



CHILD PROTECTION AND SAFEGUARDING POLICY AND PROCEDURES

July 2023

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1. Definitions, inclusions and exclusions, including the key categories of abuse

- 1.1 "Company" means CF Social Work.
- 1.2 "Staff" means all those who work for CF Social Work, employees and those who are contracted to work for CFSW on a short term or temporary basis.
- 1.3 "ACE" means Adverse Childhood Experiences
- 1.4 "DDSL" means Deputy Designated Safeguarding Lead
- 1.5 "CALFB" means Child Abuse Linked to Faith or Belief
- 1.6 "CSA" and "CSE" mean, respectively, Child Sexual Abuse and Child Sexual Exploitation
- 1.7 "CCE" means children at risk of Child Criminal Exploitation
- 1.8 "DSL" means Designated Safeguarding Lead for CFSW
- 1.9 "FGM" means Female Genital Mutilation
- 1.10 "FM" means Forced Marriage
- 1.11 "GBV" means Gender Based Violence
- 1.12 "LAC" means Looked After Child / "CiC" means Child in Care
- 1.13 "LCSB" means Local Children's Safeguarding Board / Safeguarding partnership
- 1.14 "MARF" means Multi Agency Referral Form
- 1.15 "MASH" means Multi Agency Safeguarding Hub
- 1.16 "SEND" means Special Educational Needs / Disability
- 1.17 This policy and procedure does not include policy and procedure for dealing with bullying or restraint and reasonable force – this is covered in the Managing the Behaviour of Service Users policy.
- 1.18 This policy and procedure does not include policy and procedure for dealing with missing children – this is covered in the Children Missing Education policy.
- 1.19 This policy and procedure does not include policy and procedure for the recruitment of staff. Safer Recruitment is provided for in the Safer Recruitment policy.
- 1.20 **Neglect** - the persistent failure to meet a child's basic needs, likely to result in the serious impairment of the child's emotional, mental or physical health or development.
- 1.21 **Emotional Abuse** - the persistent emotional maltreatment such as to cause severe and persistent detriment to a child's emotional development

1.22 **Physical abuse** – any form of physical harm caused to a child, including cases in which a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

1.23 **Sexual abuse** - forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. Sexual activities may involve physical contact or non-contact activities, such as encouraging children to behave in sexually inappropriate ways or to look at – or produce – sexual images. They also include the grooming of children in preparation for abuse (including via the internet).

2. Authorship and application of the policy and procedures

2.1 This policy and procedure has been written in full consultation with the CF Social Work senior leadership team and directorate, to determine the company approach to child protection and safeguarding.

2.2 This policy and procedure is intended to inform the actions of all staff, i.e., all CF Social Work employees and all those who are contracted to work for CFSW on a short term or temporary basis across all departments.

2.3 CFSW (Education) has adopted the My Concern intuitive platform which enables the Company to receive reports from field staff as quickly as possible, create and maintain accurate records that can be shared with other professionals and gather data around areas of need within the cohort of children and young people we support.

2.4 CFSW recognises that abuse may be difficult to identify because some of the signs are hidden. For this reason, all education staff are required to familiarise themselves with the key knowledge and understanding of forms of abuse set out in the appendices and receive an annual update – in addition all education staff receive an annual update around the changes to KCSIE in a training session at the start of the academic year.

3. Rationale and purpose of the policy and procedures

3.1 The purpose of this policy and procedure is to ensure that all CFSW staff always act in the best interests of service users, including acting to safeguard them from harm and danger, by:

- Recognising the indicators of child abuse, and
- Knowing what to do – and acting accordingly and promptly– when they suspect or identify, or become privy to, indicators of child abuse
- Remaining committed to developing a culture of safeguarding and vigilance

3.2 This policy and procedure has been drawn up to comply with key legislation and guidance:

- Keeping children safe in education (DfE 2023)
- Sexual violence and harassment between children (DfE 2018)
- Working together to safeguard children (DfE 2018)
- The prevent duty: for schools and childcare providers (DfE 2015)
- Safeguarding and remote education during Coronavirus (Covid-19) (DfE Guidance, April 2020)
- Section 175 of the Education Act 2002
- The Education (Independent School Standards) Regulations 2014
- The Non-Maintained Special Schools (England) Regulations 2015
- The Children (Private Arrangements for Fostering) Regulations 2005 and the amended s67 of the Children Act 1989
- The Crown Prosecution Service Guidelines (2013) on the Sexual Offences Act 2003
- Safeguarding Children in whom Illness is Fabricated or Induced, Supplementary Guidance to Working Together to Safeguard Children, HM Government 2008
- Counter Terrorism and Security Act 2015
- Section 5B of the Female Genital Mutilation Act 2003 (as inserted by Section 74 of the Serious Crime Act 2015)
- Essex Safeguarding Children's Board procedures
- Norfolk Safeguarding Children's Board procedures
- Suffolk Safeguarding Partnership procedure

4. Expectations of the Designated Safeguarding Lead (DSL)

The DSL is expected:

