

Document name
Safeguarding Policy, Procedures & Guidelines

This document is relevant to:	
Central Support Services	✓
Education	✓
Medical Therapy	✓
Residential	✓

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Author	Lou Harman & Ellie Crosthwaite
Superseded Documents	Safeguarding Policy January 2017
Date of Latest Review	September 2018
Date of Next Review	September 2019
Associated Documents	<ul style="list-style-type: none"> <li>Recruitment and Selection Policy</li> <li>Disciplinary Policy</li> <li>Whistleblowing policy</li> <li>Anti-Bullying &amp; Harassment Policy</li> <li>Complaints Policy</li> <li>Health &amp; Safety Policy</li> <li>E safety Policy</li> <li>Prevent Policy</li> <li>Positive Behaviour Policy</li> <li>Personal Care Policy</li> <li>Risk assessment Policy</li> <li>Visitors Procedure</li> <li>Working Alone Policy</li> <li>Data Protection Policy</li> <li>Leaving Premises Without Permission Policy</li> <li>Personal Relationships and Sexuality Policy</li> <li>Mental Capacity Policy</li> <li>Deprivation of Liberties Policy</li> <li>Supervision Policy</li> <li>Infection Prevention &amp; Control Policy</li> <li>Equality &amp; Diversity</li> <li>Drugs Policy</li> <li>Keeping Children Safe in Education 2018</li> </ul>

Equality Impact Assessment		
Name	Comments	Date
Pam Mason	Approved	21 <sup>st</sup> Nov 2016
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## 1. **Introduction**

This policy supersedes the Safeguarding Policy (January 2017)

## 2. **Policy Statement**

St. John's School & College regards the Safeguarding of learners as a priority and is committed to safeguarding all.

- Safeguarding is everyone's responsibility
- We will follow statutory specialist guidelines in working with learners.
- We will seek to support all those affected by abuse or neglect
- We will review our policy annually
- We will complete a self-assessment audit annually
- We have a safeguarding lead that is a member of the Senior Leadership Team.
- We have a team of trained Safeguarding delegates who will meet regularly to discuss safeguarding issues.

All allegations of abuse will be discussed within the team and reported when required to the relevant Local Safeguarding Board. We will work in partnership with the Local Safeguarding Board to determine the next steps.

We will exercise care in the appointment of all staff, including Volunteers. (See Recruitment & Selection Policy).

All staff, as part of their induction training will be familiarised with this policy & procedures this induction will also include; understanding of professional boundaries and St. John's policy on positive handling.

Keeping safe will be promoted through improving the learner's own knowledge of their safety and what to do or who to talk to if they don't feel protected or safe from harm.

All learners at St. John's must have these fundamental rights accorded to them whilst they are in our care.

### **To be treated as an individual**

Each learner at St. John's is taught, cared for and treated as unique. This is reflected in Individual Plans. Our population has a wide ability range and our organisation and structure reflects the aim to offer consistency in approaches to learners irrespective of setting. Each learner is given the time and opportunity to take part in all activities, to do things for themselves, to understand and be understood.

### **To be treated with dignity and respect**

All learners have the right to the highest standards of Education, Care, therapeutic support and Medical intervention and this is delivered in an individual way having regard to learners' abilities, personal preferences and cultural or religious background. Privacy and confidentiality are key issues.

The Learner Council provides opportunities for learners to represent their views to the staff and recommendations are made to the Senior Leadership Team. Advocacy can be pursued; external representation is accessed as needed to ensure both quality and fairness.

### **To be safe**

St. John's has a Safeguarding team, representing the residential and educational aspects of the provision. It should be noted however that safeguarding the learners is the responsibility of all staff and there is a clear procedure in the event of a disclosure or concern.

Our staff recruitment practices involve rigorous vetting procedures through enhanced DBS disclosures.

In all our dealings with young people St. John's views learners' rights and safety as paramount. Our policies and practices are revised and updated as required to meet the needs of our current population.

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a learner's welfare. We will ensure that our concerns are discussed with the learner on a level compatible with his/her age and understanding, and with parents/carers, unless we have reason to believe that such a move would be contrary to their welfare.

St. John's encourages staff members to raise any matter of practice which they feel needs further explanation. Good working practice dictates that corporately and individually our work with learners meets the highest standards and any member of staff who is concerned is encouraged to question and raise any matter about which they feel unsure. Staff are encouraged to do so in the knowledge that the vast majority of such questions can be satisfactorily answered quickly and informally. All staff should be aware that the Public Disclosure Act 1998 provides workers who make disclosures as defined under the Act with rights - "*not to be subjected to any detriment by any act, or any deliberate failure to act by his employer done on the ground that the employee has made a "protected" disclosure...*" Should staff be dissatisfied with the outcome from reporting a concern to the Safeguarding Team at St. John's about a learner, then contact can be made independently by them with Brighton and Hove or East Sussex Safeguarding Teams.

### **3. St. John's Safeguarding Team**

There is a designated member of the Senior Leadership Team who acts as Designated Safeguarding Lead. Staff from differing departments act as on call Safeguarding team members. They take calls and respond to alerts (via My Concern) concerning any of the learners who attend St John's. This ensures that there is a team member available to all staff whether in the School, pre-19 residential services, the college or post 19 residential services. They fulfil this function in addition to their main role.

Information about the on-call system is always available and displayed in tutor rooms, care houses and in reception areas.

The role of the Safeguarding Team as a whole is to:

- Discuss referrals made to the Safeguarding Team at the weekly Safeguarding Team

meetings held in term time;

- Ensure safeguarding procedures are in place and updated as needed;
- Ensure all staff remain aware of the Safeguarding policy & procedures,
- Be available to provide advice/support to staff and for staff to discuss concerns with;
- Be available to provide support to students as needed;
- Liaise with Social Care Services in accordance with Pan Sussex procedures concerning children or adults at risk;
- Attend and/or contribute to Strategy Meetings/Case Conferences;
- Keep records of any concerns/suspected cases of abuse/referrals on safeguarding files,
- Co-ordinate arrangements for monitoring of specific learners on roll who have been identified as being in need of protection by developing protection plans or working with the behaviour support team to develop and implement strategies to maintain safety.
- Deliver Induction and refresher training for all staff to ensure that the staff whom work with learners undertake appropriate training to equip them to carry out their Safeguarding responsibilities;
- Help prepare the governor's reports reviewing arrangements for safeguarding and promoting the welfare of learners, and also support the implementation of any action plan from this review;
- Review relevant policies when required to do so.

#### 4. **Purpose**

This document sets out St. John's School & College's policy on responding to concerns regarding the safeguarding and protection of its learners. The policy and associated procedures provide guidance to all staff that may have concerns of this nature within the context of their work for the organisation.

This policy fulfils the requirements of:

- The Children Act 1989 & 2004
- The Sexual Offences Act 2003
- CQC Fundamental Standards
- Care Standards Act 2000
- Safeguarding Vulnerable Groups Act (2006)
- The Human Rights Act 1998
- United Nations Convention on the Rights of the Child 1989
- Working Together to Safeguard Children (Department for Children, Schools and Families (July 2018)
- Education Act 2002
- Education Act 2011
- Disability Discrimination Act
- The Equality Act 2010
- The Care Act 2014
- Health & Social Care Act 2008 (Regulated activities) Regulations 2014
- Residential Special Schools – National Minimum Standards 2015
- Mental Capacity Act 2005
- Protection of Freedoms Act 2012
- Pan Sussex Adult Safeguarding Procedures

- Pan Sussex Child Protection Procedures
- The Children & Adoption Act
- Guidance issued under section 175/157 of the Education Act
- Keeping Children Safe in Education September 2016
- Prevent Duty 2015
- Children's Homes Regulations 2015
- Deprivation of Liberty safeguards 2009

## **5. Scope**

This policy applies to all staff (including bank & agency staff), learners & service users of St. John's. Staff from other organisations, volunteers & visitors will also be expected to follow this policy.

Boarding schools, residential special schools, residential colleges and children's homes have additional factors to consider with regard to safeguarding. Schools and colleges that provide such residential accommodation and/or are registered as children's homes should be alert to inappropriate pupil relationships and the potential for peer on peer abuse, particularly in schools and colleges with a significant gender imbalance.

## **6. Roles & Responsibilities**

All safeguarding procedures will be implemented by all staff & volunteers within the organisation.

The safeguarding team will regularly review cases & safeguarding practice.

The safeguarding team will be responsible for investigating any reported safeguarding concerns.

All staff, no matter what their role within St. John's are required to have read and understood this policy and section 1 of the Keeping Children Safe in Education 2016. You can view this on My Concern under the resources tab.

## **7. Support, Information and Advice**

Information and advice can be sought from members of the Safeguarding Team & the Safeguarding Procedures and Guidelines.

Staff requiring support due to a disclosure or investigation will receive support from the safeguarding team, their line manager or the HR department.

