

**CS003 Safeguarding  
Children, Young People  
& Adults at Risk Policy &  
Procedures**



Version 22

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Education Governance Committee

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## Version Control Summary

Version Number	Issue Date	Revisions from previous issue	Lead
16	Nov 2015	Flow diagram amended following feedback from SSCB and staff. Responsibilities of safeguarding team added	Director of Clinical Services
17	Sept 2016	Information added to demonstrate how safeguarding processes are scrutinised across The Children's Trust. Training matrix updated	Director of Clinical Services
18	Jan 2017	Information added in relation to staff behaviour, disability, section 11 and audit. Overview of The Children's Trust and how information on safeguarding is shared. Multi-Agency Safeguarding Hub (MASH) contact details added.	Director of Clinical Services
19	June 2017	Information added in relation to appropriate physical contact, section 6	
20	June 2018	Surrey Inter-agency escalation policy & procedure added.	Social Work Lead
21	Dec 2018	Information added Vulnerable Adults, Prevent, GFM, Sexual exploitation, County Lines, Modern Slavery and mobile phone use. Amendment to training guidelines	Director of Clinical Services
22	March 2020	Addendum COVID 19 to the School policy Updated Flow Charts, included early help, child in need, contextual safeguarding, mandatory duty to report FGM, domestic abuse, safeguarding pack, appendix – 7 golden rules and child protection conferences	Head of Safeguarding

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**Staff member has safeguarding concerns for the welfare of a child or adult at risk**

**Ensure the child/young person/adult at risk is safe**

**The Children's Trust**

Staff member including Volunteers immediately informs Shift Leader or Line Manager.

**The Children's Trust School**

Staff member immediately informs Designated Safeguarding Lead for children and/or adults

**In Working Hours (9am - 5pm)**

Shift Leader or Line Manager immediately informs The Children's Trust Social Worker team.

For concerns outside of Tadworth staff should contact local safeguarding teams and/or discuss concerns with Head of Safeguarding.

- Complete IRAR incident report and body maps if required.
- Notify The Children's Trust doctor of any health concerns.
- Inform Local Authority Social Worker if one is allocated.
- Inform School DSL (school residential houses)
- Parent/carers to be informed unless to do so would place child/adult at further risk.

**Out of Hours**

Contact Surrey Emergency Duty Team for urgent safeguarding concerns for children and adults.

<https://www.surreycc.gov.uk/social-care-and-health/concerned-for-someones-safety/out-of-hours-social-care-contacts>

- **Out of hours phone:**  
Weekdays: 5pm-9am  
**Weekends: 24 hours 01483517898**
- Take advice from Surrey social worker as to how to maintain the child or adult's safety.
- Parent/carers to be informed unless to do so would place child/adult at further risk.
- If you are worried about the child/adult's health contact the on-call GP
- Complete IRAR incident report and body maps as required.
- If you have any concerns or are unsure contact the on call clinical manager.

- DSL to consider informing Lead Social Worker for the School.
- Notify The Children's Trust Doctor or registered GP of any health concerns.
- Complete IRAR incident report and body maps if required.
- Inform Head of House in which child resides.
- Parent/carers to be informed unless to do so would place child/adult at further risk.

**Lead Social Worker/DSL**

- Inform child's allocated social worker.
- For children/adults who may have an allocated social worker:
- Consider referrals to local authority for early help or children's social care.
- For those over the age of 18 consider referral to Adult Social Care.

- For children/adults who do not have an allocated social worker:
- Consider referrals to local authority for early help or children's social care.
- For those over the age of 18 consider referral to Adult Social Care.

- Follow up any outstanding actions the following day.
- Inform The Children's Trust Social Worker and/or allocated Social Worker.

If the safeguarding concern relates to an allegation against a member of staff or volunteer notify Head of Safeguarding/Head of Nursing & Care.

Follow the flowchart for managing allegation against people that work or volunteer with adults and/or children

Ensure you record any decisions and share information in line with the 7 Golden Rules of Information Sharing. A copy of a referral to Social Care should be sent to Head of Safeguarding for quality assurance.

## Managing allegations against people that work or volunteer with adults and/or children

The Children's Trust adheres to Surrey Safeguarding Children Partnership Procedures and works in partnership with the Designated Officer.

All allegations must be referred to management for investigation and may also require reporting to CQC and OFSTED.

This guidance applies when there is an allegation that any person who works with children and/or adults at risk, in connection with their employment or voluntary activity has:

- Behaved in a way that has harmed or may have harmed a child or adult at risk.
- Possibly committed a criminal offence against or related to a child or adult at risk
- Behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm.

### Ensure the child/young person/adult at risk is safe

**Allegations against any person who works with children should be considered within the context of the four categories of abuse for children and young people:**

- **Physical** – i.e. injuries and restraint
- **Sexual** – i.e. inappropriate relationships between adults and children/young people
- **Emotional abuse** – i.e. threatening or shouting
- **Neglect** – i.e. actions or omissions that impact on health or welfare of any child

**Allegations can also include:**

- Non-recent abuse
- Organised and/or widespread abuse
- If a member of staff is a parent/carer and has become subject to child protection procedures.
- An individual has behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could for example, include violence and abuse, substance misuse or fraud.

**Allegations against any person who works with adults at risk should be considered within the context of the ten identified categories of abuse for adults:**

- **Physical**
- **Sexual**
- **Psychological**
- **Financial or material abuse**
- **Neglect and acts of omission**
- **Self-Neglect**
- **Organisational**
- **Domestic abuse**
- **Modern slavery including human trafficking**
- **Discriminatory.**

- Complete IRAR incident report include body maps if applicable.
- Head of Nursing & Care/Head of Safeguarding establish main facts from the incident.
- If an allegation involves the Director of Education or the Chief Executive refer to Head of Safeguarding.
- The People Team to support management– risk assessment re: change of duties to workplace/suspension.
- Refer to Surrey Designated Officer within 24 hours to determine the investigation required.
- Referral to Children's Social Care/Police may be required for Section 47 enquiries.

- Complete IRAR incident report include body maps if applicable.
- Head of Nursing and Care/Head of Safeguarding establish main facts from the incident.
- The People Team to support management– risk assessment re: change of duties to workplace/suspension.
- Discuss case with Adult Social Care Manager for decision re: Section 42 enquiry.
- Refer to Designated Officer within 24 hours to determine investigation required.

- Internal investigations to be completed by an appointed investigator and signed off by Head of Nursing & Care and Director of Clinical Services.
- If external investigation is led by Police or Social Care Head of Safeguarding will liaise with Designated Officer.
- Where the matter constitutes a conduct or performance issue refer to HR123 Disciplinary Policy.
- Implement recommendation, action plans from either internal or external investigation.
- Outcomes of internal investigation can be shared with Designated Officer, CQC and OFSTED.

## Section 1

### **Key Safeguarding Contacts at The Children's Trust** **(Please see updated contacts via The Loop)**

<b>Role</b>
Director of Clinical Services
Director of Education
Designated Safeguarding Lead (DSL)
Deputy DSL
Deputy DSL for Early Years
DSL Vulnerable Adults
DSL Vulnerable Adults
Social Worker
Senior Quality Assurance Social Worker
Senior Social Worker
Senior Social Worker (Locum)
Head of Safeguarding

### **Referring Children and Adults to Local Authority Social Care**

Where professionals are concerned that a child may be at imminent **risk of significant harm** please call 999 for police.

All safeguarding or early help referrals should be made to the Local Authority where the child or adult are resident. If you have a postcode address you can check online via:

<https://www.gov.uk/find-local-council> you can also look online for local authority contact details and referral forms.

### **Surrey Children's Single Point of Access (SPA)**

If you are concerned about the safety of a child or adult who lives in Surrey, you can contact Surrey Children's Single Point of Access.

**Availability:** 9am to 5pm, Monday to Friday

- **Phone:** 0300 470 9100
- **Email:** emails are dealt with during normal office hours
- **For concerns for a child or young person:** [csmarsh@surreycc.gov.uk](mailto:csmarsh@surreycc.gov.uk)
- **For concerns for an adult:** [ascmarsh@surreycc.gov.uk](mailto:ascmarsh@surreycc.gov.uk)

**Out of hours Availability:** 5pm and 9am weekdays and 24 hours over the weekend.

- **Phone:** 01483 517898 to speak to our **emergency duty team**.
- **Email:** [edt.ssd@surreycc.gov.uk](mailto:edt.ssd@surreycc.gov.uk)

**Schools and Early Years Child Protection Consultation Line** The Schools and Early Years Child Protection Consultation Line provides advice and support to Schools and Early Years Settings and is open to all schools in the County, including Independent Schools and Early Years Settings.

**Availability: 9am to 5pm, Monday to Friday**

- **Phone:** 0300 470 9100

If you have **already been in touch** with children's social care services and would like to contact the allocated social worker or family support worker directly, local area contacts can

be found online: <https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/contact-childrens-services>

For any general or non-safeguarding concerns in relation to an adult (including young adults) please **contact Adult Social Care**.