- 4.1 To receive concerns and referrals from staff, to assure staff that these will be dealt with fully and promptly and to expedite assessment and, where appropriate, onward referral to Social Care or another appropriate agency
- 4.2 If appropriate to call Social Care immediately, and then complete the MARF or confirm the referral in writing within 24 hours as per locality procedures, where the DSL believes that a child may be at imminent and significant risk of harm. The DSL will also ensure that a proof of receipt of the referral is obtained from the receiving agency.
- 4.3 To contact the police immediately if a criminal offence has been committed or there is a strong likelihood that such an offence is about to be committed.
- 4.4 To assess any non-immediate or low level concern and, taking into account any safeguarding information already known about the child, consider whether the threshold of *risk of harm*, or that of *risk of significant harm*, has been reached. Ensure that all low level concerns are recorded recognizing that these can build up a picture of need or contribute to external assessments.
- 4.5 To contact the relevant Professional Consultation Line for advice if unsure whether the threshold has been met. If required, the DSL will then complete and submit the MARF.
- 4.6 To consider whether a child's needs would benefit from early help where a safeguarding concern does not meet the threshold for completion of a MARF.
- 4.7 Where a concern is received at the weekend or during a holiday, to refer to the social care emergency duty team.
- 4.8 Where there is a pre-agreed referral arrangement, to contact Social Care or the Police as arranged.
- 4.9 To inform the person who commissioned the work that a referral has been made, where to do so will not constitute a potential risk or conflict of interest.
- 4.10 To follow up on all onward referrals to ensure that investigation has been fully carried out and that remedial action has been taken
- 4.11 To secure an effective safeguarding culture within CFSW characterised by informed vigilance and clarity of procedure and action.
- 4.12 To provide ongoing advice and guidance for staff.
- 4.13 To keep fully up to date with local and national regulations, guidelines and practices.
- 4.14 To provide regular updates and training for staff, particularly where training priorities have been identified. For Education staff this includes an annual KCSIE update
- 4.15 To securely keep complete records of education safeguarding matters using My Concern.
- 4.16 To act as first point of contact for all safeguarding matters at CFSW.
- 4.17 To keep qualified DSL status up to date by completing refresher training as required.
- 4.18 To ensure that a Deputy Designated Safeguarding Lead (DDSL) is appointed
- 4.19 To monitor and evaluate the overall safeguarding performance of the company with a view to ongoing improvement.

4.20 There are a number of DSL's within the education and senior leadership team who are outlined on My Concern and can be contacted by ringing the education duty line. For the academic year 2023/24 the DSL will be Cathy Cook and Ross Evans, with Nina Livermore, Anton Clarke, Gemma Catania, Paula Silke-Cooper and Tina Catalanotto as DDSL's. Additionally Nina Livermore is responsible for the governance of safeguarding.

4.21 Joe Manning is the DSL for the CFSW department and the children's homes Registered Managers assume responsibility for safeguarding within their settings although they have a separate policy and response in line with best practice and the Children's Homes regulations.

5. Expectations of staff

Staff are expected:

5.1 To be constantly vigilant for signs of abuse.

5.2 To refer any concerns, disclosures or suspicions to the DSL, however insignificant they appear to be, without delay, without undertaking any form of prior investigation and without speaking about the matter with, or consulting, colleagues or anyone else. This includes 'Low Level Concerns'

5.3 To:

- reassure the service user that what he or she is doing is the right thing
- offer a calm, listening ear
- refrain from asking questions or, in any way, entering into an investigative conversation – (but can gently ask the service user to repeat or clarify something said)
- refrain from any adverse comment or denunciation of the alleged abuser
- avoid expressions of sympathy with the service user which may inaccurately pre-judge
- refrain from assumptions or interpretations
- tell the service user that the information he or she has offered must be passed on to keep the service user safe
- make notes at the earliest opportunity in order to be able to impart information to the DSL accurately and fully
- put the referral in writing in line with departmental procedure
- ensure that any referral is factual
- ensure that all such matters are treated in the strictest confidence at all times

5.4 To actively seek to develop knowledge and understanding of child protection and safeguarding issues and to undertake any training provided for staff

5.5 To have read and ensured that they understand Part 1 of *Keeping Children Safe in Education (2023)* if they are working as part of the education team

5.6 To tell the DSL when they feel that policy and procedures could be improved.

5.7 All staff will be clear about the procedure in relation to allegations against a member of the children's workforce in their department, and how this will be managed by the company working alongside the LADO and other external professionals and organisations as appropriate

6. Key procedures

6.1 If staff identify or suspect any form of abuse, they must discuss the concern without delay with the DSL – education staff will be asked to follow up by reporting via My Concern.

6.2 Staff should refer the concern to the DSL without undertaking any form of prior investigation and without speaking about the matter with, or consulting, colleagues, or anyone else.

6.3 The DSL will refer the matter to the relevant agencies without delay.

6.4 The DSL will make full and complete written records of the referral, together with a written explanation of any course of action decided upon, from its inception to its outcome.

6.5 The DSL will confirm to the referrer that the matter has been forwarded appropriately and will pursue the referral with the agencies to which the matter was referred until satisfied that it has been fully dealt with and that a satisfactory outcome has been achieved for the service user who may be the subject of abuse

7. Informed vigilance

7.1 CFSW acknowledges that there are many forms of abuse to which a child can be subject.

7.2 The DSL seeks to ensure that all CFSW staff have sufficient knowledge and understanding of these to exercise their duties. All staff have an Introduction to Safeguarding face to face training session as part of their onboarding which is refreshed at regular intervals

7.3 A comprehensive list of forms of abuse is presented here, with description and practical advice provided in the appendices.

FORMS OF ABUSE CENTRED ON THE HOUSEHOLD

Domestic bullying and violence

Service users with Special Educational Needs and / or Disabilities (SEND)

Young carers

Child sexual abuse

Fabricated or induced illness

Children in parent offender households

FORMS OF ABUSE CENTRED ON RESIDENTIAL CARE SETTINGS

Private fostering

Children in Care (CiC) or Looked After Children (LAC), including returners to the family home

FORMS OF ABUSE CENTRED ON OPPRESSIVE CULTURAL PRACTICES

Gender-based abuse: Breast ironing

Gender-based abuse: Female Genital Mutilation (FGM)

Gender-based abuse: Forced Marriage (FM)

Gender-based abuse: Honour base violence

Abusive ritual associated with cult, belief, or superstition (CALFB)

FORMS OF ABUSE CENTRED ON CHILD GROUP RELATIONSHIPS

Child on child abuse, including online abuse / sexting

FORMS OF ABUSE CENTRED ON COMMERCIAL EXPLOITATION (MODERN SLAVERY)

Children at risk of Criminal Exploitation (CCE), including gang affiliation

Child Sexual Exploitation (CSE), including trafficking

FORMS OF ABUSE CENTRED ON HATE

Radicalisation

8. Safeguarding and remote education and support (during and post pandemic)

8.1 CFSW acknowledges its duty to keep service users and staff safe when they are engaging in remote education.

8.2 The conduct, e-safety and safeguarding policies and procedures that apply normally, in face-to-face sessions with service users, apply in the same way to remote education online.