## **8. Review**

This policy will be reviewed annually by the safeguarding team to respond to changes in legislation, current practice and the annual safeguarding self-assessment audit

# **SAFEGUARDING OF ADULTS AT RISK & SAFEGUARDING OF CHILDREN PROCEDURES AND GUIDELINES**

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# CHAPTER 1

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## **THE SAFEGUARDING TEAM**

St. John's provides Senior Staff who act as Safeguarding Co-ordinators to help manage the organisation's protection of Children, Young People & Adult at Risks.

At least one will be available at all times to provide advice and guidance in respect of safeguarding and if necessary, an extraordinary meeting of the Safeguarding Coordinators will be held.

A Learner may disclose information to you, or you may be concerned regarding the Learner's behaviour, or you may observe something which leads you to believe that the Learner may be at risk of abuse.

Staff will be aware of the need to make a distinction between behaviour of consenting adults and more serious assaults which require advice and support from external protection agencies.

St. John's organise safeguarding training for staff, it is up to the individual staff member to make sure they attend regular updates.

Staff should also be aware of all the Policies & Procedures listed on page 1 with regard to:

- Positive Behaviour Policy (including the use of Physical Interventions)
- Bullying
- Confidentiality
- E-safety
- Prevent duty

## **THE TEAMS**

The team is comprised of the people in the roles listed below

### **SCHOOL & PRE 19 RESIDENTIAL**

PBS LEADER – SLT Designated  
Safeguarding Lead  
SAFEGUARDING MANAGER  
HEAD TEACHER  
HEAD OF WELLBEING  
HEAD OF CARE  
LEAD NURSE  
COUNSELLOR  
DEPUTY HEAD  
CARE MANAGER

### **COLLEGE & POST 19 RESIDENTIAL**

PBS LEADER – SLT Designated  
Safeguarding Lead  
SAFEGUARDING MANAGER  
PRINCIPAL  
HEAD OF WELLBEING  
HEAD OF CARE  
DEPUTY LEAD NURSE  
CARE MANAGERS x 5  
EDUCATION LEADERS X 2

Posters with photographs and names of team members are available in all areas of the School and College.

Telephone numbers for the safeguarding team members can be gained from reception on either site, if this is closed then the care houses all have contact numbers for a member of the team.

This team are responsible for managing safeguarding matters across the organisation. They will meet on a weekly basis to discuss cases and concerns.

***It is important to remember that safeguarding is not only about abuse. It is also about enabling all staff and learners to work in an environment that is safe and that the practice of staff ensures the safety and wellbeing of learners at all times.***

### **JARGON BUSTER:**

**SLT – Senior Leadership Team**

**DSL – Designated Safeguarding Lead**

**TED – Tell, Explain, Describe**

**LADO – Local Authority Designated Officer**

**LSCB – Local Safeguarding Children's Board**

**SPOA – Single point of advice**

**FGM – Female Genital Mutilation**

**CSE – Child Sexual Exploitation**

**HBV – Honour Based Violence**

## WHAT SHOULD YOU DO?

If you are concerned that abuse or neglect may be taking place, take immediate action. Share your concerns or seek advice from the safeguarding team via My Concern. **If you feel that there is immediate risk of harm or danger, speak directly to a member of the Safeguarding Team**

### **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 don't pass the information on it can't be addressed;
- abuse and neglect does not just appear from nowhere. Sharing information before something becomes abuse or neglect is really important – don't think you are making a fuss about nothing!

### **Record Keeping**

Good record keeping is a vital component of professional practice, and should be factual and objective.

Whenever a complaint or allegation of abuse is made, St. John's will maintain clear and accurate records through the use of the My Concern electronic incident logging system.

### **Confidentiality**

All matters to do with our learners and their families are subject to clear standards of respect and confidentiality.

Guidance in relation to confidentiality at St. John's College can be found in the St. John's Confidentiality Policy. This forms part of the Induction Pack.

However we must understand that to keep Children, Young People & Adults at Risk safe from abuse we must share information with the appropriate agencies and professionals. Research has shown that the failure to share information has put Children, Young People & Adults at risk of further or continued harm and abuse.

## WHAT SHOULD YOU DO IF A LEARNER DISCLOSES?

- Stop & Listen to the learner
- Write notes/observations
- Keep originals
- Never promise to keep secrets
- Don't ask leading questions – Use the T.E.D model (Tell Me What Happened, Explain What Happened, Describe What Happened)
- Never attempt to carry out a formal interview.
- Inform St. John's Safeguarding Team as soon as possible.
- The safeguarding team will work with you to:
  1. Consider the need to make the learner safe from further harm, or from harming others.
  2. Consider the need for hospital or medical attention. Also consider the need to retain evidence of harm or assault.

## **WHAT SHOULD YOU DO IF YOU HAVE CONCERNS?**

- Write notes/observations
- Keep original notes
- Don't ask learner questions about your concerns
- Never attempt to carry out a formal interview.
- Inform St. John's Safeguarding Team as soon as possible to report your concerns ensuring all written documentation is handed over.

### **Accumulative concerns**

It may be that the incident that you are dealing with does not in itself appear significant or of a serious nature, however it may be one of a series of incidents over time and it is important that senior members of staff are made aware of such incidents so that necessary information can be collated.

## **WHAT THE TEAM WILL DO**

The safeguarding team will ensure that all incident reports are read on a daily basis to ensure that any actual or potential safeguarding issues arising from Learner's behaviour are acted upon. Each member of the team will have a rota which allocates responsibility to carry out this task.

When a safeguarding concern is raised with a member of the safeguarding team, they will ask you for your written notes/concerns (please ensure that notes are available when the concern is raised). They will then liaise with other team members to decide upon the necessary action to be taken.

They will also guide other staff in what they need to do; this could be to collate incident reports etc.

If required a referral may be made to the local safeguarding team, this task will be completed by a member of the St. John's safeguarding team, they will then be responsible to maintain contact with and complete any further tasks requested by the external team

### **For Adults:**

#### **Brighton & Hove Access Point**

Email address: [accesspoint@brighton-hove.gov.uk](mailto:accesspoint@brighton-hove.gov.uk)

Phone: 01273 295555

### **For Children & Young People:**

East Sussex SPOA (single point of advice): 01323 464222 (0 years to 19 years)

Email: [0-19.SPOA@eastsussex.qcsx.gov.uk](mailto:0-19.SPOA@eastsussex.qcsx.gov.uk)

Out of Hours Mon-Thurs 5pm-8.30am and Weekends 4.30pm Fri – 8.30am Mon:  
01273 335905 or 01273 335906

## **Local Authority Designated Officer**

The Local Authority Designated Officer (LADO) deals with the management of allegations against staff who work or volunteer with children. All allegations need to be reported through SPOA who will then consult with the LADO.

- The LADO role includes liaison with Adults Services, who now have a Designated Adult Safeguarding Officer (DASM) in relation to adults who work in adult settings, and other LADOs in relation to Looked After Children in out of county placements.
- The LADO also attends meetings with groups, including independent schools, disability services, and supports agencies with updates to safeguarding policies.
- The LADO has close links with the Standards and Learning Effectiveness Service (SLES) regarding OFSTED complaints from parents about Early Years and Education provisions, and assists with School Safeguarding Reviews.
- The LADO is part of a small team who provide training for Designated Safeguarding Leads (DSLs) in Schools, as well as for School Governors.
- The LADO also delivers separate Managing Allegations Training to DSLs.

