctional household, including parental substance use, domestic violence, parental mental health issues, parental criminality
- history of abuse, including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect
- recent bereavement or loss

[3] The Office of the Children's Commissioner (2012) Interim Report - Inquiry into Child Sexual Exploitation in Group and Gangs.

- gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- attending college with young people who are sexually exploited
- learning disabilities
- unsure about their sexual orientation or unable to disclose sexual orientation to their families
- friends with young people who are sexually exploited
- homeless
- lacking friends from the same age group
- living in a gang neighbourhood
- living in residential care
- living in hostel, bed-and-breakfast accommodation or a foyer
- low self-esteem or self-confidence
- young carer.

The following signs and behaviour are generally seen in children who are already being sexually exploited:

- missing from home or care
- physical injuries
- drug or alcohol misuse
- involvement in offending
- repeat sexually-transmitted infections, pregnancy and terminations
- absent from college
- evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- estranged from their family
- receipt of gifts from unknown sources
- recruiting others into exploitative situations
- poor mental health
- self-harm
- thoughts of, or attempts at, suicide.

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. The DSL must ensure that all staff are aware of signs and symptoms of CSE and know that these must be reported and recorded as child protection/safeguarding concerns. The DSL must follow the Pan Sussex Pathway for dealing with issues of CSE, including completion

of the screening tool.

D. Child criminal exploitation – county lines

This is where children and young people are being exploited and drawn into drug-related activity by criminal gangs, groups or individuals. Typically, the gang exploits young or vulnerable people to store and/or supply drugs, move cash and to secure the use of homes belonging to vulnerable adults. There is a cross-over between CSE and county lines and young people are sometimes required to offer sex in order to pay off perceived debts.

Concerns about young people being possibly involved should be passed to the DSL who will refer to the police and the Family Front Door.

E. Domestic abuse

We recognise that exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships as well as in the context of their home life. All concerns regarding domestic abuse will be reported to the DSL, who will ensure that appropriate support is available to the young people and make referrals to social services where the threshold for social care intervention is met.

F. “Honour”-based violence and female genital mutilation (FGM)

We recognise that some of our staff are well placed to identify concerns and take action to prevent children from becoming victims of female genital mutilation (FGM) and other forms of so-called “honour”-based violence (HBV) and provide guidance on these issues through our safeguarding training. If staff have a concern regarding a child that might be at risk of HBV, they should inform the DSL who will activate local safeguarding procedures using existing national and local protocols for multiagency liaison with police and children’s social care.

What is FGM?

FGM includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. There are four known types of FGM, all of which have been found in the UK:

- Type 1 – clitoridectomy: partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2 – excision: partial or total removal of the clitoris and the labia minora,

with or without excision of the labia majora (the labia are the ‘lips’ that surround the vagina).
- Type 3 – infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Type 4 – other: all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterising the genital area.

FGM is sometimes known as ‘female genital cutting’ or female circumcision. Communities tend to use local names for this practice, including ‘Sunna’.

Why is FGM carried out?

It is believed that:

- It brings status and respect to the girl and that it gives a girl social acceptance, especially for marriage.
- It preserves a girl’s virginity/chastity.
- It is part of being a woman as a rite of passage.
- It upholds the family honour.
- It cleanses and purifies the girl.
- It gives the girl and her family a sense of belonging to the community.
- It fulfils a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.
- It is cosmetically desirable.
- It is mistakenly believed to make childbirth safer for the infant.

Religion is sometimes given as a justification for FGM. For example, some people from Muslim communities argue that the Sunna (traditions or practices undertaken or approved by the prophet Mohammed) recommends that women undergo FGM, and some women have been told that having FGM will make them ‘a better Muslim’. However, senior Muslim clerics at an international conference on FGM in Egypt in 2006 pronounced that FGM is not Islamic, and the London Central Mosque has spoken out against FGM on the grounds that it constitutes doing harm to oneself or to others, which is forbidden by Islam.

Within which communities is FGM known to be practised?