- **Availability:** 9am to 5pm, Monday to Friday
- **Phone:** 0300 200 1005
- **Email:** [contactcentre.adults@surreycc.gov.uk](mailto:contactcentre.adults@surreycc.gov.uk)

To contact the Duty Local Authority Designated Officer (LADO)

- **Availability:** 9am to 5pm, Monday to Friday
- **Phone:** 0300 123 1650 (option 3)
- **Email:** [LADO@surreycc.gov.uk](mailto:LADO@surreycc.gov.uk)

**Surrey Inter-agency escalation policy & procedure:**

For the resolution of professional disagreements and instigation of responses to exceptional issues in work relating to the safety of children discuss with the safeguarding team and follow the escalation policy.

<https://surreyscb.procedures.org.uk/sktp/complaints-and-disagreements/inter-agency-escalation-policy-and-procedure/>

## Section 2

### 1. Introduction

The Children's Trust believes that every member of the team including volunteers and temporary staff have a responsibility to promote the welfare of children and adults at risk of harm.

Safeguarding is defined in Working Together to Safeguard Children as:

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

No single professional will have all of the information or complete picture of a child or adult needs and circumstances. Everyone who comes into contact with a child or adult at risk and their family has a role in identifying concerns, sharing information and taking prompt action in order that the child or vulnerable adult receives the right help at the right time, every day.

This policy has been developed in accordance with the guidance outlined in:

- Children Acts 1989 and 2004
- Education Act 2002
- Sexual Offences Act 2003
- Health and Social Care Act 2012
- Care Act 2014
- What do you do if you are worried a child is being abused (2015)
- Counterterrorism and Security Act 2015 (PREVENT Duty)
- National Minimum Standards for Residential Special Schools (2015)
- Special educational needs and disability code of practice: 0-25 years (2015)
- Working Together to Safeguard Children (2018)
- Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- Keeping Children Safe in Education 2019
- Surrey Safeguarding Children Partnership Procedures Manual

In order for the team to collaborate effectively it is important that every individual is aware of the role they have to play and the role of other professionals.

Staff must follow The Children's Trust Safeguarding Policy and remember that any professional can at any time make a referral to the Local Authority if they have a concern about a child or an adult at risk. Staff at The Children's Trust should follow up their concerns if they are not satisfied with the local authority's social care response.

Local authority Safeguarding Children Partnerships will have multi-agency escalating procedures in place to enable practitioners to escalate concerns.

Whilst every attempt has been made to cover a wide range of situations, it is recognised that any such guidance cannot cover all eventualities. There may be



times when professional judgments are made in situations not covered by this document, at such times advice should be sought from safeguarding contacts or senior managers.

## **2. Scope**

There are various services at The Children's Trust who are regulated by different agencies including Ofsted and Care Quality Commission, services include schools, a children's home and health services. This policy has been written to ensure each regulation, framework and standard is adhered to, information is shared in order to protect the child or vulnerable adult and their welfare is at the heart of everything we do.

This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students and anyone working on behalf of The Children's Trust. The Children's Trust acts within the guidance of the Children Act 1989 and 2004, Care Act 2014 and Working Together to Safeguard Children 2018.

### **We recognise that:**

- the welfare of the child/young person is paramount
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting children's welfare

**We recognise that** we have adults at risk within our care who are waiting to transition to adult services. The aims of safeguarding adults are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives "Making Safeguarding Personal"
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

## **3. Purpose**

- To safeguard and provide protection for the children, young people and vulnerable adults who receive services from The Children's Trust.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child, young person or vulnerable adult may be experiencing, or be at risk of harm.

#### 4. Responsibilities

- **Trustee** with overall safeguarding responsibility will ensure there is appropriate scrutiny of The Children's Trust safeguarding performance and provide assurance to the Board of Trustees. The Trustee responsible for Education Governance Committee will ensure there is appropriate scrutiny of safeguarding performance in The Children's Trust School.
- **The Chief Executive** must provide strategic leadership, promote a culture of supporting good practice with regard to Child Protection and Safeguarding of children and vulnerable adults within The Children's Trust and promote collaborative working with other agencies.
- **Director of Clinical Services** will take responsibility for child protection and safeguarding issues and report to the Board of Trustees on the performance of their delegated responsibilities and will provide leadership in the long term strategic planning for Safeguarding and Child protection services for children and adults at risk across the organisation. In conjunction with the Director of Education the Director of Clinical Services will ensure safeguarding incidents are reported and monitored by the Board of Trustees via the Clinical Governance & Safeguarding Committee. To also ensure there is a culture of collaboration and willingness to learn in order to safeguard the welfare of children and adults at risk.
- **Director of Education** will take responsibility for child protection and safeguarding issues within the school. In conjunction with the Director of Clinical Services will ensure safeguarding incidents are reported and monitored by the Board of Trustees via the Clinical Governance & Safeguarding Committee and Educational Governance Committee. To also ensure there is a culture of collaboration and willingness to learn in order to safeguard the welfare of children and vulnerable adults.
- **Director of People** is responsible for ensuring safer recruitment standards are maintained. Ensuring Disclosure and Barring Scheme (DBS) checks are carried out in line with national and statutory guidelines. Ensuring allegations against staff working with children at work or in private life are addressed in accordance with the Disciplinary Policy and national/statutory guidelines. Ensuring job descriptions include a statement regarding safeguarding children and adults.
- **Medical Director** leads on the medical aspects of Safeguarding having an understanding of the importance of children and vulnerable adult's rights in the safeguarding/child protection context, and related legislation. Understand information sharing, confidentiality, and consent related to children, young people and adults. Understand the processes and legislation for Looked after Children. As a Responsible Officer the Medical Director has robust links into the General Medical Council.
- **Directors** will be responsible for ensuring their teams identify, report and document any safeguarding issues.
- **Head of Safeguarding** is responsible for ensuring that The Children's Trust has systems in place to safeguard children and adults at risk including safeguarding supervision, education and training, risk and assurance frameworks by promoting a coordinated approach to the development, implementation, management and monitoring of relevant national guidance and standards in relation to safeguarding children. Head of Safeguarding will

have responsibility to ensure that safeguarding incidents are investigated with appropriate liaison with relevant agencies including the Local Authority Designated Officer.

- **Social Workers** support all activities necessary to ensure that The Children's Trust meets its responsibilities to safeguard children, young people and adults at risk and lead on the processes for Looked after Children.
- **Staff and Volunteers** irrespective of discipline or role have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children, young people and adults at risk. All staff and volunteers working at The Children's Trust should know the potential indicators of maltreatment of children and adults at risk and how to report their concerns. Staff are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions. Staff should adopt high standards of personal conduct in order to maintain the confidence and respect of their peers, children and families and the public in general. An individual's behaviour, either in or out of the workplace, should not compromise her/his position within the work setting.
- **Clinical Governance & Safeguarding Committee** It is the responsibility of this committee to ensure there is appropriate scrutiny of safeguarding performance in all areas of The Children's Trust and to provide assurance to the Board of Trustees.
- **Education Governance Committee**  
It is the responsibility of this committee to ensure The Children's Trust School discharges its statutory obligations for safeguarding

## 5. Safeguarding Children

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

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

### **We will seek to safeguard children and young people by:**

- Valuing them, listening to and respecting them
- Hearing the young person's voice through their advocate
- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers
- Recruiting staff and volunteers safely, ensuring all necessary checks are made
- Sharing information about safeguarding, child protection and good practice with children, parents, staff and volunteers
- Sharing information about concerns promptly with agencies who need to know, and involving parents and children appropriately

- Providing effective management for staff and volunteers through support, supervision and training

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

The Children Act 1989 introduced the concept of harm as the threshold that justifies compulsory investigation in family life in the best interests of the children and young people. This gives local authorities a duty to make enquiries may be referred to as Section 47 enquiries, to decide whether they should take action to safeguard or promote the welfare of children or a young person who is suffering or likely to suffer significant harm.

Child protection is part of safeguarding and promoting welfare and refers to the activity which is undertaken to protect specific children who are suffering or likely to suffer significant harm.

**Child abuse and neglect** is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development. Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

Working Together to Safeguard Children sets out definitions and examples of the four broad categories of abuse which are used as a basis for determining that a child should be subject to a Child Protection Plan:

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse

**Child in Need** are children who are defined under Section 17 of the Children Act 1989 as those whose vulnerability is such that they are unlikely to achieve or maintain a reasonable standard of health or development without the provision of local authority services. This includes children with disabilities. Service provision under a child in need is not compulsory and parents can choose to decline support.

**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 and 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. Local authorities, under section 10 of the Children Act 2004 have a responsibility to promote inter-agency co-operation to improve the welfare of all children.

## **6. Children and young people with a disability**

Disabled children and young people may be more vulnerable to being abused as a result of a number of factors attributed to their disabilities.

These include:

- Significant communication needs
- Physical vulnerabilities
- Intimate care needs
- Need for physical handling
- Having multiple carers
- Being socially isolated

Disabled children may not have access to someone they can trust to disclose that they have been abused.

Other factors which can make disabled children more vulnerable include the child's care needs, challenging behaviours and the vulnerability of carers/parents given the demand and challenges of caring for a child with complex needs.