### **Contact:**

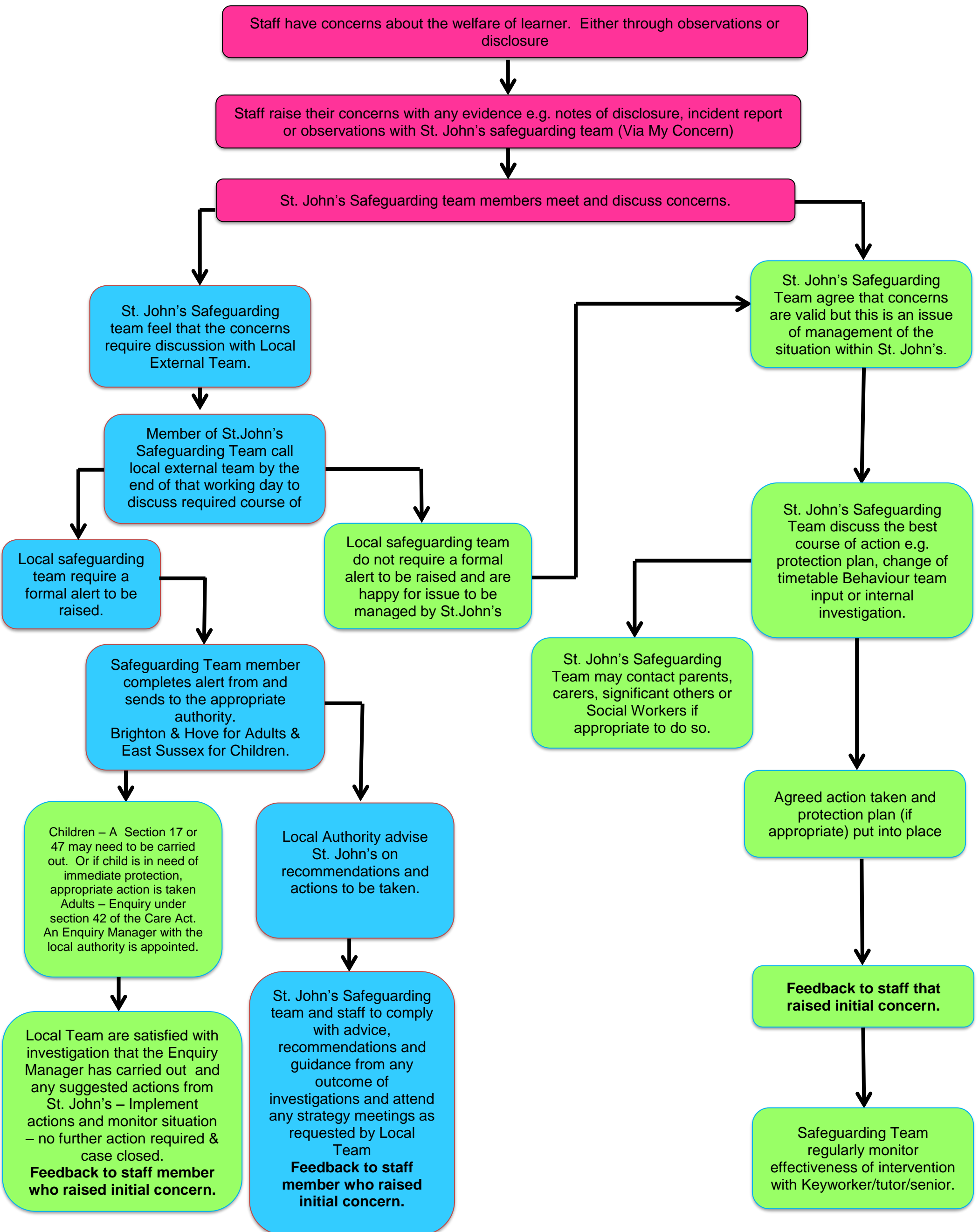
East Sussex (School & Pre 19 Residential): **Amanda Glover**

Phone: 07825 782793

Brighton & Hove (College & Post 19 Residential): **Darrel Clews**

Phone: 01273 295643

**Safeguarding Process Flow Chart**



## MODEL FLOW CHART FOR REFERRAL OF CHILDREN AND YOUNG PEOPLE FOR CONCERNS OF RADICALISATION IN CHILDREN SERVICES

**Identifying concerns**

Cause for concern identified

**Initial response**

Concern reported to St. John's safeguarding team and recorded

St. John's Safeguarding team gathers more information and identifies whether further action is required

Is there any immediate risk/emergency?

Yes  
Contact emergency services

Discussion with nominated local police officer

Further information gathering. Consider convening an initial meeting of all those involved

**Multi agency assessment**

Yes  
Are there grounds for not informing parents/carers?

Involve parents/carers

Organise multiagency Assessment meeting, involving relevant police officers and other key people

Low risk – further action within normal support process with further monitoring

**Delivery of support**

Is there a significant risk of harm?

Yes  
Refer to Social Care

No  
Is there sufficient need and parental support for the common assessment of need?

Yes  
Initiate common assessment of need and produce support plan.

No  
Establish multi agency support plan and lead professional

Implement plan

**Review**

Regularly review progress

# CHAPTER 2

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### **Allegations concerning staff**

Allegations against colleagues are extremely challenging to other members of staff and to the organisation. However to be able to protect the learners we have to *allow ourselves to think the unthinkable* and keep an open mind to the possibility that a staff member may be implicated.

*Never think that abuse is impossible at St. John's or that an allegation against someone you know well is bound to be wrong.*

In such incidents, the St. John's School and College disciplinary procedures will run alongside the child protection or adults at risk investigation and possible police investigation. However, if a member of staff is implicated they can be told that an allegation has been made against them and why, but must not be given details of the allegation. Any further action taken by St. John's will be guided by the Local safeguarding team and the LADO (local authority designated officer)

### **You should report your concerns immediately to one of the Safeguarding Team.**

Along with this immediate action, it is essential that a written record with clear dates, events in chronological order, times and names is begun and kept up to date.

### **Allegations against senior members of staff**

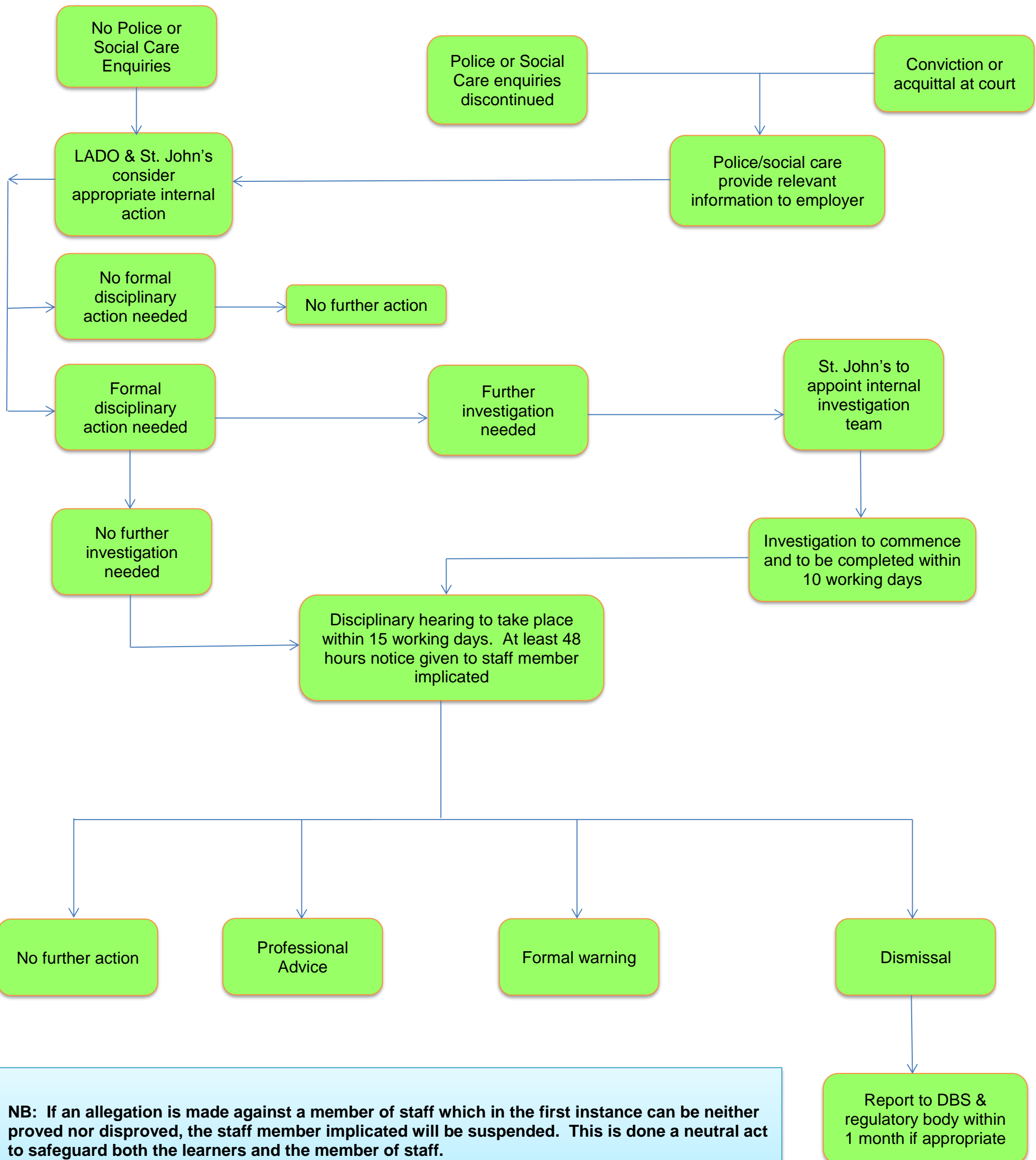
In some residential schools and College settings it has been known for Senior Staff to be involved in the abuse of Young People and Adults at Risk. In such situations it is difficult for other staff members to know how best to raise their concerns.

If this should be the case, referral should be made to the St. John's School and College Whistle-blower Policy.

St. John's accepts responsibility for establishing the above procedures, for responding to allegations of abuse and for providing guidelines for good practice.

St. John's will ensure that all staff who are employed, those who volunteer and others who have regular access to the learners, are checked through the Disclosure and Barring Service and other appropriate sources. See also St. John's Safer Recruitment Procedures.

**Allegations against Staff and Volunteers – Internal Disciplinary Process**



**NB:** If an allegation is made against a member of staff which in the first instance can be neither proved nor disproved, the staff member implicated will be suspended. This is done a neutral act to safeguard both the learners and the member of staff. The staff member will be asked not to contact anyone else within the organisation. The HR team will be responsible for updating the member of staff and maintaining contact throughout the process.