According to the Home Office, it is estimated that up to 24,000 girls under the age of

15 are at risk of FGM. UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leoni, Egyptian, Nigerian and Eritrean, as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

Obviously, this not to say that all families from the communities listed above practise FGM, and many parents will refuse to have their daughters subjected to this procedure; however, in some communities a great deal of pressure can be put on parents to follow what is seen as a cultural or religious practice.

Is FGM harmful?

FGM is extremely harmful and is often described as brutal because of the way it is carried out, and its short and long-term effects on physical and psychological health.

FGM is carried out on children between the ages of 0 and 15, depending on the community in which they live. It is often carried out without any form of sedation and without sterile conditions. The girl or young woman is held down while the procedure of cutting takes place, and survivors describe extreme pain, fear and feelings of abandonment.

Where the vagina is cut and then sewn up, only a very small opening may be left. This is often seen as a way to ensure that when the girl enters marriage, she is a virgin. In some communities the mother of the future husband and the girl's own mother will take the girl to be cut open before the wedding night.

Repeat urinal tract infections are a common problem for women who have undergone FGM, and for some, infections come from menstruation being restricted. Many women have problems during pregnancy and childbirth. The removal of the clitoris denies women physical pleasure during sexual activity, and some groups will practise complete removal to ensure chastity.

Is it illegal?

FGM is internationally recognised as a violation of the human rights of girls and women, and is illegal in most countries including the UK. The Female Genital Mutilation Act 2003 came into force in 2004. The act makes it illegal to:

- practise FGM in the UK
- take girls who are British nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country
- aid and abet, counsel or procure the carrying out of FGM abroad. The offence carries a penalty of up to 14 years in prison and/or a fine.

Signs, symptoms and indicators

The following list of possible signs and indicators are not diagnostic but are offered as a guide as to what kind of things should alert professionals to the possibility of FGM.

Things that may point to FGM happening:

- a child talking about getting ready for a special ceremony
- a family arranging a long break abroad
- a child's family being from one of the 'at-risk' communities for FGM (see above)
- knowledge that an older sibling has undergone FGM
- a young person talks of going abroad to be 'cut' or get ready for marriage.

Things that may indicate a child has undergone FGM:

- prolonged absence from school or other activities
- behaviour change on return from a holiday abroad, such as the child being withdrawn and appearing subdued
- bladder or menstrual problems
- finding it difficult to sit still and looking uncomfortable
- complaining about pain between their legs
- mentioning something somebody did to them that they are not allowed to talk about
- secretive behaviour including isolating themselves from the group
- reluctance to take part in physical activity
- repeated urinal tract infection
- disclosure.

What should we do?

Where a member of staff has a concern about a child, they should contact children's social care services. If the concerns are based on more concrete indicators, i.e., the young person says this is going to happen to them, or discloses that it has happened to them or to an older sister, the DSL should make a child protection referral and inform the police as required by the mandatory reporting duty. Staff should not:

- contact the parents before seeking advice from children's social care
- make any attempt to mediate between the child/young person and parents.

It is important to keep in mind that the parents may not see FGM as a form of abuse;

however, they may be under a great deal of pressure from their community and/or family to subject their daughters to it. Some parents from identified communities may seek advice and support as to how to resist and prevent FGM for their daughters, and education about the harmful effects of FGM may help to make parents feel stronger in resisting the pressure of others in the community. Remember that religious teaching does not support FGM.

The 'one chance' rule

In the same way that we talk about the 'one chance rule' in respect of young people coming forward with fears that they may be forced into marriage, young people disclosing fears that they are going to be sent abroad for FGM are taking the 'one chance' of seeking help.

It is essential that we take such concerns seriously and act without delay. Never underestimate the determination of parents who have decided that it is right for their daughter to undergo FGM. Attempts to mediate may place the child/young person at greater risk, and the family may feel so threatened at the news of their child's disclosure that they bring forward their plans or take action to silence her.

Mandatory reporting duty

Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers in England and Wales to personally report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Further information on when and how to make a report can be found in the following Home Office guidance: 'Mandatory Reporting of Female Genital Mutilation - procedural information' (October 2015).