- Lack of support/training for parents and carers in dealing with difficult behaviour
- The child/young person being perceived as being of less importance
- Parents/carers may accept lesser standards of substitute care as a result of their need for support/respite
- Some children may behave in ways that are self-harming, this can lead to an abusive injury being missed
- An assumption that behaviour is an integral part of the child's condition, rather than a response to abusive treatment or a negative reaction to medication

Because of the particular needs of disabled children and young people they may also be at risk of being abused in other ways including:

- Force feeding or inappropriate feeding
- Their personal care needs may not be met adequately
- Physical practices such as physical restraint carried out unnecessarily or not in accordance with available guidelines
- Rough handling

- Extreme behaviour modification including the deprivation of clothing, medication or food, limiting movement, restricting freedoms, locking doors etc.
- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures which are unnecessary or are carried out against\ the child/young person's will
- Being denied access to required medical treatment
- Misapplication of programmes or regimes
- Ill-fitting equipment e.g. callipers, sleep boards which may cause injury or pain,
- Inappropriate splinting
- They may be more susceptible to bullying
- They may be more vulnerable to abuse using Information Communication Technology.

## **7. Contextual Safeguarding**

As well as threats to the welfare of children from their family's children may be vulnerable to abuse or exploitation from outside of their families, this may arise in schools and other educational establishments from within peer groups or from online and wider communities. These threats can take a variety of different forms including exploitation by criminal gangs, county lines, trafficking, online abuse, sexual exploitation, trafficking and influences of extremism leading to radicalisation.

Children, young people and adults can have heightened risk following ABI depending on the nature of their acquired needs. They may present with hidden difficulties that make them more vulnerable to exploitation and experience difficulties with communication, disinhibition, decision making and evaluating risk. These factors could inadvertently place themselves or others at risk.

### **Child Sexual Exploitation**

Child sexual exploitation (CSE) is a type of sexual abuse. Children are in relationships or situations which exploit them by receiving gifts, money or affection as a result of performing sexual activities. Children and young people may be tricked into believing them are in a loving relationship. They may be invited to parties, given drugs or alcohol. They may also be exploited online. Some children are trafficked into or around the UK for sexual exploitation and it can also occur with young people who are in gangs.

If for any reason you suspect a child or young person is being sexually exploited, please contact the social work team. The manager and social worker will follow Surrey Safeguarding Children's Board guidelines and make a referral as directed.

### **Child Criminal Exploitation and County Lines**

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and

money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

If you suspect a young person is involved in County Lines discuss your concerns with your manager or social work team. The manager and social worker will follow Surrey Safeguarding Children's Partnership guidelines and make a referral as directed.

### **Children Missing from Care, Home, Education.**

Children who go missing or run away from home or care are at risk of serious harm. There are particular concerns about the links between children going missing and the risks of criminal and sexual exploitation, abduction and radicalization.

### **Online Abuse**

Internet Abuse' relates to four main areas of abuse to children:

- Abusive images of children (although these are not confined to the Internet).
- A child or young person being groomed for the purpose of Sexual Abuse;
- Exposure to adult abusive images and other offensive material via the Internet; and
- The use of the internet, and in particular social media sites, to engage children in extremist ideologies.

The term digital (data carrying signals carrying electronic or optical pulses) and interactive (a message relates to other previous message/s and the relationship between them) technology covers a range of electronic tools. These are constantly being upgraded and their use has become more widespread through the Internet being available using text, photos and video. The internet can be accessed on mobile phones, laptops, computers, tablets, webcams, cameras and games consoles.

Social networking sites are often used by perpetrators as an easy way to access children and young people for sexual abuse. In addition, radical and extremist groups may use social networking to attract children and young people into rigid and narrow ideologies that are intolerant of diversity: this is similar to the grooming process and exploits the same vulnerabilities. The groups concerned include those linked to extreme Islamist, or Far Right/Neo Nazi ideologies, Irish Republican and Loyalist paramilitary groups, extremist Animal Rights groups and others who justify political, religious, sexist or racist violence.

Internet abuse may also include cyber-bullying or online bullying (see Bullying - to follow). This is when a child is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child using the Internet and/or mobile devices. It is essentially behaviour between children, although it is possible for one victim to be bullied by many perpetrators. In any case of severe bullying it may be appropriate to consider the behaviour as child abuse by another young person.

Sexting describes the use of technology to generate images or videos made by children under the age of 18 of other children; images that are of a sexual nature and are indecent. The content can vary, from text messages to images of partial nudity to sexual images or video. These images are then shared between young people and/or adults and with people they may not even know. Young people are not always aware that their actions are illegal, and the increasing use of smart phones has made the practice much more common place.

Children with Special Educational Needs or disabilities are particularly vulnerable to online abuse and can face a range of barriers to seeking help:

- They may be at risk of without knowing, for example images of them being taken and used inappropriately.
- They may lack knowledge about abuse and their right to protection, and their vocabulary may not have been developed to enable them to seek help on matters that concern them.
- They may have low self –confidence, seeing themselves as an outsider
- They may lack strong peer networks and be less likely to tell a friend when they experience upsetting things online.
- They may have more unsupervised time online with fewer structures and boundaries.

E-Safety is the generic term that refers to raising awareness about how children, young people and adults can protect themselves when using digital technology and in the online environment, and provides examples of interventions that can reduce the level of risk for children and young people

## **8. Other Safeguarding vulnerabilities**

### **Modern Slavery Act 2015**

Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Modern slavery can occur in a wide variety of circumstances, for example, agricultural labour, cleaning services (domestic and commercial), the sex trade, nail bars or car washes. Potential victims of trafficking are likely to be extremely vulnerable. They may fear revealing their status or experiences to state authorities. They may feel dependent on their controllers / traffickers. It is possible they may not understand the concept of trafficking or identify themselves as a victim.

If you suspect a young person or their family is being used as a modern slave do not speak to them about this. Speak with your manager or the social work team who will contact the police. Advice can be obtained from:

UK Government helpline: 0800 0121 700 - 24/7 Modern Slavery Helpline

Salvation Army: 0300 303 8151 - 24/7 Referral helpline



## **Prevent**

The aim of the Government Contest Strategy (2018) is to reduce the threat to the UK from terrorism by stopping people from becoming terrorists or supporting terrorism.

Prevent as part of the counter terrorism strategy – reducing the risk of radicalisation and threat of terrorism aims to:

- 1 Stop people from becoming terrorists or supporting terrorism.
- 2 Raise awareness to all healthcare staff that Prevent is part of the existing safeguarding responsibilities.
- 3 Know how to identify and refer vulnerable individuals for support by:
  - Recognising vulnerable children, young people and adults who may be at risk of radicalisation
  - Working in partnership with other agencies to reduce risk and protect the individual; and
  - Provide adequate and necessary support as part of a proportionate multi-agency response to any concerns.
- 4 Radicalisation is a process, not a one-off event.
- 5 There is no single profile of a terrorist – there is no checklist to measure someone against.

Prevent is not about race, religion or ethnicity – the programme aims to prevent the exploitation of vulnerable individuals.

Staff will receive Prevent training as part of Level 1 -3 safeguarding training. The Trustees, Senior Leadership Team, Managers, School staff and those staff who work on Oak House will also undertake online prevent training.

If you suspect a member of staff may be involved in supporting terrorism or a child or young person is at risk of being radicalised please discuss your concerns with your manager or social work team. The Manager or social worker will contact the Surrey Prevent team for advice or to make a referral.

## **Female Genital Mutilation**

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act 1 introduces a mandatory reporting duty of 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply. The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

**If you are concerned about FGM please discuss with members of the safeguarding team at The Children's Trust.**

### **Domestic Abuse**

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can have a serious impact on a child or young person's emotional and physical wellbeing as well as their behaviours which can last into adulthood. Children and young people and witnessing domestic abuse is child abuse. It is important to remember that domestic abuse.

- Can happen inside and outside the home.
- Can happen over the phone, on the internet and on social networking sites.
- Can happen in any relationship and can continue even after the relationship has ended.
- Both men and women can be abused or be the abuser.

Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population). Young people experience the highest rates of domestic abuse of any age group. A quarter of 13-18-year-old girls report experiencing physical abuse in their own intimate partner relationships (Safe Lives 2020).

If domestic abuse is disclosed to you by either an adult or a child it is important to listen and validate, their safety and the safety of other including any children who may be affected is the first priority. Consider the type of support needed both immediately and longer-term, discuss with safeguarding team what information should be shared with multi-agency partner to ensure the safety of children and adults.

Due to the high prevalence of domestic violence across society, it is inevitable that some staff at The Children's Trust may be a victim or have a colleague that is a victim of domestic abuse. The Children's Trust acknowledges the need for staff to receive confidential support and all staff can access the Employee Assistance Programme or contact the National Domestic Violence Helpline a 24hr Free phone 0808 2000 247

Where domestic violence may have an impact on the working arrangements for a member of staff, this should be escalated to senior management to ensure safety and continuity of support. Details of staff, including location and working hours, should not be divulged to unknown callers. The Safeguarding team can

also support staff to make independent links for support outside of the The Children's Trust.

## **9. Adults at risk of harm**

Adult safeguarding work is about protecting adults with care and support needs from abuse and neglect, and about responding well when adults with care and support needs are experiencing or are at risk of abuse or neglect.

Adult safeguarding work takes place in the context of The Care Act 2014: This sets out the duties and powers in law around adult safeguarding issues. It says the local authority is the lead agency on responding to adult safeguarding concerns and that Safeguarding Adults Boards (SAB) have the strategic lead for their area.