# CHAPTER 3

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## **SAFEGUARDING OF ADULTS AT RISK**

### **Protection of Adult at Risk Policy Statement.**

The Care Act 2014 was a major step forward in safeguarding adults who are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves.

Sections 42 to 47 of the Care Act set out the legal duties and responsibilities in relation to adult safeguarding.

The legal framework for the Care Act 2014 is supported by Care and Support Statutory Guidance which provides information and guidance about how the Care Act should operate in practice. The guidance has statutory status which means that there is a legal duty to have regard to it when working with adults with needs for care and support and carers.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make those decisions.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Stop abuse or neglect wherever possible.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult.

*Ref Sussex Multi Agency Policy and Procedures for the Protection of Adults at Risk June 2018*

It is the belief of St. John's that the safety and wellbeing of all learners is given paramount consideration. All members of staff share in the responsibility for protecting these adults from abuse while attending St. John's.

St. John's is committed to:

- Continuing to develop and promote a culture that does not tolerate abuse, neglect and exploitation.
- Raise awareness about safeguarding adults.
- Prevent abuse, neglect and exploitation from happening wherever possible.

## **Making Safeguarding Personal**

Making Safeguarding Personal (MSP) is a national approach to promote responses to safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them to identify the outcomes they want, with the aim of enabling them to resolve their circumstances and support their recovery. Making Safeguarding Personal is also about collecting information about the extent to which this shift has a positive impact on people's lives.

People are individuals with a variety of different preferences, histories, circumstances and life-styles. Safeguarding arrangements must not prescribe a process to be followed whenever a concern is raised, but rather Making Safeguarding Personal emphasises the importance of a person-centred approach, adopting the principle of 'no decision about me without me'. Personalised care and support is for everyone, but some people will need more support than others to make choices and manage risks. A person led approach is supported by personalised information and advice and, where needed, access to advocacy support.

## **Key Principles of Safeguarding Adults at Risk**

The Care Act and the Care Act guidance sets out the statutory requirement for all agencies to both develop and assess the effectiveness of their safeguarding arrangements. This is based on the six key principles below.

- **Empowerment-** People being supported and encouraged to make their own decisions and give informed consent.
- **Prevention-** It is better to take action before harm occurs.
- **Proportionality-** The least intrusive response appropriate to the risk presented.
- **Protection-** Support and representation for those in greatest need.
- **Partnership-** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability-** Accountability and transparency in delivering safeguarding.

These six principles should inform the ways in which we work with the Adult learners at St John's. They apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system.

These principles are also used by Safeguarding Adults Boards (SABs) and organisations to develop and improve local arrangements.

*Ref Sussex Multi Agency Policy and Procedures for the Protection of Adults at Risk June 2018*

## **Preventing Harm & Abuse**

The most effective way to safeguard adults from abuse is to enable them to safeguard themselves. For some people this may involve their own support networks, or support or care services, depending on their individual circumstances.

Effective prevention in safeguarding is not about over-protective or risk averse practice. The prevention of abuse should occur in the context of person-centred support and personalisation, with individuals empowered to make choices and be supported to manage risks. Prevention of abuse includes multi-agency working (including information sharing), community safety, community participation and public awareness, as well as awareness raising and skills development with adults at risk.

There are many ways in which we can support learners to reduce the risks they may face, including:

- Recognising potential risks to themselves and considering how they wish to reduce the risks of being harmed or exploited.
- Identifying what strengths, skills, support and networks they could use to avoid potentially abusive situations.
- Being aware of what to do if an abusive situation arises i.e. how to get help, how to report concerns.

St John's will endeavour to reduce the risks that Learners may face as far as practicably possible by ensuring:

- Robust staff recruitment and vetting.
- Producing and implementing policies and procedures staff work to, including confidential reporting (whistle-blowing) and complaints procedures.
- Ensuring all new staff undertake a thorough staff induction and training, including safeguarding adults policy and procedures and awareness of abuse and how to raise safeguarding concerns.
- Ensuring all staff receive supervision and support.
- Adhering to professional codes of conduct or practice and relevant service standards e.g. compliance with standards as detailed by the Care Quality Commission.
- Meet our responsibilities for obtaining Disclosure & Barring Service (DBS) checks and referring to the DBS and relevant professional bodies.
- Meet our professional responsibilities under employment and other legislation.
- Have robust systems in place for training and support.

It is important to remember that although the process above are adhered to, this does not fully protect our learners. It is essential that staff regularly check and question the practice of their colleagues and raise any concerns with the safeguarding team.

## **Promoting Wellbeing**

St. John's aims to ensure that adult learners remain safeguarded from harm. This should underpin every activity. We will promote wellbeing when carrying out any of their care and support functions in respect of a learner.

Wellbeing' is a broad concept, and it is described as relating to the following areas:

- Personal dignity (including treatment of the individual with respect).
- Physical and mental health and emotional wellbeing.
- Protection from abuse and neglect.
- Control by the individual over their day-to-day life.
- Participation in work, education, training or recreation.
- Social and economic wellbeing.
- Domestic, family and personal.
- Suitability of accommodation.
- The individual's contribution to society.

## **What is abuse?**

Abuse can happen in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse may:

- consist of a single act or repeated acts
- be physical, verbal or psychological
- be an act of neglect or an omission to act
- occur when an Adult at Risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent.

## **Who may be at risk of abuse or neglect?**

Under the Care Act 2014, specific adult safeguarding duties apply to any adult (18 years or over) who:

- has care and support needs and,
- is experiencing, or is at risk of, abuse or neglect and,
- is unable to protect themselves because of their care and support needs.

## **Why and where does abuse occur?**

Abuse can occur for a number of reasons that may be inter-related and complex. The following factors could indicate that an adult may be at risk of abuse, due to their situation or circumstances. (these lists are not exhaustive)

### **The individual**

- poor communication or communication difficulties
- physical and / or emotional dependence on others
- mental health needs
- lacking capacity to make key decisions

- rejection of help
- history of making allegations of abuse
- high level of reliance on others to meet their care needs or manage their financial affairs
- history of violent relationships within the family or social networks.

### **The environment**

- overcrowding
- poor or insecure living conditions, homelessness
- poor management and / or high staff turnover or insufficient staff
- other adults with challenging behaviour

### **Relationships**

- unequal power relationships (that include controlling, coercive or threatening behaviour)
- increased reliance on others by the person
- multi-generational family structure where conflicts of interest and loyalties may exist
- role reversal or significant change in the relationship between the person and their carer
- history of abuse within the family, either being abused or responsible for previous abuse
- isolation of the carer, due to the demands of caring, leading to a lack of practical and emotional support
- lack of understanding about the person's condition, resulting in inappropriate care;
- reliance on the person by others
- difficult or challenging behaviour by the person which the carer finds intolerable or stressful, or which puts the carer at risk
- financial difficulties
- illness or disability of the carer
- significant and long-term stress of the carer
- inappropriate care responses eg. poor quality care, support or treatment

Abuse can include targeted fraud or scams perpetrated by complete strangers, or the person responsible for abuse can be someone known to the adult who is in a position of trust and power.

### **The Aims of Safeguarding Adults at St John's**

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to all adult learners.
- Safeguard learners in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving the life for the learners concerned;
- Educate learners across all settings to help them understand the different types of abuse, how to stay safe and how to raise a concern about their own or another learner's safety and wellbeing
- Support the staff team to understand abuse, how to support the learners to maintain safety and how to raise a concern.
- Address (if appropriate) what has caused the abuse or neglect and encourage proactive working to implement strategies to prevent abuse re-occurring.



To achieve these aims it is necessary to:

- Ensure that everyone, is clear about their roles and responsibilities;
- Enable learners to access mainstream community resources such as leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect;

Safeguarding is not a substitute for the need to provide safe and high quality care and support.

### Types of Abuse

It is possible and likely that someone can experience more than one type of abuse, for example, Financial Abuse and Physical Abuse or, Psychological Abuse as a result of Physical abuse.

The impact of abusive behaviour may be greater when there is a disproportionate balance of power involved, for example, when an adult is reliant on another person for providing their care.

### Categories of Abuse

This is not intended to be an exhaustive list, but a guide as to the sort of issues or behaviour which could give rise to a safeguarding concern. Abuse can take many forms and we should always consider the circumstances of individual cases.