8.3 CFSW acknowledges that engaging in remote education or support sessions online presents an opportunity for reinforcing, for commissioners, parents and service users, the importance of good practice for staying safe online.

8.4 CFSW believes that it is particularly important that commissioners and parents know what service users are being asked to do, including:

- The sites they will be asked to use and the CFSW staff with whom they will interact

8.5 In order to reduce the risk of online harm, CFSW staff shall:

- engage with service users in remote session online only between 0900 and 1700 hours from Monday to Friday inclusive unless previously agreed with commissioner or social worker
- provide remote support online only using live streaming or pre-recorded videos
- communicate only through online platforms approved by CFSW
- use only Company email accounts
- use only Company devices, not personal devices
- ensure that background images and background noise are appropriate for a professional-client interaction

9. A climate in which service users feel safe

9.1 CFSW expects all its service users to feel safe when they are working with its staff.

9.2 There is an expectation that staff will nurture relationships with service users rooted in mutual respect, the dignity of the individual and honesty so that constructive and trusting relationships can be built that are conducive to openness. There should be no doubt in service users' minds that staff are always working in their best interests.

9.3 Where service users feel safe it is more likely that a service user will make a disclosure or hint at abuse, requiring a response from staff

10. Mandatory reporting arrangements

10.1 These arrangements apply to Female Genital Mutilation (FGM) and place a statutory duty on CFSW staff to report to the police any evidence, visual or through disclosure, that FGM appears to have been carried out on a girl under 18.

10.2 It is CFSW policy and procedure to refer first to the DSL. However, if the DSL cannot be contacted immediately, staff must contact the police directly and, at the earliest opportunity thereafter, notify the DSL.

10.3 This mandatory duty does not apply to at risk or suspected cases.

11. Record keeping

11.1 For all concerns or referrals to the DSL, or any that are sent direct to Social Care or to the Police, full records will be kept by CFSW confidentially and securely either on the shared drive in a limited access file or on My Concern. These include, as a minimum requirement:

- The original written referral, including the DSL's evaluation and response
- A telephone transcript or email record of the DSL's onward referral to the relevant agency, including a record of receipt
- Records of all subsequent personal conversations, telephone conversations, emails and letters, including records of all follow up actions, and inclusive of all responses and any decisions made
- A record of the outcome for the service user, including the reasons for considering it a satisfactory or unsatisfactory outcome

11.2 Any paper records for each case will be kept in a separate envelope. Each envelope will be marked 'Secure and Confidential' and will feature the service user's name, the date the record was started and an attached sheet to record all the documents contained within it and the date of their entry into the record.

11.3 The envelopes will be kept securely in a locked cabinet and access to the key will be restricted to the DSL, and an appointed DDSL.

12. Procedure history, review and training implications

12.1 This policy and procedure will be reviewed annually, or following any serious incident, by the CFSW directorate in consultation with CFSW staff and professional associations / trades unions.

12.2 An essential component of review will be the identification of training needs and opportunities for CFSW staff.

12.3 The outcomes of review and any recommended amendments, deletions or additions will be recorded in such a way as to demonstrate a causal audit trail over time.

12.4 All CFSW staff will be supported by regular advice, guidance and policy and procedure updates by the DSL.

12.5 All CFSW staff are required to undertake training under the Prevent duty (Radicalisation) during their onboarding and as part of their refreshers and updates.

13. Access and publication

13.1 This policy and procedure will be available to all staff

13.2 It will also be provided to commissioners, local authorities, and other professional agencies with which CFSW has substantive relations should they request it

13.3 The policy will be made available to service users, their families, carers, advocates and professionals from other agencies, on request

14. Appendices

This appendix sets out information on the forms of abuse listed earlier in the policy. It is not intended to be exhaustive but, rather, to set out the minimum knowledge and understanding that CFSW would expect of its staff.

Each section in the appendix contains brief information about the particular form of abuse in question:

1. Telling staff what they need to know and understand about it in general terms
2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Each section ends with an instruction to staff in the event that they suspect, identify or become aware of abuse and is repeated at the close of each and every section for clarity and emphasis.

Many indicators or warning signs apply to multiple forms of abuse. These include general symptoms indicative of a problem but not sufficient, without additional specific signs, to allow for a diagnosis. Indicators or warning signs that are more specifically related to particular forms of abuse are detailed in the sections below, but generic symptoms are listed here:

- A disclosure, intentional or otherwise
- A request for help
- Support seeking behaviours
- Low self esteem
- Anxiety / depression / thoughts of suicide
- Nervous habits / reflexes
- Physical marks, such as cuts, bruises or burns
- Bed-wetting / nightmares / insomnia
- Confusion / disorientation
- Withdrawal / isolation / fearfulness
- Eating disorders
- Undue aggression
- Poor personal care; a loss of weight, hunger; lack of cleanliness; unkempt presentation
- Constant or frequent bouts of sickness, including colds, headaches and mouth ulcers
- Irregular attendance at education setting

It is important that individual staff do not dwell too long on deciding what category of abuse they feel is happening as social care will make that decision – the important thing is to make a referral to the MASH without delay.

If staff suspect or identify abuse of a service user in the domestic setting, or if they are privy to a disclosure, then they must follow the procedure set out in this policy and inform the DSL as soon as possible. The DSL should then give an undertaking that the matter will be referred immediately to the appropriate authority.