The Care and Support Statutory Guidance: This gives detail about what must and should be done in relation to adult safeguarding issues. As it is statutory guidance, it must be followed unless you have good reason not to

Surrey Safeguarding Adults Board Policy and Procedures: This gives the framework for multi-agency responses to adult safeguarding concerns.

The Children's Trust will not tolerate the abuse of adults with care and support needs. It is committed to promoting wellbeing, preventing harm and responding effectively if concerns are raised. The Children's Trust is committed to the aims of adult safeguarding:

- 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 well-being of an adult.
- Address what has caused the abuse or neglect.

To contribute to meeting these aims, we will.

- Manage our services in a way which minimises the risk of abuse occurring
- Work with adults with care and support needs and other agencies to end any abuse that is taking place

To achieve these aims we will.

- Ensure that all managers, employees and volunteers have access to and are familiar with this safeguarding policy and procedure and their responsibilities within it.
- Ensure concerns or allegations of abuse are always taken seriously

- Ensure the Mental Capacity Act is used to make decisions on behalf of those adults at risk who are unable to make particular decisions for themselves.
- Ensure all staff receive training in relation safeguarding adults at a level relevant to their role.
- Ensure that people using our services, and where relevant their relatives and their friends, have access to information about how to report concerns or allegations of abuse.
- Ensure there is a named lead person to promote safeguarding awareness and practice within the organization.

This policy and procedure have been developed to be consistent with the Surrey Safeguarding Adults Board Adult Safeguarding Policy and Procedures.

### **Who does adult safeguarding apply to?**

The definition of adults that adult safeguarding processes may apply to is set out in section 42 of the Care Act 2014. They are people who are aged 18 years or more, and have needs for care and support (whether or not these are currently being met), are experiencing, or are at risk of, abuse or neglect, and as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

This includes adults with physical, sensory and mental impairments and learning disabilities, however those impairments have arisen, such as whether present from birth or chronic illness or injury. Also included are people with a mental illness, dementia or other memory impairments.

### **What is abuse of adults at risk?**

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as abuse or neglect:

- Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.
- Domestic abuse is “an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality” (Home Office, 2013).
- Sexual abuse includes rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting.
- Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.
- Financial and material abuse includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- Modern slavery includes human trafficking, forced labour and domestic servitude.
- Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Organisational abuse includes neglect and poor practice within an institution or specific care setting such as a hospital or care home.
- Discriminatory abuse includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age.
- Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene.

## **10. Physical Contact**

Children and adults with acquired brain injuries and complex education, health and care needs may not understand the appropriateness of physical contact with an adult. It would not be appropriate or beneficial to suggest that staff do not comfort children, young people and/or adults at risk who are upset or distressed. Staff need to be aware of individual needs and circumstances and should use their professional judgement when comforting whilst being fully aware of this Safeguarding Policy.

Children, young people and/or adults at risk may look to adults for physical contact and comfort but this should be offered with the following caution.

Not all children, young people and adults feel comfortable about physical contact, and adults should not make the assumption that it is acceptable practice to use touch as a means of communication. Permission should be sought from a child, young person or adult before physical contact is made. Where the child is very young or unable to give consent, there should be a discussion with the parent or carer about what physical contact is acceptable and/or necessary.

When physical contact is made with a child or adult this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child/adult in one set of circumstances may be inappropriate in another, or with a different child/adult. Adults, nevertheless, should use their professional judgment at all times, observe and take note of the reaction or feelings and – so far as is possible - use a level of contact and/or form of communication which is acceptable to the child/adult for the minimum time necessary.

- Always ensure that there are other adults in visual proximity.
- Never show favouritism to an individual.
- Never touch between the waist and mid-thigh or the chest (exceptions to aspects of care and therapy intervention).
- Never touch in a way that could be mis-interpreted.
- If the child/adult asks for a cuddle, then this should be short in duration and side by side.
- Never kiss a child or adult.

- Tickling is not appropriate.
- A child should only sit on an adult's knee for a short time and for a specific reason, this must not be close to the adult's body.

If you are in any doubt about any issues concerning physical contact, or you observe any practice that causes concern, you should discuss this with one of the safeguarding contacts without delay. All staff have a responsibility to ensure safe and appropriate practice at all times (refer to the Professional Boundaries Policy for more information).

## **11. Mobile Phones**

Staff personal mobile phones must not be used whilst caring for children in any circumstances. Work or personal mobile phones can be used to contact The Children's Trust in exceptional circumstances when on escort duty if unable to leave the child for any reason.

Staff personal mobile phones must not be used in Zone one with the exception of break times within staff rooms. Mobile phones can be used for work purposes with the prior agreement of the manager or shift leader in Zone one for business use only, for example Facilities to take photographs of maintenance requirements.

Consent must be obtained by the child, young person/adult or parent prior to any photographs being taken on work mobiles for business use e.g. twitter. The manager or shift leader should view all photographs before the member of staff leaves the area.

## **12. Information Sharing**

Sharing information is an intrinsic part of a professional's role whilst working at The Children's Trust. The decision about how much information to share, with whom and when, can have a profound impact. It could ensure that a child or adult at risk receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. When sharing information consider the 7 Golden rules for information sharing (appendix 3)

Poor or non-existent information sharing is a factor repeatedly flagged up as an issue in Child Safeguarding Practice Case Reviews carried out following the death of, or serious injury to, a child. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children and vulnerable adults at risk of abuse or neglect. No practitioner should therefore assume that someone else will pass on information which may be critical to keeping a child or adult safe.

## **13. Safer Recruitment**

Staff are recruited in accordance with the Safer Recruitment Policy (2018). Enhanced disclosure and barring checks are carried out on all staff who work with or have access to the children/vulnerable adult's area regularly. This check

is repeated every three years and staff contracts outline the requirement to report any new convictions.

### **Referrals to the Disclosure and Barring Service**

The Care and Support Statutory Guidance says

“If someone is removed by being either dismissed or redeployed to a non-regulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service (Care and Support Statutory Guidance March 2016, paragraph 14.75).

## **14. Training and Safeguarding Supervision**

Level 1 - All staff working in healthcare services, non-clinical and administrative. Minimum of 2 hours update training is required over a three year period.

Level 2 - Non clinical and clinical staff who in their role have contact with children, young people and/or parents/carers or adults who may pose a risk to children.

Minimum of 4 hours update training is required over a three year period.

Level 3 - All clinical staff working with children, young people and their parents/carers and/ or any adult who could pose a risk to children.

Minimum of 12-16 hours update training is required over a three year period.

Level 4 - Specialist roles - named professionals for safeguarding children and young people (Intercollegiate Document 2019).

Staff who have no prior experience of working with children and/or adults at risk or who are from overseas with no experience of UK safeguarding processes should complete each level of training within the first 6-12 months of employment.

Experienced staff can proceed to the highest level of training without completing each level. Training is delivered via the mandatory training schedule, as part of The Children’s Trust training programme or via recognised external training such as Surrey Safeguarding Children Partnership and Surrey Safeguarding Adult Board.

Safeguarding supervision is mandatory and offered three monthly and delivered via team meetings by the social work team or senior managers trained in safeguarding supervision. School staff access supervision as a class team on a weekly cycle. Safeguarding supervision can also be accessed as required individually or via Team around the Child meetings.

## **15. Audit**

Audits of safeguarding processes are agreed as part of the annual audit cycle and may include:

- Safeguarding incidents
- Looked after children
- Documentation
- Training

The social work team carry out an audit of safeguarding knowledge at regular intervals throughout the year by asking randomly selected staff formalised questions.

The Children's Trust School carries out an annual safeguarding audit and action plans accordingly.

### **Section 11**

Surrey Safeguarding Children Partnership assesses the effectiveness of local safeguarding arrangements in various ways, including Section 11 safeguarding self-assessments. This is where all local agencies and organisations who provide services to children and young people are asked to self-assess the extent to which they meet the safeguarding requirements and standards as set out in Section 11 of the Children Act 2004.

The section 11 audit is completed annually for Surrey Safeguarding Children Partnership and monitored via the Designated Nurse for Safeguarding and reviewed by the Board of Trustees.

Section 11 audits are also completed for other local authorities on request.

## **16. Whistleblowing**

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

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. Staff should follow the Whistleblowing Policy. If it becomes necessary to consult outside the school, they should speak in the first instance, to the head of safeguarding or the local authority designated officer.

## **17. Developing good practice in safeguarding.**

We have a safeguarding lead on the Board and at Senior Leadership Team who are responsible for The Children's Trust safeguarding arrangements and we employ a Head of Safeguarding and a team of qualified social workers who are available to support you and to discuss any concerns you may have at all in relation to children and adults at risk.

The Children's Trust is committed to continuous improvement in our practice. When there has been an incident or allegation, the team involved meets to look objectively at what happened and why, so that important lessons can be learnt, and services improved to reduce the risk of future harm to children.



Each new member of staff receives a Safeguarding Pack (also available on each house) with further detailed information on physical, sexual and emotional abuse, neglect, fabricated illness, disabled children, IRAR, legislation as well as information you may find helpful and relevant.

## **Safeguarding Procedures for all areas of The Children's Trust with the exception of The Children's Trust School**

**The actions we expect all staff and volunteers to take if they have concerns.  
The flow charts at the beginning of this document illustrates the process below.**

### **Safeguarding concerns about a child**

- Any member of staff who is concerned that there is a possibility that a child or adult is being harmed or is at any risk, has a duty of care to bring their concern to the shift leader, line manager, head of safeguarding or one of The Children's Trust social workers as soon as possible, however unsure they are or however small it may seem.