<b>Abuse type:</b>	<b>Behaviour includes:</b>
Physical	being pushed, shaken, pinched, hit, held down, locked in a room, restrained inappropriately, or knowingly giving an adult too much or not enough medication.
Sexual	an adult being made to take part in sexual activity when they do not, or cannot, consent to this. It includes rape, indecent exposure, inappropriate looking or touching, or sexual activity where the other person is in a position of power or authority.
Financial	misusing or stealing an adult's money or belongings, fraud, postal or internet scams tricking adults out of money, or pressuring an adult into making decisions about their financial affairs, including decisions involving wills and property.
Neglect	not meeting an adult's physical, medical or emotional needs, either deliberately, or by failing to understand these. It includes ignoring an adult's needs, or not

	providing them with essential things to meet their needs, such as medication, food, water, shelter and warmth.
Self-neglect	being unable, or unwilling, to care for their own essential needs, including their health or surroundings (for example, their home may be infested by rats or very unclean, or there may be a fire risk due to their obsessive hoarding).
Psychological or emotional	being shouted at, ridiculed or bullied, threatened, humiliated, blamed for something they haven't done, or controlled by intimidation or fear. It includes harassment, verbal abuse, cyber-bullying (bullying which takes place online or through a mobile phone) and isolation.
Discriminatory	forms of harassment, ill-treatment, threats or insults because of an adult's race, age, culture, gender, gender identity, religion, sexuality, physical or learning disability, or mental-health needs. Discriminatory abuse can also be called 'hate crime'.
Modern slavery	an adult being forced to work for little or no pay (including in the sex trade), being held against their will, tortured, abused or treated badly by others.
Domestic violence	psychological, physical, sexual, financial or emotional abuse by someone who is a family member or is, or has been, in a close relationship with the adult being abused. This may be a one-off incident or a pattern of incidents or threats, violence, controlling or coercive behaviour. It also includes so called 'honour' based violence, being forced to marry or undergo genital mutilation.
Organisational	neglect and providing poor care in a care setting such as a hospital or care home, or in an adult's own home. This may be a one-off incident, repeated incidents or on-going ill-treatment. It could be due to neglect or poor care because of the arrangements, processes and practices in an organisation.

**Scenarios in which abuse may take place**

**Controlling or coercive behaviour** is a range of acts designed to make a person subordinate and / or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for

independence, resistance and escape and regulating their everyday behaviour. Section 76 of the Serious Crime Act 2015 has created an offence in relation to coercive control within domestic abuse and sets out the importance of recognising the harm and cumulative impact on the victim caused by these patterns of behaviour.

**Stalking and Harassment:** Stalking refers to unwanted, persistent or obsessive attention by an individual or group towards another person causing fear, anxiety, emotional or psychological distress to the victim. Harassment can include repeated attempts to impose unwanted communications and contact upon a victim in a manner which causes fear or distress to the victim. Stalking and harassment behaviours may include nuisance telephone calls, sending excessive emails, regularly sending gifts, following the person or spying on them and making death threats. The Protection from Harassment Act 1997 makes stalking a specific offence.

**Hate Crime** is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Such incidents may constitute a criminal offence.

**Cuckooing** is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for criminal activity. Organised criminal groups are increasingly targeting adults with care and support needs in this way, and the level of coercion and control involved with cuckooing often leaves the victims with little choice but to cooperate with the perpetrators.

**County Lines** is the police term for groups who are supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or "deal lines". It can involve child criminal exploitation and using adults who are vulnerable to move drugs and money. Groups establish a base in the market location, typically by taking over the homes of local adults by force or coercion in a practice referred to as 'cuckooing'. The Home Office County Lines guidance describes County Lines as a major, cross-cutting issue involving drugs, violence, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. The response to tackle this activity involves the police, the National Crime Agency, a wide range of government departments, local government agencies, voluntary and community organisations and groups. County Lines activity and the associated violence, drug dealing and exploitation have a devastating impact on young people, adults at risk of exploitation and local communities.

**'Honour'-based violence** is a crime or incident which may have been committed to protect or defend the perceived 'honour' of the family and / or community. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and / or the community. Many victims are so isolated and controlled that they are unable to contact the police or other organisations.

**Forced marriage** is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning disabilities and people lacking capacity.

**Female genital mutilation (FGM)** involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age

at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is first born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of abuse and violence against women and girls. In England and Wales the practice is illegal under the Female Genital Mutilation Act 2003.

**Sexual Exploitation** involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited. Those exploiting the adult have power over them such as by virtue of their age, gender, physical strength, and economic or other resources. There is a distinct inequality in the relationship.

**Extremism by Radicalisation: Prevent** is a key part of the government's counter-terrorism strategy. Its aim is to stop people becoming terrorists, or supporting terrorism, including preventing the exploitation of susceptible people who are at risk of being drawn into violent extremism by radicalisation.

**Sexual and Violent Offenders: Multi-Agency Public Protection Arrangements (MAPPA)** is a framework to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm.

**Abuse by children:** If a child or children is / are causing harm to an adult, this should be dealt with under the safeguarding adults' policy and procedures but will also need to involve the local authority Children's Services.

### **Where can abuse occur?**

Abuse can take place in any context. It may occur when an Adult at Risk lives alone or with a relative, it may also occur within a nursing, residential or day care setting, in hospitals, custodial situations, support services into people's own homes and other places previously assumed safe.

### **Where the Person Responsible for the Abuse is an Adult with Care and Support needs themselves**

Abuse is unacceptable, regardless of the individual's capacity to understand or be responsible for their actions.

In some situations, the person responsible for abuse may also be an adult with care and support needs. This could leave them at risk eg. due to retaliation or loss of care or support. It is important to ensure that the needs of both adults involved are addressed. Abuse of this kind may indicate shortcomings or failings in the care or support arrangements in place for both individuals, and possibly for others.

In this situation robust risk assessment and support planning is essential to ensure any future risks are minimised.

## **Consent and Involvement of the Adult in Raising a Safeguarding Concern**

Adults have a legal right to make decisions about their own lives.

If the adult is not the person raising the safeguarding concern, wherever possible every effort should be made to seek their views and agreement regarding this, unless doing so is likely to increase the risk to them or to put others at risk.

Adults who may be at risk of, or who are, experiencing abuse and neglect, may often feel disempowered by the abuse, and acting without involving them or seeking their consent will often disempower them further.

Empowering adults in this situation involves a proactive approach to seeking consent and maximising the person's involvement in decisions about their care, safety and protection, and this includes decisions regarding whether to raise a safeguarding concern.

### **When an Adult Does Not Want Information Shared and there is a Professional Responsibility to do so**

Where an adult with capacity to make an informed decision about their own safety does not want any action taken, this does not override a professional's responsibility to raise a safeguarding concern and to share key information with relevant professionals in the circumstances outlined above.

If there appears to be significant risk to the adult, and no one else, consideration would need to be given to whether their wishes should be overridden. The adult's wishes should not stop professionals from fulfilling their responsibilities in relation to duty of care regarding appropriate sharing of information.

In these situations, the adult must always be:

- advised about what information will be shared, with whom and the reasons for this;
- advised that their views and wishes will be respected as far as possible by the local authority or other agencies in relation to any response they may have a duty to make;
- provided with information regarding what happens when a local authority is advised of a safeguarding concern;
- assured by the professional passing this information to the local authority, that their lack of consent to the information being shared, and their views and wishes regarding actions they do or do not want taken in relation to the situation as far as it affects them directly will also be explained to the local authority.

Professionals should be alert to the risk of situational incapacity, where a person who would otherwise have capacity no longer has it due to their circumstances.

### **Where an Offence may have been Committed**

If it is suspected that an offence may have been committed, there should always be a conversation with the adult regarding whether they wish the police to be involved.

If the adult does not want the police to be involved this does not override a professional's responsibility to share information regarding a potential or actual offence with them.

Such situations should always be approached sensitively. The adult should be advised that the police will be contacted and assured that the police will be informed that they do not wish to pursue this matter or speak to the police. It is for the police to determine if they

feel it is necessary for them to speak to the adult, or if there is further action they may need to pursue.

### **Adults who Lack Capacity to make Relevant Decisions**

If the adult lacks capacity to make informed decisions about the incident and their ability to maintain their safety and they do not want a safeguarding concern to be raised, and/or other action to be taken, professionals have a duty to act in their best interests under the Mental Capacity Act 2005. This requires a Best Interest decision to be made regarding whether a safeguarding concern should be raised.

Adults who lack capacity need to be supported to be able to make informed choices if possible before a decision can be made and a best interest decision made on their behalf. This may be achieved in a variety of ways such as the help of a family member or friend (as long as they are not the person thought to be the cause of risk), an Advocate or Independent Mental Capacity Advocate, a language interpreter or other communication assistance or aid.

### **MENTAL CAPACITY ACT 2005**

The Mental Capacity Act 2005 is underpinned by a set of five key principles.

- A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions.
- Best interests - anything done for or on behalf of people without capacity must be in their best interests.
- Least restrictive intervention – anything done for, or on behalf of people without capacity, should be the least restrictive of their basic rights and freedoms.

### **CONSENT**

A key issue in the protection of Adult at Risks is one of consent. Adult at Risks have a fundamental right to decide how they live their life and with whom they live. A person who is able to make decisions for their self is entitled to refuse protection. However if the person lacks mental capacity to make this decision or there is an overriding public interest, (e.g.: other Adults at Risk are at risk) the need for referral should be considered. Wherever possible, the Adult at Risk should be informed that a referral will be made and the reason for this.

### **BEST INTEREST**

Where there is an issue of whether the Learner is able to give consent, a Best Interest meeting needs to be arranged as soon as possible so that all decisions are made in the best interest of the Learner.