This applies to all forms of abuse outlined in the appendices

FORMS OF ABUSE CENTRED ON THE HOUSEHOLD

14.1 Domestic bullying and violence

1. Telling staff what they need to know and understand about it in general terms

Child domestic abuse is any type of controlling, manipulating, bullying, threatening or violent behaviour to which a child is subjected by the people who live with the child. It includes the witnessing of abuse within the home setting. Domestic abuse can seriously harm children in the long term, often impacting into adulthood. Even where they are not physically harmed, children may experience emotional and psychological damage as a result of witnessing abuse.

Domestic abuse is often difficult to detect because the perpetrators and the victims often hide the abuse for fear of what might happen if it were to come to light or, when they are older, out of shame, and because society remains reluctant to intervene in intra-familial dynamics.

Domestic abuse can happen inside and outside the home, on the phone and on social networking sites, and can present as:

- unreasonably controlling a child or someone else in the household
- degrading, humiliating or intimidating a child or someone else in the household
- manipulating the self-image or self-worth of a child or someone else in the household
- emotionally blackmailing a child or someone else in the household
- violating the privacy of a child or someone else in the household
- restricting the social freedom of a child or someone else in the household
- restricting the financial freedom of a child or someone else in the household
- threatening to harm a child or someone else in the household
- threatening to harm a pet
- physically assaulting a child or someone else in the household

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Child domestic abuse can occur in any kind of household. However, service users may be particularly vulnerable if:

- they display one or more of the generic indicators (above)
- they live in poverty
- they actively discourage others from talking about – or visiting – their home
- they are rarely – or never – seen

14.2 Service users with Special Educational Needs and / or Disabilities (SEND)

1. Telling staff what they need to know and understand about it in general terms

The term (SEND) refers to children who have special educational needs and / or disabilities.

There are a number of factors that make abuse of this kind difficult to detect. Adults may not have the knowledge and skills to communicate effectively with children, which can make it harder, or impossible, for children to share their thoughts and feelings. Adults may not realise that a child is trying to tell them about abuse. This constitutes an aggravated risk where the abuser may be a parent or carer and a young service user in this position may be reluctant to disclose the abuse for fear that the care will stop.

Children with disabilities are more likely to delay disclosing abuse and may not disclose it at all. A service user attempting to disclose abuse may self-harm, display inappropriate sexual behaviour or display repetitive and challenging behaviours. Where this is misinterpreted as part of a disability or health condition rather than an indicator of abuse, adults are less likely to take action. Injuries such as bruising may not raise the same level of concern as they would in the case of a non-SEND service user. Adults may assume that bruising was self-inflicted or caused by disability equipment or problems with mobility

Caring for a service user with limited support can put a family under undue stress. This can make it difficult for parents or carers to provide sufficient care and can lead to abuse or neglect. Many SEND children do not understand that what is happening to them is abuse.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Children who may be particularly vulnerable include:

- Those who display one or more of the generic indicators (above)
- Those with learning difficulties
- Those with speech and language difficulties
- Those who are profoundly deaf or struggle to hear well
- Those with health-related conditions
- Those with additional needs who also struggle with their behaviour
- Those who need intimate care
- Those dependent on adults for care
- Those isolated from others
- Those living away from home

14.3 Young carers

1. Telling staff what they need to know and understand about it in general terms

Children who look after a parent or relative who is ill, who has additional physical or mental health support needs, drug dependent or problematic use of alcohol are known as young carers. Many young carers go unidentified, and some are fearful of intrusion into family life. Young carers may be particularly vulnerable to intended or unintended abuse because, in addition to their own deficit of parenting care, they are typically spending considerable amounts of time caring for family to the detriment of their own personal and social developmental needs.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Vulnerable children include:

- Those who display one or more of the generic indicators (above)
- Those who live in poverty

- Those who actively discourage others from talking about – or visiting – their home
- Those who are rarely seen
- Those whose attendance at education settings is irregular
- Those who often arrive late for educational sessions
- Those who typically present as tired

14.4 Child sexual abuse

1. Telling staff what they need to know and understand about it in general terms

Familial or intrafamilial sexual abuse refers to sexual abuse that occurs within the family, in or out of the family home, where a family member involves a child under 18 in, or exposes a child under 18 to, sexual practices. An abusive family member may not be a blood relative, but could be someone who is considered part of the family, such as a godparent or very close friend. A family member can be anyone who is living in the same household and assuming a position of trust or authority in respect of a child, as well as someone related by blood, adoption, fostering, marriage or any other form of partnership.

The Office for National Statistics most recent report on Child Sexual Abuse in England and Wales (2019) estimated that 37% of child sexual abuse is undertaken by a friend or acquaintance of the young person. However, it is difficult to measure the scale of child sexual abuse within the family because children who have been abused by a family member are more likely to hide the abuse or to blame themselves for it than children who are abused by someone outside the family unit. This is particularly true of older children, who may be all too aware of the effect that disclosing the abuse will have on other family members.

Many younger children do not recognise that they are being because perpetrators normalise the experience. Research demonstrates that many victims only tell someone that they have been sexually abused once they have reached adulthood. The majority of known victims are female. A significant number of cases involve young people as the perpetrator - itself a possible indicator of experiences of sexual abuse.

Some victims are abused by several perpetrators, and in many cases, perpetrators will be known to each other. Poly-victimisation – the experience of multiple forms of abuse – appears to be relatively common.

As a society, we find it difficult to talk about sexual abuse of children within the family environment. The consequence of this reluctance is to reduce our capability and preparedness to protect children from it. Within families and communities there is often denial about familial sexual abuse so that when people do talk about it they often use language that minimises the abuse or implies consent.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Vulnerable children include:

- Those who display one or more of the generic indicators (above)
- Those who live in poverty
- Those who present as unusually secretive or uninhibited
- Those who exhibit inappropriate sexualised behaviour
- Those who exhibit harmful sexual behaviour towards others
- Those who seem to have awkward, intense or one-sided relationships with other family members
- Those who find it difficult to trust others
- Those who self-harm

14.5 Fabricated or induced illness

1. Telling staff what they need to know and understand about it in general terms

Fabricated or induced illness refers to the practice in which a parent or carer seeks to present a well child as unwell. Sometimes more than one parent or carer is complicit.