### **Concerns**

#### **expressed by a child, adult at risk or parent**

- If a child, adult at risk or parent tells you something concerning simply listen to them. Explain that you will have to pass on the information. Make notes immediately of any times, dates and of what has been said. Tell your manager or a social worker. Follow the procedural flow chart and complete IRAR.
- For children and adults with complex disabilities it may be difficult for them to communicate that they are being abused we must be prepared to hear their voice via an advocate or to observe for changes in behaviour or abuse which may signal abuse.

#### **If the child or vulnerable adult is injured**

- Any child or adult at risk who has sustained an injury or is in any medical danger should be examined by a doctor on site (or out of hours doctor) as soon as possible in order to stabilise and treat prior to potential transfer for assessment or child protection medicals.
- In cases of suspected sexual abuse, a medical assessment can only be undertaken if agreed by a Social Services Strategy Meeting.

#### **Informing parents and family**

- Parent/carers should always be informed of any safeguarding incidents and referrals to outside agencies unless to do so would place child or adult at further risk. If you are unsure discuss with safeguarding team.

#### **Keeping staff safe**

- There will be times when children or adults are receiving nursing, care, therapy and/or education that a staff member may be alone with them. Use safe caring practices. Refer to the Intimate Care Policy. Inform another member of staff before spending time alone with a child or adult at risk. Keep good records of your one to one time. Discuss any worries with your manager.
- A copy of the any referrals to Social Care including requests for Early Help should be sent to Head of Safeguarding for quality assurance.

#### **Managing allegations against staff who work with children.**

- If a child, adult at risk or family has shared a concern with you about a colleague, or if you have witnessed poor practice, you have a duty to share that information immediately with your line manager/shift leader or if it affects your line manager with Head of Nursing and/or Head of Safeguarding.

- Line manager must report the concern to the Head of Nursing and/or Head of Safeguarding in their absence report to the Director of Clinical Services.
- The Business Partner in the People team must be contacted to outline the concern relating to the member of staff so they can offer advice as to the next steps.
- Head of Safeguarding or Head of Nursing and Care will follow Surrey Safeguarding Children Partnership Procedures and refer to Local Authority Designated Officer.
- At all times ensure the safety of the child. This may require the member of staff working in another area or as a last result being suspended pending an investigation. Out of hours you should contact the On Call Clinical manager if you are unsure of how best to protect the child.
- When an allegation is made against a member of staff, it is a priority to avoid any unnecessary delay and all cases will be resolved as quickly as reasonably possible, consistent with a fair and thorough investigation. The time taken to resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation.
- In the event In the event of an allegation against the Head of Safeguarding/ Head of nursing staff to notify the Director of Clinical Services.

**There may be multiple strands in the consideration of an allegation:**

- A police enquiry into a possible criminal offence.
- Enquiries by Children's Social Care about whether a child is in need of protection or in need of services.
- Enquiries by Adult Social Care about whether an adult at risk is in need of protection or services.
- Consideration by an employer in respect of the individual.
- Any action a regulatory body may wish to be taken.
- The DO (Designated Officer) in Surrey will be consulted on all allegations involving a member of staff or a volunteer within 1 working day, to determine if a police investigation and/or Children's Social Care enquiries are appropriate and whether immediate intervention is required.
- In less serious cases, police and Social Care may not be involved but it will be the DO's role to provide an objective, independent view to The Children's Trust.

## **The Children's Trust School Safeguarding Policy**

For the attention of: All staff, Volunteers, Governors, Visitors and the whole school community.

<b>Frequency of Review:</b>	Annual	<b>Review Due:</b>	March 2021
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### **1. Policy Statement**

The Children's Trust School is committed to safeguarding and promoting the well-being of the whole school community. This policy applies to all pupils, staff, volunteers, work experience, visitors, governors and trustees working in the school in liaison with parents and carers. All staff, governors and trustees have an active role to play in safeguarding pupils from harm, and ensuring their wellbeing is of paramount importance. The Children's Trust School follows stringent recruitment processes and provide a safe, caring and positive environment that promotes academic learning for all children and young people alongside the social, emotional and physical development of all our pupils.

### **2. Introduction**

The Children's Trust School provides education for children and young people with profound and multiple learning difficulties supported through a bespoke integrated, highly specialised and developmental based curriculum working in partnership with parents and carers.

This policy has been developed in accordance with the guidance outlined in:

- Children Acts 1989 and 2004
- Education Act 2002
- Sexual Offences Act 2003
- Health and Social Care Act 2012
- Care Act 2014
- What do you do if you are worried a child is being abused (2015)
- Counterterrorism and Security Act 2015 (PREVENT Duty)
- National Minimum Standards for Residential Special Schools (2015)
- Special educational needs and disability code of practice: 0-25 years (2015)
- Working Together to Safeguard Children (2018)
- Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- Keeping Children Safe in Education 2019
- Surrey Safeguarding Children Partnership Procedures Manual

### **3. Aims of the policy**

The aim of this policy is:

- To provide an environment in which children, young people and vulnerable adults feel safe, secure, valued and respected.

- To ensure all school staff and volunteers are aware of the need to safeguard children/adults at risk and of their responsibility in identifying and reporting possible cases of abuse.
- To support the child/adults' development in ways that foster security, confidence and achievement of their individual goals.
- To provide a systematic method of monitoring children/ adults who may be at risk of harm to ensure we, the school, contribute to assessments of need and support plans for those children.
- To emphasise the need for effective levels of communication between all members of the team and other agencies.
- To ensure a structured procedure is followed by all members of the school community in cases of suspected abuse.
- To promote effective working relationships with other agencies
- To ensure pupils are helped to feel safe via the school curriculum
- To ensure that all staff working within the school have been checked as to their suitability, including verification of their identity, qualifications and satisfactory enhanced Disclosure and Barring Service (DBS) check, and a central record is kept for audit.

#### 4. Accountability

- **Education Governors** oversee all safeguarding arrangements, ensuring protecting people from harm is central to The Children's Trust School culture.
- **Chief Executive** has strategic responsibility to ensure that safeguarding is a central part of The Children's Trust culture, strategy and delivery.
- **Director of Education** has a responsibility to ensure that all staff within the education setting are trained to recognise and respond to safeguarding concerns and that they are fully aware of their responsibilities for safeguarding both adults and children.
- **Director of Clinical Services** has a responsibility to ensure that all clinical staff are trained to recognise and respond to safeguarding concerns and that they are fully aware of their responsibilities for safeguarding both adults and children.
- **Head of Safeguarding** is responsible for ensuring that The Children's Trust has systems in place to safeguard children and adults at risk including safeguarding supervision, education and training, risk and assurance frameworks by promoting a coordinated approach to the development, implementation, management and monitoring of relevant national guidance and standards in relation to safeguarding children. Head of Safeguarding will have responsibility to ensure that safeguarding incidents are investigated with appropriate liaison with relevant agencies including the Local Authority Designated Officer.

#### 5. Responsibilities

The Designated Safeguarding Leads are responsible for:

- Referring a pupil if there are concerns about possible abuse, to the local authorities Single Point of Access/Multi Agency Safeguarding Hub.
- Keeping written records of concerns about a pupil even if there is no need to make an immediate referral.
- Ensuring that all such records are kept confidentially and securely and are

separate from pupil records, until their 25<sup>th</sup> birthday, and are copied on to the next placement with confirmation that the records have been sent/received securely.

- Ensuring that an indication of the existence of the additional file in above is marked on the pupil records.
- Liaising with other agencies and professionals.
- Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.
- Ensuring that any day pupil currently with a child protection plan who is absent in the educational setting without explanation for one day is referred to their Social Care Team.
- Organising child/adults at risk safeguarding induction, and update training annually, for all school staff.
- Providing, with the Director of Education, an annual report for the Education Governance Committee, detailing any changes to the policy and procedures; training undertaken by the DSL and by all staff; number and type of incidents/cases, and number of children on the child protection register (anonymised).

## **6. Procedures**

### **Safe school, safe staff.**

- The Education Governance Committee takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children and to work together with other agencies to ensure adequate arrangements are in place to identify, assess and support those children who are suffering harm.
- The Children's Trust School has an adequate number of Designated Safeguarding Leads (DSL) for children and adults.
- The Children's Trust School will endeavour to have a trained DSL or deputy available on site at all times.
- The Children's Trust School operates safer recruitment procedures by ensuring there is at least one person on every recruitment panel that has completed safer recruitment training.
- There are procedures in place for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns or has resigned, or when we cease to use the service.
- The school will ensure that child protection concerns or allegations against adults working in the school are referred to the Designated Officer for advice.
- The Children's Trust School Safeguarding policies and procedures are reviewed annually and available on The Children's Trust website.
- On appointment, DSL's undertake 'new to role' interagency training and the 'Update' Course every 2 years.
- All other staff have Safeguarding training updated annually. All members of staff, volunteers and Education Governance Committee know how to respond to a pupil who discloses abuse through training.
- All members of staff and volunteers are provided with safeguarding awareness training at induction, including in their arrival pack, the school safeguarding

statement so that they know who to discuss a concern with.