Members of the Best Interest group may include;

- Head of College

- Care Manager (if Learner is resident)
- Key person
- Learner's Social Worker
- Parents/Carers
- The Learner

# CHAPTER 4

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## **SAFEGUARDING OF CHILDREN**

### **THE GUIDING PRINCIPLES**

Throughout this guidance, safeguarding and promoting the welfare of children is defined as:

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

and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

The responsibility for safeguarding children belongs to everyone. Children will only be safe if families, communities and professionals work together to promote their welfare.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

*NB: Children includes everyone under the age of 18*

### **Children's Rights**

All children have the right to be safeguarded from harm and exploitation whatever their:

- Race, religion, first language or ethnicity;
- Gender or sexuality;
- Age;
- Health or disability;
- Location or placement;
- Any criminal behaviour;
- Political or immigration status

### **Putting Children First**

The wellbeing of the child is the paramount consideration in all protection work. In any conflict between the needs of the child and those of the parents/carers, the needs of the child must be put first.

### **Treating Children as Individuals**

Children must be listened to and taken seriously, whatever their level of development or communication. Children's wishes and feelings must be taken into account; children will be involved in decisions about their future in ways appropriate to their age and understanding.

Work with children should be sensitive to the child as an individual with particular needs and circumstances.

All children will be treated with respect and accorded full civil and legal rights.

## **Equality**

Each child and family is unique with differing experiences, circumstances and perspectives. Professionals concerned with child protection investigations, must make every effort to identify and ameliorate any disadvantage arising from ethnic origin, culture, religion, language, gender, sexual orientation, class, disability or age.

Particular attention should be paid to the vulnerability of children with a disability, special needs or communication difficulties.

## **Principles Underpinning all Work to Safeguard and Promote the Welfare of Children**

The Local Safeguarding Children Boards states that *all managers, employees, professionals, volunteers, carers, independent contractors and service providers must ensure that their practice reflects an approach which is:*

- Child-centred
  - Rooted in child development
  - Focused on outcomes for children
- Holistic in approach
- Ensuring equality of opportunity
- Involvement of children and families
- Building on strengths as well as identifying difficulties
- Integrated in approach
- A continuing process not an event
- Providing and reviewing services
- Informed by evidence

## **What is Child Abuse?**

### **Definitions**

The Children Act 1989/2004 provides the legal framework for defining the situations in which Local Authorities have a duty to make enquiries about what, if any, action they should take to safeguard or promote the welfare of children.

The Act requires that if the local authority has 'reasonable cause to suspect that **a child** who lives, or is found in their area, **is suffering, or is likely to suffer significant harm**, they must make, or cause to be made, such enquiries as they consider necessary....'

**'Child' means** any child or young person under the age of 18 years old.

### **The Concept of Significant Harm**

- **Harm:-** means ill-treatment or the impairment of health or development, including for example. Impairment suffered from seeing or hearing the ill treatment of another;

- **Development:-** means physical, intellectual, emotional, social or behavioural development
- **Health:-** means physical or mental health;
- **Ill treatment:-** includes sexual abuse and forms of ill treatment, which are not physical;

Where the question of whether harm suffered by the child is significant, the child's health and development are examined and considered. His or her health and development shall be compared with that which could reasonably be expected of a similar child.

There are no absolute criteria on which to rely to determine what constitutes **Significant Harm**. It is often a compilation of significant events, both acute and longstanding, which impact on the child's physical and psychological development. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the ill treatment.

Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is an accumulation of significant experiences, both acute and long-standing, which interrupt, change or damage the children's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill treatment alongside the family's strengths and supports.

**To understand and establish significant harm, it is necessary to consider:**

- The family context, education, or living situation
- The child's development within the context of their family and wider social and cultural environment
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- The nature of harm, in terms of ill-treatment or failure to provide adequate care
- The impact on the child's health and development
- The adequacy of care.

**It is important to always take account of the child's reactions and his or her perceptions, according to their age and understanding.**

### **Indicators of abuse and neglect**

All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

**Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

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

*Ref; KCSIE 2018*

## **Risk Indicators**

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of possible Significant Harm;
- Must prompt the professional to seek further information;
- Justify the need for careful assessment and discussion with designated/named/lead person, manager, (or in the absence of all those individuals, an experienced colleague);

- May require consultation with and/or referral to Children's Social Care.

In an abusive relationship the child may:

- Appear frightened of the parent(s);
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

- Persistently avoid child health services and treatment of the child's illnesses;
- Have unrealistic expectations of the child;
- Frequently complain about / to the child and fail to provide attention or praise (a high criticism / low warmth environment);
- Be absent;
- Be misusing substances;
- Persistently refuse to allow access on home visits;
- Be involved in domestic violence;
- Be socially isolated.

Consideration must be given to the impact on the care of the child of any issues / problems affecting the parents e.g. substance misuse, mental health problems, learning disabilities, childhood experiences of severe neglect.

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into or have substantial access in the household.

It should be recognised that those who pose a risk to children often will not be honest with others. Staff should be mindful of this. Of particular note are carers who present a risk due to either fabricating or inducing illnesses within the children they are responsible for.

### **Recognising Physical Abuse**

This section provides information about the sites and characteristics of physical injuries that may be observed in abused children. It is intended primarily to assist staff in the recognition of bruises, burns and bites which should be referred to Children's Social Care and / or require medical assessment.

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury;
- Unexplained delay in seeking treatment;
- Parents/carers who are uninterested or undisturbed by an accident or injury;

- Parents who are absent without good reason when their child is presented for treatment;
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury) or may represent fabricated or induced illness;
- Family use of different doctors and A&E departments;
- Reluctance to give information or mention previous injuries.

### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes are characteristically punched out lesions 0.6 - 0.7 cm in diameter, and healing, usually leaves a scar;
- Friction burns resulting from being dragged;
- Linear burns from hot metal rods or electrical fire elements;
- Burns of uniform depth over a large area;
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of her/his own accord will struggle to get out and cause splash marks);

Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

### **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- There are multiple fractures or old fractures (in the absence of major trauma, birth injury or underlying bone disease);
- Medical attention is sought after a period of delay when a fracture has caused symptoms e.g. swelling, pain or loss of movement;

### **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse

### **Self-Harming and Siblings**

Caution must be used when interpreting an explanation by parents/carers that an injury or series of injuries was self-inflicted or caused by a sibling. This is especially important in young or disabled children not able to offer a reliable explanation themselves.

Due consideration must be given to the possibility that the injury may:

- Be non-accidental, particularly if the explanation appears discrepant for the nature of the injury;

- Possibly have occurred in circumstances where neglect is a consideration.

In these circumstances a referral to the St. John's safeguarding team should be made.

### **Recognising Emotional Abuse**

Emotional Abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

Indicators of Emotional Abuse are also often associated with other forms of abuse.

Recognition of Emotional Abuse is usually based on observations over time and the following offer some associated indicators:

#### **Parent / Carer and Child Relationship Factors**

- Abnormal attachment between a child and parent / carer e.g. anxious, indiscriminate or failure to attach;
- Persistent negative comments about the child or 'scape-goating' within the family;
- Inappropriate or inconsistent expectations of the child e.g. over-protection or limited exploration.

#### **Child Presentation Concerns**

- Delay in achieving developmental, cognitive and / or other educational milestones;
- Failure to thrive / faltering growth;
- Behavioural problems e.g. aggression, attention seeking;
- Frozen watchfulness, particularly in preschool children;
- Low self-esteem, lack of confidence, fearful, distressed, anxious;
- Poor relationships with peers, including withdrawn or isolated behaviour.

#### **Parent / Carer Related Issues**

- Dysfunctional family relationships including domestic violence;
- Parental problems that may lead to lack of awareness of child's needs e.g. mental illness, substance misuse, learning difficulties;
- Parent or carer emotionally or psychologically distant from the child;
- Contextual factors may include:
  - Child left unsupervised / unattended;
  - Child left with multiple carers;
  - Child regularly late attending, or, not being collected from school;
  - Child repeatedly reported lost / missing;
  - Parent/carer regularly unaware of child's whereabouts;
  - Child regularly not available for meetings with childcare workers.

## **Recognising Sexual Abuse**

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Where there are any concerns about the neglect of a child in a household, consideration must be given to the possibility that other children in the household may also be at risk of neglect or abuse.

### **Behavioural Indicators**

- Inappropriate sexualised conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self-mutilation and suicide attempts;
- Involvement in prostitution or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties);
- Running away.

### **Physical Indicators**

- Pain or itching of genital area;
- Vaginal discharge;
- Sexually transmitted infections;
- Blood on underclothes;
- Pregnancy;
- Physical symptoms e.g. injuries to genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infection, presence of semen on vagina, anus, external genitalia or clothing.

## **Recognising Neglect**

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

### **Child Related Indicators**

- An unkempt, inadequately clothed, dirty or smelly child;
- A child who is perceived to be frequently hungry;



- A child who is observed to be listless, apathetic and unresponsive with no apparent medical cause; displaying anxious attachment; aggression or indiscriminate friendliness;
- Failure of a child to grow or develop within normal expected patterns with an accompanying weight loss or speech / language delay;
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies;
- Unmanaged / untreated health / medical conditions including poor dental health;
- Frequent accidents or injuries;
- A child frequently absent from or late at school;
- Poor self esteem;
- A child who thrives away from the home environment.