Detection of fabricated or induced illness is aggravated by the difficulty of distinguishing between the very anxious carer who may be responding in a reasonable way to a sick child and those who exhibit abnormal behaviour. The child is often wholly compliant.

The impact on the child can be profound and long term. Extensive, unnecessary medical investigations may be carried out in order to establish the underlying causes for the reported signs and symptoms, together with prescription of unnecessary medications and even invasive surgery. As they grow older, children can experience confusion about, or preoccupation with, their health. They can also sustain emotional damage, manifesting as feelings of anger and betrayal directed towards their parents or carers or health professionals.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Vulnerable children include:

- Those who display one or more of the generic indicators (above)
- Those children of parents or carers with significant medical or psychological histories
- Those children of mothers or carers with a complicated obstetric history
- Those children of parents or carers who have suffered traumatic bereavement, including miscarriage, stillbirth or child death
- Those children of parents or carers who have suffered traumatic separation or divorce
- Those children of parents or carers struggling with the role of parent
- Those with frequent and unexplained absences from school, particularly from PE lessons

- Those with frequent absences for doctor or hospital appointments
- Those subject to repeated claims by parents or carers that they are unwell and require medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which teachers/ early years staff have not themselves noticed
- Those with frequent appointments with opticians and dentists
- Those whose parents seem particularly anxious to make referrals for second medical opinions
- Those associated with conflicting or untrue stories about illnesses in the family
- Those who complain of symptoms of an illness that will allow them to stay at home
- Those whose normal daily life activities appear to be significantly restricted

14.6 Children in households affected by imprisonment

1. Telling staff what they need to know and understand about it in general terms

Children of incarcerated parents have been described as the victims of a hidden sentence. Children who have a parent in custody, particularly repeat offenders, are at risk of significantly worse outcomes than other children, including wellbeing, educational and life-chance outcomes. Research indicates that such Adverse Childhood Experiences (ACEs) are more likely to lead to future criminality and antisocial behaviour. The transmission of criminality from parents to offspring has been found to be stronger when the parents are imprisoned as opposed to just having a conviction.

Children in parent offender households are more likely to be exposed to ACEs such as low family income, alcohol and drug abuse, domestic violence, parent mental health issues and disrupted routines. These impact adversely on educational outcomes. Service users with a parent in prison are twice as likely compared to other children to go on to experience their own conduct and mental health problems, to fail at school and to be subject to the criminal justice system in their own right.

Current data collecting systems are not designed to pick up children in households affected by imprisonment and, consequently, many such children are invisible to associated support systems, even though they are often subject to the loss of a primary caregiver and to a family life defined by uncertainty and cover up. In many cases authorities are alerted only when a distressful event, such as a high profile criminal event or eviction, takes place.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Vulnerable children include:

- Those who display one or more of the generic indicators (above)
- Those who have sporadic, often unexplained absences from education settings
- Those who present with disruptive behaviour in education settings
- Those associated with conflicting or untrue stories about family life
- Those who complain of symptoms of an illness that will allow them to stay at home
- Those whose normal daily life routines appear to be significantly disrupted
- Those who talk about wanting to see a relative or hoping that a relative comes home soon
- Those who are secretive and reluctant to provide others with a glimpse into their home life, often for reasons associated with shame or stigma
- Those who share with others that they don't know why a relative has gone away or where that relatives
- Those who display signs of sadness, grief, rejection or guilt

FORMS OF ABUSE CENTRED ON RESIDENTIAL CARE SETTINGS

14.7 Private fostering

1. Telling staff what they need to know and understand about it in general terms

Private fostering is when a child under the age of 16 (or under 18 if with a disability) is cared for by someone who is not their parent or a close relative. This is a private arrangement made between a parent and a carer, expected to last 28 days or more.

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

If a person is looking after someone else's child for 28 days or more, or likely to be doing so, the law requires that person to notify the local authority. If a person becomes aware of any private fostering arrangements, that person is required to notify the local authority. Many private foster carers (prospective and actual) are not aware of the notification requirements. As a result, many private fostering arrangements remain hidden, leaving some children vulnerable to abuse and neglect.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Common categories of privately fostered children include:

- Those sent from abroad to stay with another family, usually to improve their educational opportunities
- Those whose parents have gone away
- Teenagers who, having broken ties with their parents, are staying in short term arrangements with friends or other non-relatives
- Those of prisoners placed with distant relatives
- Language students living with host families

Indicators that might arouse suspicion or trigger notification:

- Evidence of one or more of the generic indicators (above)
- A parent or carer has presented with a child or children referred to as a 'niece' or 'nephew' who are staying with them for a while
- A service user mentions that he or she is staying with a stranger or distant relative

14.8 Children in Care (CiC) or Looked After Children (LAC), including children returning to the family home or those who are care experienced

1. Telling staff what they need to know and understand about it in general terms

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Child abuse may occur while a child is being looked after in:

- A local authority foster parent setting
- A residential children's home
- A local authority residential setting like a school or secure unit

A child will be in local authority care because a care order requires that the child is looked after by someone other than his or her biological family. In such a case the local authority shares legal responsibility for the child with the foster parents.

Children in care are vulnerable because they have fragile self-esteem and are susceptible to feelings of insecurity and rejection. Many have suffered a form of abuse before entering into care and many go on to experience many different care settings, forming and breaking attachments in quick succession.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Vulnerable children include:

- Those who display one or more of the generic indicators (above)
- Those who present with disruptive behaviour in education settings
- Those who are guarded and reluctant to provide others with a glimpse into their home life
- Those who seem to have awkward, intense or one-sided relationships with a carer
- Those who seem to be overly controlled by a carer
- Those who have returned to the home after a period in care

FORMS OF ABUSE CENTRED ON OPPRESSIVE CULTURAL PRACTICES

Gender Based Violence (GBV) has become an umbrella term for any harm that is perpetrated against a person's will resulting from power inequalities based on gender roles. GBV against girls and women is the most common form, an expression of inequitable power between women and men.