- All parents/carers are made aware of the responsibilities of staff members with regard to safeguarding procedures through parent's newsletter and safeguarding notice board.
- The name of designated safeguarding leads is clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.

### **Supporting Children and Adults at risk**

- We recognise that a child/adult at risk who is abused, or witness's violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- We recognise that the school and school houses may provide the only stability in the lives of children and adults who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a child/adult at risk in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Our school will support all children and adults by:

- Encouraging self-esteem and methods through which the child and adult can communicate.
- Hearing the pupil voice through using the young person's advocate.
- Hearing the pupil voice via the relevant therapy.
- Promoting a caring, safe and positive environment within the school.
- Promoting children and young people's emotional health and wellbeing.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children/vulnerable adults.
- Notifying Social Work Team as soon as there is a significant concern.
- Providing continuing support to a child/vulnerable adult about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the pupil's new setting and ensuring the school medical records are forwarded as a matter of priority.

### **Early Help**

At The Children's Trust School, we recognise that providing early help is more effective in promoting the welfare of children than reacting later. As a school we are committed to working collaboratively with other local organisations and statutory/voluntary agencies to identify children and families who would benefit from early help.

### **Supporting Staff**

- We recognise that staff working in the school who have cared for a pupil who has suffered harm or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties and to seek further support as appropriate.

- All staff have access to quarterly safeguarding supervision including supervision which may be required as and when safeguarding concerns arise.
- The Children's Trust has a safeguarding training programme in place to ensure that all staff have the knowledge and skills to safeguard children and adults at risk of harm.

### **Confidentiality**

- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and adults at risk.
- We recognise that all matters relating to safeguarding children and adults at risk are confidential and should only be shared in line with Information Sharing guidance.
- DSL's will disclose any information about a pupil to other members of staff on a need to know basis only.
- All staff must be aware that they cannot promise a child or adult at risk to keep secrets which might compromise their safety or wellbeing this is known as a risk of harm statement.
- We will always undertake to share our intention to refer a child or adult at risk to Social Care with their parents /carers unless to do so could put the child or adult at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with a social worker and/or Head of Safeguarding from The Children's Trust.

The Children's Trust school is part of Operation Encompass which works jointly with the Police in reporting prior to the start of the next school day when a child or young person has been exposed to or involved in any domestic incident. DSL's are notified via the generic email address which is shared with Police. This is to ensure that schools are able to support and make provisions for possible difficulties that children and their families may be experiencing in relation to domestic abuse.

### **Allegations against staff**

- All school staff should take care not to place themselves in a vulnerable position with a pupil. It is always advisable for interviews or work with individual pupils or parents to be conducted in view of other adults whenever possible.
- We understand that a pupil may make an allegation against a member of staff.
- If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children and/ or adults at risk, the member of staff receiving the allegation or aware of the information, will immediately inform the Head of School.
- The Head of School on all such occasions will refer to the Designated Officer (DO). If the allegation is against the Head of School the person receiving the allegation will immediately inform the Director of Education and/or Head of Safeguarding who will refer to the DO, without notifying the Head of School.
- In the event of an allegation against the Director of Education, staff will notify the Head of Safeguarding who will refer to the DO and the Director of the People Team.
- The Children's Trust School will follow the Surrey Safeguarding Children



Partnership procedures for managing allegations against people that work or volunteer with children and seek advice from the DO in relation to actions required to ensure the safety of children and adults at risk.

- The Children's Trust School will follow HR123 Disciplinary Policy, seek advice from the People Team and complete a suspension risk assessment if necessary.

### **Whistleblowing**

We recognise that children and adults at risk cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child and adult protection, which may include the attitude or actions of colleagues. Staff should follow the Whistleblowing Policy. If it becomes necessary to consult outside the school, they should speak in the first instance, to the DO.

Whistleblowing in relation to the Director of Education should be made to the Chief Executive of The Children's Trust whose contact details are readily available to staff via the loop.

### **Physical Intervention**

We acknowledge that staff must only ever use physical intervention as a last resort, e.g. when a pupil is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury.

We understand that physical intervention of a nature which causes injury or distress to a pupil may raise a safeguarding concern or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children and adults at risk, and all staff have been given 'Positive Touch' guidance to ensure they are clear about their professional boundaries.

### **Training**

Training needs for The Children's Trust School are determined by the Keeping Children Safe in Education 2019, Intercollegiate Document 2019, Surrey Safeguarding Children Partnership and Surrey Safeguarding Adult Board. (Training Matrix Appendix 5). Training may take place within The Children's Trust School or as part of Surrey Safeguarding Children's Partnership programme. All staff should ensure they read the Safeguarding Policy Annually including (Safeguarding Pack).

## **Addendum- The Children’s Trust School Safeguarding Policy**

### **COVID-19 school closure arrangements for Safeguarding and Child Protection**

#### **Context**

From 20<sup>th</sup> March 2020 parents were asked to keep their children at home, wherever possible, and for schools to remain open only for those children of workers critical to the COVID-19 response - who absolutely need to attend.

Schools, and all childcare providers, were asked to continue to provide care for a limited number of children - children who are vulnerable, and children whose parents are critical to the COVID-19 response and cannot be safely cared for at home

This sub-section of The Children’s Trust Safeguarding and Child Protection policy contains details of our individual safeguarding arrangements in the following areas:

<b>Context</b>	.....
<b>Vulnerable children</b>	.....
<b>Key workers</b>	.....
<b>Attendance monitoring</b>	.....
<b>Designated Safeguarding Lead</b>	.....
<b>Reporting a concern</b>	.....
<b>Safeguarding Training and induction</b>	.....
<b>Safer recruitment/volunteers and movement of staff</b>	.....
<b>Online safety in schools</b>	.....
<b>Children and online safety away from school</b>	.....
<b>Supporting children not in school</b>	.....
<b>Supporting children in school</b>	.....
<b>Peer on Peer Abuse</b>	.....
<b>Surrey Child Protection Conferences</b>	.....

## Key contacts

Role	Name	Contact number	Email
<b>Designated Safeguarding Lead</b>	Launa Randles	01737 36 5820	<a href="mailto:lrandles@thechildrenstrust.org.uk">lrandles@thechildrenstrust.org.uk</a>
<b>Deputy DSL</b>	Elaine Lush	01737 36 5816	<a href="mailto:elush@thechildrenstrust.org.uk">elush@thechildrenstrust.org.uk</a>
<b>Deputy DSL for Early Years</b>	Maz Hanlon	01737 36 8102	<a href="mailto:MHanlon@thechildrenstrust.org.uk">MHanlon@thechildrenstrust.org.uk</a>
<b>DSL Vulnerable Adults</b>	Franz Allard	01737 36 5810	<a href="mailto:Fallard@thechildrenstrust.org.uk">Fallard@thechildrenstrust.org.uk</a>
<b>DSL Vulnerable Adults</b>	Scott Harris	01737 36 5810	<a href="mailto:sharris@thechildrenstrust.org.uk">sharris@thechildrenstrust.org.uk</a>
<b>Director Of Education</b>	Samantha Newton	01737 36 5807	<a href="mailto:samantha.newton@thechildrenstrust.org.uk">samantha.newton@thechildrenstrust.org.uk</a>
<b>Head of Safeguarding</b>	Michele Okuda	01737 36 4343	<a href="mailto:Mokuda@thechildrenstrust.org.uk">Mokuda@thechildrenstrust.org.uk</a>
<b>Safeguarding Governor</b>	Denise Mathams		<a href="mailto:DMatthams@thechildrenstrust.org.uk">DMatthams@thechildrenstrust.org.uk</a>
<b>Chair of Governors</b>	Toby Mullins		<a href="mailto:tmullins@thechildrenstrust.org.uk">tmullins@thechildrenstrust.org.uk</a>
<b>Chief Executive</b>	Dalton Leong	01737 36 5040	<a href="mailto:dleong@thechildrenstrust.org.uk">dleong@thechildrenstrust.org.uk</a>

## Vulnerable children

Vulnerable children include those who have a social worker and those children and young people up to the age of 25 with education, health and care (EHC) plans.

Those who have a social worker include children who have a child protection plan and those who are looked after by the local authority. A child may also be deemed to be vulnerable if they have been assessed as being in need or otherwise meet the definition in section 17 of the Children Act 1989.

Those with an EHC plan are being risk-assessed in consultation with the local authority (LA) and parents, to decide whether they need to continue to be offered a school place in order to meet their needs, or whether they can safely have their needs met at home.

Senior leaders, especially the DSL (and deputy) know who our most vulnerable children are and have the flexibility to offer a place to those on the edge of receiving children's social care support.

The Children's Trust will continue to work with and support children's social workers to help protect vulnerable children. This includes working with and supporting children's social

workers and the local authority virtual school head (VSH) for looked-after and previously looked-after children. The lead person for this will be: Anna Spencer.

### **Attendance monitoring**

Local authorities and education settings do not need to complete their usual day-to-day attendance processes to follow up on non-attendance.

The Children's Trust School and allocated social workers will agree with families whether children in need should be attending school – The Children's Trust will then follow up on any pupil that they were expecting to attend, who does not. The Children's Trust School will also follow up with any key worker parent or carer who has arranged care for their child, but the child subsequently does not attend.