G. Forced marriage

Forced marriage is a form of domestic abuse and a crime in England and Wales.

Forced marriage should be recognised as a human rights abuse and should always invoke child protection procedures within BCT.

A forced marriage is one entered into without the full and free consent of one or both parties, and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent

or where they cannot consent (if they have learning disabilities, for example); nevertheless, some communities use religion and culture as a way to coerce a person into marriage. A forced marriage is not the same as an arranged marriage – in an arranged marriage, the families take a leading role in choosing the marriage partner. The marriage is entered into freely by both people.

Warning signs

Warning signs can include a sudden drop in performance, truancy from lessons and conflicts with parents over continuation of the student's education. There may be excessive parental restrictions and control, a history of domestic abuse within the family, or extended absence through sickness or overseas commitments. Students may also show signs of depression or self-harming, and there may be a history of older siblings leaving education early to get married.

The justifications

Most cases of forced marriage in the UK involve South Asian families. This is partially a reflection of the fact that there is a large, established South Asian population in the UK. It is clear, however, that forced marriage is not a solely South Asian phenomenon; there have been cases involving families from East Asia, the Middle East, Europe and Africa.

Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas or a British citizen being sent abroad. Parents who force their children to marry often justify it as protecting them, building stronger families and preserving cultural or religious traditions. They may not see it as wrong.

Forced marriage can never be justified on religious grounds: every major faith condemns it and freely given consent is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriage.

Culture

Often parents believe that they are upholding the cultural traditions of their home countries when, in fact, practices and values there have changed. Some parents come under significant pressure from their extended families to get their children married.

The law

Sexual intercourse without consent is rape, regardless of whether this occurs within the confines of a marriage. A girl who is forced into marriage is likely to be raped and may be raped until she becomes pregnant.

In addition, the Forced Marriage (Civil Protection) Act 2007 makes provision for protecting children, young people and adults from being forced into marriage without their full and free consent through forced marriage protection orders. Breaching a forced marriage protection order is a criminal offence.

The Anti-Social Behaviour, Crime and Policing Act 2014 makes it a criminal offence, with effect from 16th June 2014, to force someone to marry. This includes:

- taking someone overseas to force them to marry (whether or not the marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured into it or not).

What to do if a client seeks help

- The client should be seen immediately in a private place where the conversation cannot be overheard.
- The client should be seen on her own, even if she attends with others.
- Develop a safety plan in case the client is seen, i.e., prepare another reason why you are meeting.
- Explain all options to the client and recognise and respect her wishes. If the client does not want to be referred to social services, you will need to consider whether to respect their wishes or whether the client's safety requires further action to be taken. If you take action against the client's wishes, you must inform the client.
- Establish whether there is a family history of forced marriage, i.e., siblings forced to marry.
- Advise the client not to travel overseas and discuss the difficulties she may face.
- Seek advice from the Forced Marriage Unit.
- Liaise with police and social services to establish if any incidents concerning the family have been reported.
- Refer to police if there is any suspicion that there has been a crime or that one may be committed.
- Refer the client with her consent to the appropriate local and national support groups and counselling services.

What to do if the client is going abroad imminently

The Forced Marriage Unit advises professionals to gather the following information if at all possible; it will help the unit to locate the student and to repatriate her:

- a photocopy of the student's passport for retention — encourage her to keep details of her passport number and the place and date of issue
- as much information as possible about the family (this may need to be gathered discretely)
- full name and date of birth of student under threat
- student's father's name
- any addresses where the student may be staying overseas
- potential spouse's name
- date of the proposed wedding
- the name of the potential spouse's father, if known
- addresses of the extended family in the UK and overseas.

Specific information

It is also useful to take information that only the student would know as this may be helpful during any interview at an embassy or British High Commission in case another person of the same age is produced pretending to be the student.

Professionals should also take details of any travel plans and people likely to accompany the student. Note also the names and addresses of any close relatives remaining in the UK and a safe means to contact the client, for example, a secret mobile telephone that will function abroad.