GBV includes child domestic abuse and CSE which are summarised under separate cover in these appendices.

14.9 Gender-based abuse: Breast ironing

1. Telling staff what they need to know and understand about it in general terms

Breast ironing or breast flattening is a form of gender-based violence traditional to some parts of Africa. Young girls' breasts are ironed, massaged, flattened or pounded down over long periods to reduce their size or delay their development. This is to protect them from unwanted sexual attention or rape or to delay sexual activity and potential pregnancy. It can also be to enable a girl to continue her education. The practice can involve the use of large heated stones, hammers, spatulas or belts / binding to compress breast tissue. This abuse often begins at the first signs of puberty. In 2019, the Crown Prosecution Service (CPS) updated the Honour-Based Abuse and Forced Marriage guidance to recognise breast-ironing as child abuse. CPS guidance makes clear that breast-ironing is a crime, even where the victim has consented.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

It may be more difficult to detect breast ironing because:

- Girls often hide any signs
- The practice is often planned in secret

Children vulnerable to breast ironing include:

- Girls who display one or more of the generic indicators (above)

- Girls at the beginning of puberty
- Girls who may have their ethnic origins in Cameroon, or in Togo, Chad, Kenya, Guinea Bissau, South Africa, Cote d'Ivoire, Benin or Zimbabwe
- Girls born to women who have themselves undergone the practice
- Girls in families where elders retain a strong influence
- Girls in families with insecure immigration status

Indicators that might arouse suspicion of breast ironing

- A girl might refer to pain or discomfort in the chest area
- A girl may display reluctance to undergo medical examination
- A girl may be fearful of changing for physical activities
- A girl is withdrawn from PSHE or Sex Education

14.10 Gender-based abuse: Female Genital Mutilation (FGM)

It is CFSW (Education) policy and procedure to refer first of all to the DSL, however, if the DSL cannot be contacted immediately, staff must contact the police directly and, at the earliest opportunity thereafter, notify the DSL

1. Telling staff what they need to know and understand about it in general terms

Female Genital Mutilation (FGM) is an illegal procedure in which the female genitals are deliberately cut, injured, or changed. It is also known as female circumcision or cutting, and by other terms, such as Sunna, gudniin, halalays, tahur, megrez and khitan. FGM is often performed by traditional circumcisers or cutters who do not have any medical training. Anaesthetics and antiseptics are not generally used and FGM is often carried out using knives, scissors, scalpels, pieces of glass or razor blades. The practice is often pursued against a girl's will and girls may have to be forcibly restrained.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

It may be more difficult to detect FGM because:

- Girls often hide any signs
- FGM is often planned in secret

Children vulnerable to FGM include:

- Girls between infancy and the age of 15
- Girls born to women who have themselves undergone the practice
- Girls in families where elders retain a strong influence
- Girls in families with insecure immigration status

Indicators that might arouse suspicion of FGM:

- A girl may display one or more of the generic indicators (above)
- A girl may have difficulty walking, standing or sitting
- A girl may spend longer in the bathroom or toilet due to difficulty urinating, soreness menstrual problems or infection
- A girl may present differently after an absence from education
- A girl may be reluctant to go to the doctor or have a routine medical examination
- A girl may have a mother or older sibling who has undergone FGM
- A girl may talk about plans to have a special procedure or to attend a special occasion to become a woman

- A girl's parents may state that they – or a relative will take the child out of the country - to a country where FGM is practiced – for a prolonged period or during the school holidays
- A girl may mention a female relative coming to visit
- A girl may reference FGM, perhaps using one of its alternative names

14.11 Gender-based abuse: Forced Marriage (FM)

1. Telling staff what they need to know and understand about it in general terms

Forced Marriage (FM) is a marriage conducted without the valid consent of one or both parties and where duress is a factor. It is now an offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014.

It may be more difficult to detect FM because it is often planned in Secret.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Children vulnerable to FM include:

- Girls taken overseas – in particular, to Pakistan, Bangladesh, and India – without explanation
- Girls who lack the mental capacity to consent to the marriage (whether they're pressured or not)
- Girls born to women who have themselves undergone the practice
- Girls in families where elders retain a strong influence
- Girls in families with insecure immigration status

Indicators that might arouse suspicion of forced marriage:

- A girl may present as withdrawn, spending less time with friends and not answering calls or texts
- A girl may have bruising to the upper arms
- A girl's parents may state that they – or a relative will take the child out of the country - to a country where FM is practised – for a prolonged period or during the school holidays
- A girl may have relatives who have undergone FM
- A girl may present differently after an absence from education

14.12 Gender-based abuse: Honour crime

1. Telling staff what they need to know and understand about it in general terms

There is no specific offence of honour crime. It is an umbrella term to encompass various offences and practices used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. There are inherent risks to the act of disclosure for the victim and possibly limited opportunities to ask for help for fear of retribution from their family or community.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

It may be more difficult to detect honour crime because:

- Children often hide any signs
- The practice is often planned in secret

Service users perceived to transgress concepts of honour may include:

- Girls who use inappropriate make-up or dress
- Girls who have an inappropriate boyfriend, girlfriend or other relationship e.g. a gay relationship
- Girls who reject an attempt to force a marriage
- Girls who become pregnant outside marriage
- Girls who have been victim to rape
- Girls who form inter-faith relationships (or same faith but different ethnicity)
- Girls who leave a spouse or seek divorce
- Girls who kiss or are intimate in a public place
- Girls who use alcohol or drugs

An honour-based crime will usually come to light only after physical violence has taken place. There may be evidence of domestic abuse, including controlling, coercive and dominating behaviour towards the victim. Girls who display one or more of the generic indicators (above) may be at risk and self-harming, family disputes and unreasonable restrictions on the young person, such as removal from education or virtual imprisonment within the home, may be factors.