The Children's Trust school in communication with parents, carers and allocated social workers / placing authorities, has confirmed correct emergency contact numbers and asked for any additional emergency contact numbers where they are available.

In all circumstances where a vulnerable child does not take up their place at school, or discontinues, their allocated social worker will be notified.

The Children's Trust will submit to the DfE by 12 noon a daily attendance sheet of all children in attendance.

<https://www.gov.uk/government/publications/coronavirus-covid-19-attendance-recording-for-educational-settings>

### **Designated Safeguarding Lead**

The Children's Trust school has a Designated Safeguarding Lead and a number of Deputy Designated Safeguarding Leads – these are named on the front sheet.

We will endeavour to have a trained DSL or deputy available on site at all times when pupils are present. Where this is not the case, a trained DSL or deputy will be available to be contacted via phone or online video - for example, when working from home.

Where a trained DSL or deputy is not on site, in addition to the above, a senior leader and/or The Children's Trust Social Worker will assume responsibility for coordinating safeguarding on site.

This might include updating and managing access to IRAR, ICRS and the statutory tracker for children subject to child protection plans, liaising with the offsite DSL (or deputy) and, if required, liaising with children's social workers where they require access to children in need and/or to carry out statutory assessments at the school.

It is important that all staff have access to a trained DSL or deputy. Staff on site will be made aware daily of who that person is and how to contact them.

### **Reporting a concern**

Where staff have a concern about a child, they should continue to follow the process outlined in the Children's Trust School safeguarding policy, this includes making a report via IRAR which can be also done remotely. In the unlikely event that a member of staff has a concern about a child but cannot access the recording system, they should telephone the Designated Safeguarding Lead and / or a deputy DSL. This will ensure that the concern is received. Staff must not just leave an answerphone message.

Staff are reminded of the need to report any concern immediately and without delay.

Where staff are concerned about an adult working with children in the school, they should report the concern to the Head of School immediately. If there is cause to make a notification whilst away from school, this should be done by telephone. Staff must not leave an answerphone message. If the Head of School or DSL's are not contactable, the member of staff should contact Director of Education or Head of Safeguarding.

Concerns about the Director of Education should be directed to Michele Okuda Head of Safeguarding.

### **Safeguarding Training and induction**

DSL training is very unlikely to take place during this period. Designated Safeguarding Leads will keep in touch via Microsoft Teams and can access ad hoc Safeguarding Supervision with Social Work Team and/or Head of Safeguarding.

For the period COVID-19 measures are in place, a DSL (or deputy) who has been trained will continue to be classed as a trained DSL (or deputy) even if they miss their refresher training.

All existing school staff have had safeguarding training and have read at least part 1 of Keeping Children Safe in Education (2019). The Designated Safeguarding Lead should communicate with staff any new local arrangements, so they know what to do if they are worried about a child.

Where new staff are recruited to The Children's Trust School they will continue to be provided with a safeguarding induction.

The existing school workforce may move between school and residential school houses on a temporary basis in response to COVID-19. The school residential houses will be provided with Key Contact information for DSL's.

### **Safer recruitment/volunteers and movement of staff**

It remains essential that people who are unsuitable are not allowed to enter the children's workforce or gain access to children. When recruiting new staff, The Children's Trust School will continue to follow the relevant safer recruitment processes for their setting, including as appropriate, relevant sections in part 3 of KCSIE.

In response to COVID-19, the Disclosure and Barring Service (DBS) has made changes to its guidance on standard and enhanced DBS ID checking to minimise the need for face-to-face contact – see <https://www.gov.uk/government/news/covid-19-changes-to-dbs-id-checking-guidelines>

The Children's Trust School will continue to comply with the legal duty to refer to the DBS anyone who has harmed or poses a risk of harm to a child or vulnerable adult. Full details can be found at paragraph 163 of KCSIE.

The Children's Trust School will continue to consider and make referrals to the Teaching Regulation Agency (TRA) as per paragraph 166 of KCSIE and the TRA's 'Teacher misconduct: advice for making a referral'.

During the COVID-19 period all referrals should be made by emailing [Misconduct.Teacher@education.gov.uk](mailto:Misconduct.Teacher@education.gov.uk).

Whilst acknowledging the challenge of the current environment, it is essential from a safeguarding perspective that any school or college is aware, on any given day, which staff will be in the school and that appropriate checks have been carried out, especially for anyone engaging in regulated activity. As such, The Children's Trust School will continue to keep the single central record (SCR) up to date as outlined in paragraphs 148 to 156 in KCSIE.

### **Online safety in schools.**

The Children's Trust School will continue to provide a safe environment, including the use of an online monitoring and filtering system.

Where children are using environmental control technology in school, appropriate supervision will be in place.

### **Children and online safety away from school.**

It is important that all staff who interact with children, including online, continue to look out for signs a child may be at risk. Any such concerns should be dealt with as per the safeguarding policy and where appropriate referrals will still be made to children's social care and the police as required.

Online teaching should follow the same principles as set out in the school's staff code of conduct.

The Children's Trust School will ensure any use of online learning tools and systems is in line with privacy and data protection/GDPR requirements.

Delivery of virtual sessions may be with one learner or a group of learners with a familiar adult supporting the facilitation of the session.

- Staff and children must wear suitable clothing.
- The location of the virtual session will be risk assessed and any computers used will be in appropriate areas with the background blurred or hidden.
- Any live classes should be recorded so that if any concerns were to arise, the video can be reviewed.
- Live classes should be kept to a reasonable length of time
- Language must be professional and appropriate
- Staff must only use platforms agreed with senior leaders
- Staff should record the length, time, date and attendance of any sessions held.

### **Supporting children not in school**

The Children's Trust School is committed to ensuring the safety and wellbeing of all its pupils.

The Designated Safeguarding Lead will ensure that a robust communication plan is in place for each child, their parent/carers, allocated social worker or placing authority and work closely with all stakeholders to maximise the effectiveness of any communication plan.

Details of this communication plan and daily contacts are recorded by the lead post for Virtual Learning and Welfare.

This plan must be reviewed regularly and where concerns arise, the Designated Safeguarding Lead will consider any referrals as appropriate.

The Children's Trust School recognises that school is a protective factor for children and young people, and the current circumstances have a significant potential to affect the mental health of pupils and their parents. Teachers and pastoral staff will be aware of this in setting expectations of pupils' work where they are at home.

The Children's Trust School will ensure that if we are unable to care for the child/ren of Key worker, residential pupils and vulnerable children on site, we will liaise with the placing local authority and the parent / carer to find a suitable alternative; e.g., at a 'hub' school or via a multi-disciplinary package of support. In that situation, the DSL will ensure that the DSL of the hub school / lead practitioner is made aware of any relevant safeguarding information relating to a child.

### **Supporting children in school**

The Children's Trust School is committed to ensuring the safety and wellbeing of all its students.

The Children's Trust School will continue to be a safe space for all children to attend and flourish. The Director of Education will ensure that appropriate staff are on site and staff to pupil ratio numbers are appropriate, maximising safety.

The Children's Trust School will refer to the Government guidance for education and childcare settings on how to implement social distancing and continue to follow the advice from Public Health England on handwashing and other measures to limit the risk and spread of coronavirus.

The Children's Trust School will ensure that where we care for children of key workers, residential pupils and vulnerable children on site, and ensure appropriate support is in place for them. This will be bespoke to each child and recorded on their pastoral or safeguarding record as appropriate.

### **Peer on Peer Abuse**

The Children's Trust School recognises that during the closure a revised process may be required for managing any report of such abuse and supporting victims.

Where a school receives a report of peer on peer abuse, they will follow the principles as set out in part 5 of KCSIE and of those outlined within the school's safeguarding & child policy.

The school will listen carefully, and work with the young person, family and any multi-agency partner required to ensure the safety and security of that young person.

**All** concerns and actions taken must be recorded on IRAR and appropriate referrals made.

### **Surrey Child Protection Conferences:**

**All Child Protection conferences will be virtual from 27.03.2020.**

Previously all agency reports to child protection conferences have been shared during the meeting with all participants. The process below has been put in place to ensure that the professional network have sight of conference reports, so they are able to make an informed contribution to the sharing of information to determine threshold decision making.

- Reports sent to CP unit duty desk as per the current process: [cpunit.duty@surreycc.gov.uk](mailto:cpunit.duty@surreycc.gov.uk)
- Reports will be forwarded to professional network, via email and to the email address [DSL@thechildrenstrust.org.uk](mailto:DSL@thechildrenstrust.org.uk) that is used for the invite process, the heading of email will be CONFERENCE REPORTS, family name and date of conference.
- Reports will be sent to generic email addresses or to DSL/Director of Education as specified by individual schools in previous communication with the unit.
- The Children's Trust School will ensure that throughout school closures the email box is observed daily and that reports are forwarded to the individual who will be attending for the virtual conference.