Forced marriage: what professionals should NOT do:

- treat such allegations merely as domestic issues and send the client back to the family home
- ignore what the client has told you or dismiss the need for immediate protection
- approach the client's family, or those with influence within the community, without the express consent of the client as this will alert them to your concern and may place the client in danger
- contact the family in advance of any enquires by the police, children's services or the Forced Marriage Unit, either by telephone or letter
- share information outside child protection information sharing protocols without the express consent of the client
- breach confidentiality except where necessary in order to ensure the client's safety
- attempt to be a mediator.

Further guidance is available from The Forced Marriage Unit:

Tel: (+44) (0)20 7008 0151 between 9.00 a.m. and 5.00 p.m. Monday to Friday

Emergency Duty Officer (out of hours): (+44) (0)20 7008 1500

E-mail fmu@fco.gov.uk **Website:** www.fco.gov.uk/forcedmarriage

FMU publication: '*Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage' June 09*

H. Radicalisation and extremism

Preventing radicalisation

Children and young people are vulnerable to extremist ideology and radicalisation. Extremism is the vocal or active opposition to our fundamental values including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces. Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

What is Prevent?

Prevent is the Government's strategy to stop people becoming terrorists or supporting terrorism, in all its forms. Prevent works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour.

The Counterterrorism and Security Act 2015 places a duty on specified authorities, including schools and colleges, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). The Prevent duty reinforces existing duties placed upon educational establishments for keeping children safe by:

- ensuring a broad and balanced curriculum is in place to promote the spiritual, moral, social and cultural development of pupils
- assessing the risk of pupils being drawn into extremist views
- ensuring safeguarding arrangements by working in partnership with local authorities, police and communities
- training staff to provide them with the knowledge and ability to identify pupils at risk
- keeping pupils safe online using effective filtering and usage policies.

Warning signs/indicators of concern

There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Clients may become susceptible to radicalisation through a range of social, personal and environmental factors. It is vital that staff are able to recognise those vulnerabilities. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

Factors which may make clients more vulnerable to radicalisation may include:

- Identity crisis: the client is distanced from their cultural/religious heritage and experiences discomfort about their place in society.
- Personal crisis: the client may be experiencing family tensions; a sense of isolation; 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 client's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
- Unmet aspirations: the client may have perceptions of injustice; a feeling of failure; rejection of civic life.
- Experiences of criminality: involvement with criminal groups, imprisonment, poor resettlement or reintegration.
- Special educational need: clients may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

Clients who are vulnerable to radicalisation may also be experiencing:

- substance and alcohol misuse
- pressure
- influence from older people or via the internet
- bullying
- domestic violence
- race/hate crime.

Behaviours which may indicate a child is at risk of being radicalised or exposed to extremist views could include:

- being in contact with extremist recruiters and/or spending increasing time in the company of other suspected extremists
- loss of interest in other friends and activities not associated with the extremist ideology, group or cause
- accessing extremist material online, including through social networking sites
- possessing or accessing materials or symbols associated with an extremist cause
- using extremist narratives and a global ideology to explain personal disadvantage
- voicing opinions drawn from extremist ideologies and narratives; this may include justifying the use of violence to solve societal issues
- graffiti symbols, writing or artwork promoting extremist messages or images
- significant changes to appearance and/or behaviour increasingly centred on an extremist ideology, group or cause
- changing their style of dress or personal appearance to accord with the group
- attempts to recruit others to the group/cause
- using insulting to derogatory names for another group
- increase in prejudice-related incidents committed by that person, which may include:
    - physical or verbal assault; provocative behaviour
    - damage to property
    - derogatory name calling
    - possession of prejudice-related materials; prejudice-related ridicule or name calling
    - inappropriate forms of address
    - refusal to co-operate
    - attempts to recruit to prejudice-related organisations
    - condoning or supporting violence towards others
    - parental reports of changes in behaviour, friendship or actions and requests for assistance
    - partner colleges, local authority services and police reports of issues affecting pupils in other colleges.