14.13 Abusive ritual associated with cult, belief or superstition (CALFB)

1. Telling staff what they need to know and understand about it in general terms

Forms of belief-related ritual practice can result in the emotional, physical or sexual abuse of children. Such practices can be associated with:

- belief in witchcraft - used to instil fear in children in order to make them more compliant for trafficking, domestic slavery or sexual exploitation
- the evil eye or djinns (traditionally known in some Islamic contexts)
- dakini (in the Hindu context)
- ritual or muti murders, where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies
- belief in evil spirits that can 'possess' children, often accompanied by a belief that a possessed child can 'infect' others with the condition.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Vulnerable children include:

- Those who display one or more of the generic indicators (above)
- Those who may be singled out as the cause of misfortune within the home, such as financial difficulties, divorce, infidelity, illness or death.
- Those whose behaviours may be attributed to spiritual forces, including disobedience, precociousness, rebelliousness, wetting the bed, having nightmares or falling ill
- Those who could be singled out for having a physical difference or disability, such as a learning disability, mental health issues, epilepsy, autism, down's syndrome, dyslexia, a stammer or deafness
- Albinos
- Those who are left-handed

- Those who have a particular skill or talent which can be rationalised as a consequence of possession or witchcraft
- Those wearing unusual or symbolic clothing or accessories
- Those living with extended family or non-biological parents
- Those living away from home in private fostering or in domestic servitude
- Those living with a step-parent, with one of the natural parents absent or dead
- Those whose parents have been branded as witches
- Those who are living within complex family structures e.g. a polygamous setting or reconstituted family
- Those who have been removed from one education setting without arrangements for another
- Those with uncertain immigration status
- Those who have been suddenly removed from the UK

FORMS OF ABUSE CENTRED ON CHILD PEER GROUP RELATIONSHIPS

14.14 Child on child abuse, including online abuse / sexting

1. Telling staff what they need to know and understand about it in general terms

Children can abuse other children. This is referred to as child on child abuse and can take many forms, including cyberbullying, unwanted sexual attention, unwanted physical attention and initiation/hazing rituals. Such behaviour becomes abuse when there is physical, sexual, emotional or financial harm or coercive control exercised by and between children. Upskirting, which is a criminal offence, may also be carried out by a child, as well as by an adult either known to the child or a member of the public.

Child on child abuse is harmful both to the child perpetrator and the child victim.

Abusers can be younger than their victims.

Black and minority ethnic children often under-identified as victims and over-identified as perpetrators

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Vulnerable children include:

- Those who display one or more of the generic indicators (above)
- Those aged 10 and upwards (although victims as young as 8 have been identified)
- Those who have been abused – or who have witnessed abuse – in other circumstances, including intra-familial abuse
- Those in care
- Those who have experienced loss of a parent, sibling or friend

FORMS OF ABUSE CENTRED ON COMMERCIAL EXPLOITATION (MODERN SLAVERY)

14.15 Children at risk of Child Criminal Exploitation (CCE), including gang affiliation

1. Telling staff what they need to know and understand about it in general terms

Criminal exploitation is a form of child abuse in which children and young people are manipulated and coerced into committing crimes.

The word 'gang' means different things in different contexts. The government paper 'Safeguarding children and young people who may be affected by gang activity' distinguishes between child groups, street gangs and organised criminal gangs:

- Child group: A relatively small and transient social grouping which may or may not describe themselves as a gang depending on the context.
- Street gang: Groups of young people who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity.
- Organised criminal gang: A group of individuals for whom involvement in crime is for personal gain (financial or otherwise). For most crime is their occupation

'County Lines' refers to urban gangs exploiting young people to carry drugs from a hub, usually a large city, into suburban, rural or coastal areas markets, using dedicated mobile phone lines or deal lines. Children as young as 12 have been involved, often trafficked away from their home area, staying in accommodation (Airbnb, budget or 'cuckooing') and manufacturing and selling drugs. Organised gangs groom children because they are less conspicuous and receive lighter sentences.

The stakes are high. Children subject to CCE may be:

- trapped in a gang
- subject to threats and blackmail
- forced to commit crimes
- forced to take alcohol, drugs and other substances
- forced into sexual activity
- subject to violence, severe injury or death
- the cause of harm to family and friends
- arrested, including for crimes committed by the gang
- subject to a long term detrimental impact on education and employment options

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Children who may be particularly vulnerable include:

- Those with family members associated with gangs
- Those excluded from school
- Those who are frequently absent from – and often doing badly in – education
- Those with special education needs
- Those experiencing neglect or another form of abuse at home
- Those who go missing, stay out late and travel on unexplained business
- Those who live in existing gang territory
- Those who want to fit in with friends who are already associated with gangs
- Those with a strong need to be respected, important and powerful
- Those with a strong imperative to be protected from bullies or other gangs
- Those attracted by the pull of making money
- Those who perceive that they have no option

Indicators that might arouse suspicion or trigger notification:

- A service user displays one or more of the generic indicators (above)
- A service user hangs out with older people
- A service user has unexplained money

- A service user acquires new slang
- A service user spends more time on social media, is secretive about time online and possibly has a new phone
- A service user self-harms and presents as emotionally unwell
- A service user abuses alcohol and uses drugs
- A service user commits petty crimes
- A service user presents with unexplained injuries and refuses to seek medical help
- A service user carries weapons or has a dangerous dog

14.16 Child Sexual Exploitation (CSE), including trafficking

1. Telling staff what they need to know and understand about it in general terms

Child sexual exploitation (CSE) is a type of sexual abuse in which children are exploited by being given gifts, drugs, money, status or affection in exchange for performing sexual activities. They are often tricked into believing that they are in a loving and consensual relationship. They may trust their abuser and not understand that they are being abused.

This is called grooming.