### **Indicators in the Care Provided**

- Failure by parents or carers to meet basic essential needs e.g. adequate food, clothes, warmth, hygiene, sleep;
- Failure by parents or carers to meet the child's health and medical needs e.g. poor dental health, failure to attend or keep appointments with health visitor, GP or hospital, lack of GP registration, failure to seek or comply with appropriate medical treatment;
- A dangerous or hazardous home environment including failure to use home safety equipment, risk from animals;
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating;
- A lack of opportunities for child to play and learn;
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods;
- Neglect of pets.

Where there are any concerns about the neglect of a child in a household, consideration must be given to the possibility that other children in the household may also be at risk of neglect or abuse.

### **Obesity**

Obesity in children is an increasingly common problem in the general population and differentiating when there is a Safeguarding issue can be difficult and complex. Neglect can result in poor supervision of food intake, or an inappropriate diet being offered to the child with resultant excessive weight gain. A sedentary lifestyle with limited opportunity for physical activity, when combined with an inappropriate diet, can result in excessive weight gain.

It is important to take into account:

- a. The impact of the obesity on the child, particularly evidence that the child is developing medical complications (e.g. undue breathlessness), restrictions in day to day activities or social/emotional difficulties as a result of their obesity;

- b. The context/is there other evidence of emotional harm or neglect.

Excessive calorie intake is the cause of most childhood obesity. In a very small proportion of obese children there is an underlying medical cause. The parent/carer is responsible for monitoring their child's diet and seeking appropriate advice/support if the child or adolescent is overweight or obese. The management of obesity in children therefore requires parental engagement to enable and support their child to adopt healthy eating patterns, participate in age appropriate levels of physical activity and attend medical and dietetic appointments as necessary. Parental failure to engage with an appropriate management plan in a child who is severely obese and/or is developing serious complications of obesity should be considered a safeguarding issue.

*Ref: Sussex Child Protection & Safeguarding Procedures*

### **Early Help**

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

Staff should, in particular, be alert to the potential need for early help for a learner who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

# CHAPTER 5

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## **CONSIDERATIONS FOR SAFEGUARDING CHILDREN, YOUNG PEOPLE & ADULTS WITH LEARNING DISABILITIES AND AUTISM**

### **RECOGNITION OF ABUSE**

Staff at St. John's need to be aware that Children, Young People & Adult at Risks may be abused by a variety of people these include;

- A staff member
- A member of a recognised professional group
- A volunteer
- Another Learner
- A relative or member of the person's social group
- A member of the public
- A person who deliberately targets vulnerable people in order to exploit them

Recognising abuse is not easy even for experts, but some indication that abuse may be happening, or has happened, are as follows.

- Lack of respect for Learner
- Repeated exclusions of rights and choices to a Learner, from those that would normally be afforded to others
- Unexplained injury
- Injuries inconsistent with Learner's lifestyle
- Bruises or welts on face, lips, mouth, arms, back or buttocks
- Unexplained burns
- Fractures
- Lacerations to mouth, lips, gums, eyes, or external genitalia
- Finger marks on body
- Medication misuse
- Pregnancy in a woman who is unable to consent
- Withdrawn, depressed, or stressed
- Bleeding, pain or itching in genital area
- Sexually transmitted disease
- Unexplained change in behaviour
- Poor personal hygiene
- Inappropriate restraint
- Denial of visitors or phone calls
- Failure to ensure appropriate privacy or personal care
- Lack of flexibility or choice e.g.; choice of food
- Lack of adequate procedures, e.g. for medication, financial management
- Controlling relationships between learners and members of staff
- Poor professional practice

## Key Considerations

When considering the protection of children, young people and adults at risk with learning disabilities and Autism, there are some key points to consider:

- Children and young people with autism and learning disabilities may find it difficult to communicate that they being subjected to abuse, especially if they have limited communication skills.
- Some typical indicators of abuse may be a result of the individual's learning disability or autism, such as self-injurious behaviour or withdrawal from social situations. However it is important to remember that indicators of actual abuse may be falsely explained as a consequence of their autism/learning disability.
- Where an individual is experiencing physical or psychological injury as a result of their behaviours arising from their diagnosis, it may be deemed neglectful not to pursue reasonable interventions to reduce the behaviour.
- Many of the learners at St. John's share environments with other learners who may display challenging behaviours. It is never acceptable for individuals to be abused by another learner.
- There is an increased risk that professionals become overfamiliar with the behaviour of the learners within their care. They are then at risk of failing to pick up other concerns or they may see new behaviour as an extension of the behaviour they have already observed. The ability to understand autism and learning disabilities and its impact on individuals is imperative, as is the ability to recognise subtle changes or other indicators. Staff at St. John's need to remain open to the possibility of abuse.

*Ref: Safeguarding Children with Autism – Wade Tidbury, National Autistic Society*

# CHAPTER 6

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## **Additional Categories and areas for Consideration**

### **Prevent**

Prevent is a key part of the Government's Counter Terrorist Strategy. Its aim is to stop people becoming terrorists or supporting terrorism. Early intervention to divert people away from being drawn into terrorist activity is at the heart of Prevent.

Safeguarding children and adults from radicalisation is no different from safeguarding them from other forms of harm. Indicators for vulnerability to radicalisation include:

- family tensions;
- sense of isolation;
- migration;
- distance from cultural heritage;
- experience of racism or discrimination;
- feeling of failure.

Indicators that someone might be engaged with an extremist group, cause or ideology:

- spending time in the company of suspected extremists;
- changing their style of dress or personal appearance to accord with the group;
- their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause;
- loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- possession of material or symbols associated with an extremist cause (eg. the swastika for far-right groups);
- attempts to recruit others to the ideology, group or cause;
- communication with others that suggests identification with an ideology, group or cause.

Further information can be found in the St. John's Prevent Policy.

### **Restrictive Practice**

Restrictive practices refers to any practices where one person or more restricts the movement or another. These can be physical barriers. This involves someone being prevented from freedom of movement, being confined inappropriately (including for long periods of time). Examples of restrictive practices are:

- Spending long period of times in a wheelchair within the home environment against professional advice
- Leaving immobile people in bed for prolonged periods against professional advice
- Locking people in a room, sometimes referred to as seclusion
- Using "reins" for older children whilst out in the community
- Physical restraint

It is recognised that there are a number of our learners may have types of behaviour which can severely challenge those who care for them. This would include for example, those who self-harm, those who target/physically harm others and those who are at risk of running away or exposing themselves to other forms of harm, if they are not under constant supervision.

It is often these type of behaviours that may lead parents, carers & professionals to engage in restrictive practices. Those involved with the learner should not assume that the behaviours described are directly associated with their disability but may be due to emotional distress/anxiety as would be the case if the person exhibiting these behaviours did not have a learning disability. Workers should always work from the premise that learners who exhibit these behaviours do so for a reason. (See St. John's Behaviour Policy)

When staff become aware that they or others are using restrictive practices then they should recognise that this requires further discussion and that support is offered to find an alternative approach to managing the behaviour. It is important that parents, the behaviour team, professionals and where appropriate, the learner are fully involved in this discussion. It must be identified what they see as the behaviour issues that present with risk and which has led them to apply restrictive care.

The focus of all discussions should be on the learner's needs at all times. It is essential that the person's wishes and feelings are reflected. It is key therefore that all professionals recognise developmental and independence needs of the individual concerned.

It is important to recognise that such situations must be assessed on a case by case basis. The law underlying the subject of restricting the liberty of a person is complex and cannot be dealt with fully in practice guidance such as this. Each case depends on its own facts and the distinction between a situation in which significant harm is to be inferred and one in which is not present may be a fine one. Legality depends very much on the factual context. If a safeguarding concern arises because of restrictive practice then legal advice should be sought by the organisation.

### **Safe Holding**

Safe holds (Physical interventions) are only justified when they are used in the best interest of the person and/or to protect the safety of others. Where these are necessary the least restrictive approach should always be used. If the person lacks capacity regarding this, any interventions must be in line with the Mental Capacity Act, Deprivation of Liberty Safeguards Code of Practice, St. John's approved positive handling techniques and Behaviour Policy. Physical interventions should always be used as a last resort, when all other strategies for de-escalation have been exhausted. Any reactive strategies should be agreed by the Behaviour team and included in the learners PBS plan.

### **In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence.**

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something they do not want to do, or does not do something they want to do. For example, the use of key pads to prevent people from going where they want from a closed environment. Appropriate use of restraint may be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

***St John's is fully committed to reducing the need for the use of physical restraint and is a member of the Restraint Reduction Network***



### **Children and the court system**

Children are sometime required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds.

They explain each step of the process and support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained.

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

### **Children/Adults at Risk missing from education**

All staff should be aware that children/adults at risk going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of the learner going missing in future. Staff should be aware of their school or college's unauthorised absence and missing from education procedures.