Referral process

All concerns about young people vulnerable to radicalisation should be referred to the DSL in the first instance. The DSL will follow safeguarding procedures including:

- talking to the young person about their behaviour/views/on-line activity/friends, etc
- discussion with parents/carers about the concerns
- checking out on-line activity, including social media if possible
- providing in-house support, if available
- providing Early Help targeted support, if necessary.

If concerns persist, then the DSL should complete the Channel referral form (available from the PSCSB website) and submit to social services via a Cause for Concern notification, normally with the knowledge and consent of the young person. The referral will then be subject to a triage process to decide whether or not it meets the threshold for a referral to Channel. If it does, the DSL should be prepared to attend the Channel panel meeting to share the concerns and help identify any intervention required. Further feedback to the Channel panel will be expected following intervention to decide whether there are still concerns.

Further information can be found in the Pan Sussex Safeguarding Procedures.

22 APPENDIX 4 Emergency procedure for clients at risk

If any client telephones or emails saying that they are in desperate need of support and you believe them to be at risk of harming themselves, then the procedure is as follows:

- If the client is one of David's and he is away, then telephone Barbara Wroe to ask if she is happy for the client to call her. David's contact number if he is not in the building is 07843 430333 and Barbara's is 01323 739229.
- If the client is one of Barbara's and she is away or unavailable, then either transfer the call to David or take their details and ask David to call them.
- In both cases it is important to let the client who is calling know that one of our counsellors will be calling them back shortly.
- If neither David nor Barbara are available, or likely to be available to speak with the client that same day, and you feel the client is at immediate risk of harming themselves, then the following should apply:
  - You could provide the contact number for the Samaritans, which is 08457 909090.
- If the client says that they are suicidal and are about to harm themselves and you feel that they are in immediate danger, you need to call 999 and ask the police to intervene. In order for the police to intervene, you need to have the contact address or telephone number to hand for the client and inform the client that you are calling the police. Depending on the individual, you may be required to notify their emergency contact person that you have called the police.
- If the client comes in person to the Trust threatening to harm themselves, or appears very distressed, then you need to assess the situation and either ask David to see them if he is in the building, or offer them a room where they can call the Samaritans, or you or a colleague should offer to escort them next door to the Samaritans where they will be able to have a face-to-face meeting.
- It is important to document the procedure you have followed, detailing date and time, etc.

23 APPENDIX 5 Mental capacity policy

The Mental Capacity Act 2005 provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves. It introduced a number of laws to protect these individuals and ensure that they are given every chance to make decisions for themselves. The Act came into force in October 2007.

There have been new provisions to the Act: the Deprivation of Liberty Safeguards. These safeguards focus on some of the most vulnerable people in our society. The deprivation of a person's liberty is a very serious matter and should not happen unless it is absolutely necessary and in the best interests of the person concerned.

The Deprivation of Liberty Safeguards (DoLS) came into force on 1st April 2009. The safeguards are only applicable to those adults who lack capacity to decide about their care and treatment and who are resident in either a care home or a hospital.

Mental capacity means the ability to make a particular decision at the time it needs to be made. The Act says that a person is, by law, unable to make the decision if, as a result of "an impairment of the functioning of the mind or brain", they are unable to do any one or more of the following:

- understand information relevant to the decision to be made
- retain that information in their mind for long enough to be able to
- weigh up the information as part of the decision-making process
- communicate that decision (by any means).

With respect to BCT, formalising, defining or diagnosis must be left to medical or social care experts. However, if staff or volunteers suspect a lack of capacity to take part in assessment, then the following must be done:

- If staff are unable to carry out a full assessment, then this concern should be reflected back to the client – do they understand and have insight? If so, document the assessment.
- If the client has no insight, contact next of kin, discuss your concerns and document in the assessment.
- If no next of kin or concerns regarding suitability of the carer or next of kin, then the *Vulnerable Person's Policy* will take effect.
- Consult with the designated safeguarding lead as soon as possible (bearing in mind any urgency in the situation) about concerns and actions to be taken.
- Contact GP or Adult Social Care if you have a specific concern.

- Executive director must be notified of all actions taken and reasons for taking such action.

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