CSE can happen in person or online. When a child is sexually exploited online he or she might be persuaded or forced to:

- send sexually explicit images of themselves
- film or stream sexual activities
- have sexual conversations

Once an abuser has images or recordings of conversations, threats and blackmail can force a child to take part in other sexual activity.

Children can be trafficked into or within the UK to be sexually exploited. They may be moved around the country and abused by being forced to take part in sexual activities, often with more than one person. Sometimes abusers use violence and intimidation to frighten or force a child into sexual behaviour.

Children who are exploited may also be used to coerce others to join groups. In the worst cases children might be invited to gatherings with others their own age and adults and given alcohol and drugs. They may be assaulted and sexually abused by one person or by multiple perpetrators.

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Indicators that might arouse suspicion or trigger notification

- A service user may display one or more of the generic indicators (above)
- A service user may exhibit inappropriate sexualised behaviour
- A service user may exhibit harmful sexual behaviour towards others
- A service user may present with significant amounts of money
- A service user may present as under the influence of alcohol or drugs

FORMS OF ABUSE CENTRED ON HATE

14.17 Radicalisation

1. Telling staff what they need to know and understand about it in general terms

Radicalisation is a process by which individuals come to adopt extreme political, social, or religious ideals that reject the status quo and undermine contemporary expressions of freedom of choice. Radicalisation occurs gradually, which is why targeted young people may not realise what is happening. People can be radicalised by family members or friends, through direct contact with extremist groups, or through the internet. Extremist messages or membership of an extremist group can offer a sense of purpose, community and identity which may be appealing, especially if a young person is experiencing challenges.

The grooming path to radicalisation may involve:

- being groomed by an individual or a group
- psychological manipulation
- exposure to radical hate
- exposure to the glorification of violence
- normalisation to extremist and shocking views

'Prevent' is one of the four elements of CONTEST, the government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

The Prevent strategy:

- Responds to the ideological challenge posed by extremism and terrorism
- Provides practical help to prevent people from being drawn into terrorism
- Works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) to minimise the risks of extremism and terrorism through the Channel Panel which is referred to in safeguarding induction and as part of the onboarding mandatory on line training

2. Telling staff about the categories of service users who may be vulnerable and indicators or warning signs that may trigger a referral

Radicalisation can be very difficult to spot, not least because there is an inherent secrecy in the process. Teenagers can be at greater risk because they are discovering independence, exploring new ideas and pushing boundaries as they grow and come to terms with identity, faith and sense of belonging.

Children at risk of radicalisation may include:

- those who are isolated or lonely and wanting to belong
- those who are unhappy about themselves and what others might think of them
- those who feel adversely judged in respect of their culture, religion or race
- those who have become angry at society or the government
- those whose talk increasingly as if they are articulating from a scripted speech
- those who speak in extremist terms or terms of hate, inciting division and violence
- those who demonstrate unwillingness to discuss their views

- those who display sudden changes in behaviour, such as a new and disrespectful attitude towards others
- those who have suddenly adopted a new circle of associates
- those who behave secretively, particularly in the context of the internet
- those who write or create artwork promoting violent extremist messages

Any service user who exhibits one or more of the generic indicators (above) could be at risk.

14.8 Host Families – home stay during exchange visits

Schools and colleges often make arrangements for children to take part in exchange visits, either to other parts of the UK or abroad. Exchanges can benefit learning across a range of subjects. In particular, foreign visits can enrich the languages curriculum and provide exciting opportunities for pupils to develop their confidence and expertise in the use of other languages. Schools and colleges have a duty to safeguard and promote children's welfare, as defined at paragraph 4. This extends to considering their safety and how best to minimise risk of harm to those children during any exchange visit the school or college arranges, and when organising the care and accommodation for a child with a host family (known as homestays) as part of the exchange. CFSW does not make such arrangements and the responsibility for this and the safeguarding around it lies with the school that is arranging the trip.

14.9 Children with Sexually Harmful Behaviour

Children's sexual behaviour exists on a wide continuum, ranging from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. A useful umbrella term is "harmful sexual behaviour" (HSB).

HSB can occur online and/or face-to-face and can also occur simultaneously

Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive – but children still need to know it is illegal- whilst non-consensual is illegal and abusive.

HSB should be considered in a child protection context. When considering HSB, both ages and the stages of development of the children are critical factors. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature.

Confidential specialist support and advice on HSB is available from the specialist sexual violence sector, but the designated safeguarding lead (and their deputies) have a good understanding of HSB from their safeguarding training.

HSB can, in some cases, progress on a continuum, therefore addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. Children displaying HSB have often experienced their own abuse and trauma so it is important that they are offered appropriate support.

14.20 Children who are within the court and criminal justice system

There may be occasions when we are asked to support children and young people who are either in the process of being prosecuted for an offence or who have been charged and are working with the youth offending service or have recently been released from custody.

The initial assessment process is vital to ensure that we are clear about the needs of the child and the potential risks that they may place an adult in during a tuition session or any other member of the team in a support capacity – that does not necessarily mean that they won't be offered a service however it means that we have a duty of care to our teams and need to understand triggers and difficulties to keep all parties safe.

14.21 Homelessness

We are sometimes supporting families, children or young people who are at risk of becoming homeless – in these cases it is essential that we work as part of a multiagency team around those individuals and work closely with other professionals as appropriate.

The risk, fear or event of homelessness can be very distressing and disruptive for adults and children, and historically we have found that our worker is the one consistent person in life for a period of time. This makes attendance and timekeeping all the more vital in order to effectively safeguard the individuals or family at risk.

14.22 Supporting the mental health and wellbeing of children and young people

There is a particular emphasis on mental health within the KCSIE document 2023 and although a number of our team are mental health first aiders our priority is the immediate safety of children and young people and signposting to appropriate professionals.

Our in house safeguarding training for new staff covers this area of safeguarding and our Therapist and Therapeutic Lead will be creating resources for all staff around mental health and wellbeing to ensure that practice is consistent.