### **Children with family members in prison**

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

### **Child sexual exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and noncontact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse;

- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Some of the following signs may be indicators of child sexual exploitation:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who have older boyfriends or girlfriends;
- children who suffer from sexually transmitted infections or become pregnant;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late;
- children who regularly miss school or education or do not take part in education

### **Child criminal exploitation: county lines**

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism<sup>98</sup> should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults;
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

### **Domestic abuse**

The cross-government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological;
- physical;
- sexual;
- financial;
- emotional

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.

### **Homelessness**

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties: Homeless Reduction Act Factsheets. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

In most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16 and 17 year olds who may be homeless and/ or require accommodation:

### **So-called 'honour-based' violence**

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

### **Actions**

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children's social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers.

## **FGM**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

FGM mandatory reporting duty for teachers Section 5B of the Female Genital Mutilation Act 2003 places a statutory duty upon **teachers along with regulated health and social care professionals** in England and Wales, to 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. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies.

Teachers **must personally** report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still consider and discuss any such case with the school or college’s designated safeguarding lead (or deputy) and involve children’s social care as appropriate. The duty **does not apply in relation to at risk or suspected cases** (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures.

## **Forced marriage**

Forcing a person into a marriage is a crime in England and Wales. 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. Schools and colleges can play an important role in safeguarding children from forced marriage.

## **Preventing radicalisation**

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a schools’ or colleges’ safeguarding approach.

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.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child’s vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that

they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme.

### **The Prevent duty**

All schools and colleges are subject to a duty under section 26 of the Counter Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. The Prevent duty should be seen as part of schools’ and colleges’ wider safeguarding obligations.

### **Channel**

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual’s engagement with the programme is entirely voluntary at all stages. The school or college’s Designated Safeguarding Lead (and any deputies) should be aware of local procedures for making a Channel referral. As a Channel partner, the school or college may be asked to attend a Channel panel to discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required.

### **Peer on Peer Abuse**

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

### **Learners who harm other Learners**

Severe harm may be caused to learners by the behaviour of other learners, which may be of a physical, sexual or emotional nature.

The effect on the victim of intimidation and peer pressure by their abuser may make disclosure difficult for the victim.

Some learners may also cause harm to others without any real understanding of what they are doing. However, such situations still need to be reported to the St. John’s safeguarding team and may also need to be reported to the local safeguarding team.

St. John’s safeguarding team must decide in the circumstances of each case whether or not behaviour directed at another learner should be categorised as abusive or not. It will be helpful to consider the following factors:

- Relative chronological and developmental age of the two learners (the greater the difference, the more likely the behaviour should be defined as abusive);
- A differential in power or authority (e.g. related to race or physical or intellectual vulnerability of the victim);

- Actual behaviour (both physical and verbal factors must be considered);
- Whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation;
- Physical aggression, bullying or bribery;
- The victim's experience and perception of the behaviour;
- The possibility the abuser is, or was, also a victim;
- Attempts to ensure secrecy;
- An assessment of the change in the behaviour over time (whether it has become more severe or more frequent);
- Duration and frequency of behaviour.

Where it is clear that the concern is one of safeguarding adults or child protection, St. John's safeguarding team will ensure that there is no delay in the referring to external agencies.

### **Sexual violence and sexual harassment between children in schools and colleges**

Context Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk. Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys";
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

### **What is Sexual violence and sexual harassment?**

**Sexual violence** It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003/105 as described below:

**Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

**Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

**Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

**What is consent?** Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

**Sexual harassment** When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature;
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

It may include:

- non-consensual sharing of sexual images and videos;
- sexualised online bullying;
- unwanted sexual comments and messages, including, on social media;
- sexual exploitation; coercion and threats

### **The response to a report of sexual violence or sexual harassment**

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process.

***All of the above can also be related to and issues for Adults at Risk***

# APPENDICES

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**APPENDIX 1**

**Protection Plan**

This plan has been devised by St. John's Safeguarding Team as a response to safeguarding concerns or a safeguarding referral. Please ensure that all staff are aware of this plan and adhere to the advice and recommendations contained in it. Following any Safeguarding Incident Risk Assessment, Behaviour Support Plans & Care Plans should all be reviewed and updated accordingly.

Learner (s) name (s):

Recommendations:

Date Risk Assessment Reviewed:  
Date Behaviour Support Plan Reviewed: \_\_/\_\_/\_\_  
Review date of protection plan by Safeguarding Team:

Effectiveness of recommendations & plan

Outcome of review and any changes to action/recommendations

*NB: The protection Plan is **only** to be produced by the safeguarding team in consultation with Key Staff and when required external agencies.*

## **APPENDIX 2**

### **Reference list for further information on legislation & policies relating to Safeguarding**

Pan Sussex Procedures for Safeguarding Children  
<https://sussexchildprotection.procedures.org.uk/>

Pan Sussex Procedures for Safeguarding Adults  
<http://pansussexadultssafeguarding.proceduresonline.com>

Guidance Issued Under Section 175/157 of the Education Act 2002  
<http://www.legislation.gov.uk/ukpga/2002/32/section/175>

Children and Adoption act 2002  
<http://www.legislation.gov.uk/ukpga/2002/38/contents>

The Children Act 1989 & 2004  
[www.legislation.gov.uk/ukpga/1989/41/contents](http://www.legislation.gov.uk/ukpga/1989/41/contents)  
[www.legislation.gov.uk/ukpga/2004/31/contents](http://www.legislation.gov.uk/ukpga/2004/31/contents)

The Sexual Offences Act 2003  
[www.legislation.gov.uk/ukpga/2003/42/contents](http://www.legislation.gov.uk/ukpga/2003/42/contents)

CQC Essential Standards of Quality & Safety  
[www.cqc.org.uk/content/essential-standards-quality-and-safety](http://www.cqc.org.uk/content/essential-standards-quality-and-safety)

Care Standards Act 2000  
<http://www.legislation.gov.uk/ukpga/2000/14/contents>

Safeguarding Vulnerable Groups Act (2006)  
<http://www.legislation.gov.uk/ukpga/2006/47/contents>

The Human Rights Act 1998  
<http://www.legislation.gov.uk/ukpga/1998/42/contents>

United Nations Convention on the Rights of the Child 1989  
<http://www.unicef.org.uk/UNICEFs-Work/Our-mission/UN-Convention/>

Working Together to Safeguard Children (Department for Children, Schools and Families 2015)  
<https://www.education.gov.uk>

Education Act 2002  
<http://www.legislation.gov.uk/ukpga/2002/32/contents>

Education Act 2011  
<http://www.legislation.gov.uk/ukpga/2011/21/contents/enacted>

Disability Discrimination Act  
<http://www.legislation.gov.uk/ukpga/1995/50/contents>

Winterbourne View Enquiry

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213215/final-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf)

The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

The Equality Act 2010

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

Health and Social Care Act 2015

[http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga\\_20150028\\_en.pdf](http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga_20150028_en.pdf)

Residential Special Schools National Minimum Standards

<https://www.gov.uk/government/publications/residential-special-schools-national-minimum-standards>

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

Protection of Freedoms Act 2012

<http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

Keeping Children Safe in Education 2016

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Further resources can also be found on My Concern under the Resources tab and under National Guidance or Local Policies.

## **APPENDIX 3**

### **Children in Specific Circumstances**

These topics are covered in the Pan Sussex Safeguarding Children Procedure and guidelines. More information can be found at:  
<https://sussexchildprotection.procedures.org.uk/>

Such issues are rare in the experience of St. John's however should any of these issues arise; the safeguarding team will refer to the local guidelines and seek advice from the local team.

Abuse Linked to Spiritual and Religious Beliefs/Ritual Abuse
Allegations Against People who Work with, Care for or Volunteer with Children
Child Witnesses in Criminal Prosecution and Pre-Trial Therapy Support
Children and Young People Vulnerable to Violent Extremeism
Children from Abroad
Children Living Away from Home (Private Fostering)
Complex (Organised and Multiple) Abuse
Concealed Pregnancy
Criminal Injuries Compensation Authority Claims for Looked After Children
Domestic Violence and Abuse
Fabricated or Induced Illness
Forced Marriages
Foreign Exchange Visits
Historical Abuse Allegations
Information Communication Technology
Learning Disabled Parent or Carer
Looked After Children
Male Circumcision
Missing Children

Children and Families who Go Missing
Parent or Carer Involved in Prostitution
Parental Mental Health
Parental Substance Misuse
Pre-Birth Child Protection Procedures
Racial and Religious Harassment
Safeguarding Children and Young People Who May be Affected by Gang Activity
Self-Harm and Suicidal Behaviour
Sexual Exploitation
Sexually Active Children
Surrogacy
Trafficked Children
Uncooperative or Hostile Parents
Unexpected Child Death
Unexplained Injuries to Young Children
Use of Interpreters, Signers or Others with Communication Skills
Violence Towards Staff
Young Carers
Young Persons' Substance Misuse
Online Safety
Children Left Unaccompanied by Parents/Carer (home alone)