## Section 5

### References and associated Documentation

#### Links to other policies and procedures

<b>Related Policies</b>	
Care Act	2014
Children Act	1989 & 2004
Contest (the United Kingdom Strategy for Countering Terrorism)	2018
Criminal Exploitation of Children and Vulnerable Adults: County Lines <a href="https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines/criminal-exploitation-of-children-and-vulnerable-adults-county-lines">https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines/criminal-exploitation-of-children-and-vulnerable-adults-county-lines</a>	2020
Guidance on FGM - <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf</a>	2015
Human Rights Act	1998
Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf</a>	2018
Intimate Care Policy	2016
Keeping children safe in education Statutory guidance for schools and colleges <a href="https://www.keepingchildrensafeineducation.co.uk/">https://www.keepingchildrensafeineducation.co.uk/</a>	2019
Modern Slavery Act	2015
Positive Touch Policy	2018
Safeguarding Adults roles and competencies for health care staff	2018
Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document	2019
Safer Recruitment Policy & Procedures	2018
Surrey Safeguarding Partnership Procedures link: <a href="https://surreyscb.procedures.org.uk/page/contents">https://surreyscb.procedures.org.uk/page/contents</a>	2020
Surrey Safeguarding Escalation procedures link: <a href="https://surreyscb.procedures.org.uk/sktp/complaints-and-disagreements/inter-agency-escalation-policy-and-procedure">https://surreyscb.procedures.org.uk/sktp/complaints-and-disagreements/inter-agency-escalation-policy-and-procedure</a>	2020
Whistleblowing Policy	2016
Working Together to Safeguard Children: <a href="http://www.workingtogetheronline.co.uk/index.html">http://www.workingtogetheronline.co.uk/index.html</a>	2018

## **Appendix 1 Safeguarding Training**

<b>Level</b>	<b>Setting</b>	<b>Participants</b>	<b>Contents</b>
<p><b><u>Safeguarding Level 1</u></b></p> <p>Minimum 2 hours update training over a 3 year period.</p>	<p>Options of settings:</p> <p>The Children's Trust Induction programme</p>	<p>All staff working in education and healthcare settings, non-clinical and administrative.</p>	<p>Introduction to Safeguarding knowledge</p> <p>Legal Context</p> <p>Raising and escalating concerns</p> <p>Group discussion focusing on examples from TCT practice</p>
<p><b><u>Safeguarding Level 2</u></b></p> <p>Between 3-6 months of completing Level 1.</p> <p>Minimum 4 hours update training over a 3 year period.</p>	<p>Options of setting:</p> <p>E-learning</p> <p>The Children's Trust training programme</p> <p>The Children's Trust School training days</p>	<p>All staff that have regular contact with patients, their families/carers or the public.</p>	<p>Extension of knowledge of legal context and practice issues</p> <p>Disclosures by children or their parents</p> <p>Interactive scenario</p>
<p><b><u>Safeguarding 3</u></b></p> <p>Between 6-12 months if new to role.</p> <p>Minimum 12 -16 hours of update training over a 3 year period.</p>	<p>Options of setting:</p> <p>The Children's Trust training programme</p> <p>The Children's Trust School training days</p> <p>Surrey Safeguarding Children Partnership training</p>	<p>Education staff, non-clinical and clinical staff who in their role have contact with children, young people and/or parents/carers or adults who may pose a risk to children.</p>	<p>Disguised compliance,</p> <p>Professional's curiosity, learning from Child Safeguarding Practice Reviews.</p>
<p><b><u>Safeguarding 4</u></b></p> <p>Minimum 24 hours of update training over a 3 year period.</p>	<p>Options of setting:</p> <p>The Children's Trust School training days</p> <p>Surrey Safeguarding Children Partnership training.</p> <p>External training i.e. NSPCC</p>	<p>Specialist roles – named professionals including designated safeguarding leads</p>	<p>Specific legal, practice or ethical issues, which impact on the safeguarding of children and young people using services at The Children's Trust</p>

## Appendix 2 SAFEGUARDING ADULTS RISK ASSESSMENT TOOL

Name of Adult At Risk					
DoB/ Age:		Gender		Reference no:	
Address:					
Does the adult at risk have Mental Capacity as required to take part in the Safeguarding process?					Yes / No
If the adults at risk does not have Mental Capacity to take part in the Safeguarding Process, has an IMCA been appointed?					Yes / No
Has the adult at risk agreed that a safeguarding adult's investigation take place?					Yes / No
If the person has Capacity but has not agreed, please summarise reasons for their reluctance.			(Include consideration of any perceived benefits to the adult at risk from enduring an abusive situation).		

### DETAILS OF OTHER PERSON AT RISK

Are any children or other adults at risk:	Yes / No
The relevant Safeguarding Children / Safeguarding Adults alerts must be raised. Has this been done?	Yes / No

### DETAILS OF THE PERSON ALLEGED TO BE CAUSING THE HARM

Name of person alleged to be causing the harm:		
Person alleged to be causing the harm's relationship with the adult at risk:		
Is the person alleged to be causing the harm also an adult at risk?	Details	Yes/No/ Not Known

### CONTEXT OF THE ALLEGATIONS OF ABUSE

Context in which the alleged incident(s) took place:	
Chronology of Events (Please continue on extra sheet if necessary)	

### RISK ASSESSMENT

INDICATOR	ASSESSMENT	RISK LEVEL (None/ Low/ Medium/ High)

1) What kind(s) of harm has been threatened or inflicted? How severe/ serious and are there any children and/or other adults at risk involved?	Detail this for each type of abuse:	
2) Is there evidence to suggest that the abuse is likely to be repeated or escalate?	Assess likelihood that abuse will: a) Continue  b) Escalate	
3) Is there evidence to suggest that the abuse was premeditated, accompanied by threats or actual violence or coercion?	Assess likelihood that abuse involved: a) Premeditation  b) Threats  c) Violence  d) Other coercion	
INDICATOR	ASSESSMENT	RISK LEVEL (None/ Low/ Medium/ High)
4) Referring to the chronology, is there a pattern of history for the adult at risk and/or person alleged to be causing the harm:	Describe evidence of patterns of behaviour relevant to abuse concerns:	
5) How long has this particular incident been happening? What is the person's need and what has been carried out so far?	For each category, assess duration:	
6) What has been the impact on the person's independence, health and wellbeing?	Assess severity of impact on the persons: a) Independence  b) Health  c) General Wellbeing	
7) How much/ what kind of support does the person normally require?	How much/ what kind of support does the person normally require (include reference to carers):	

8) Overall Risk Rating	Considering all of the ratings above, assess the overall risk rating:	
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**RISK SUMMARY**

Please record here overall assessment of risks identified, including the risk to others:
View of the Risk Assessor:
Views of the Adult at Risk:
Views of Carer(s) /others:
Summary of Action:

**SIGNATORIES**

Name of Worker Completing Assessment:	
Job Title:	
Signature & Date:	
Name of Safeguarding Adults Manager:	
Signature & Date:	

### **Appendix 3 – 7 golden rules to sharing information:**

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Ref: HM Government 2018 *Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers* [online]

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

## Appendix 4

### COVID 19 Addendum including Surrey Child Protection Conferences:

Safeguarding Principles remain the same during COVID 19

- Children's welfare should come first.
- If anyone has a concern about a child, they should act immediately following The Children's Trust Safeguarding Children, Young People & Adults at Risk Policy & Procedures.
- Head of Safeguarding, Social Work Team and Designated Safeguarding Leads are available to deal with safeguarding concerns raised by staff.
- [Safer recruitment practices](#) should be followed.

Changes to ways of working, such as contacting children and families on the phone and by video calling, may bring new information to light about their home situation. Families may experience new challenges during the pandemic, for example income loss, mental health problems, family conflict and difficulty getting food.

Children and young people may be worried about the impact of coronavirus, social distancing or self-isolation and may need support in communicating their anxieties and fear.

Families spending more time together during this period of social distancing may be at a heightened risk of domestic abuse. The updated Safeguarding Children, Young People & Adults at Risk Policy & Procedures p18 includes information on what action staff should take if they have concerns about a child and family experiencing domestic abuse. People are not expected to stay at home during coronavirus if their home is unsafe.

Children and young people are likely to spend more time online due to social distancing and they should have the opportunity to explore any worries or concerns with regards to online safety. The Children's Trust has processes and procedures in place that allows the Psychosocial team to deliver therapies using telecommunication technologies which include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and internet (e.g., self-help websites, blogs, and social media). Online sessions are delivered by MS Teams which is an encrypted platform that is monitored by the organization.

All online sessions/interactions with parents and children are risk assessed and staff are aware of the safeguarding arrangements at The Children's Trust for recognising and responding to abuse and neglect.

The Safeguarding Children, Young People & Adults at Risk Policy & Procedures should be followed:

- If staff hear or see something worrying during an online session.
- If a child, young person or an adult at risk discloses abuse during an online session.

- Concerns about a child
- Concerns about an adult's behavior towards a child including staff working at The Children's Trust.

Practitioners will be aware of the importance of sharing information in a timely way, particularly in the current circumstances. Any practitioner working with a child can share relevant sensitive personal information lawfully, including without consent, if it is necessary for the exercise of functions imposed by legislation such as:

- safeguarding or promoting welfare
- in order to keep a child safe from harm
- to protect their physical, mental and emotional well-being

Multi-agency support should continue, with appropriate flexibility in how this is delivered, for example, via telephone or online platforms (e.g. MS Teams).

Support for parents and carers to keep children safe online:

Internet matters - <https://www.internetmatters.org/>

UK Safer Internet Centre - <https://www.saferinternet.org.uk/>

Net-aware – support from the NSPCC <https://www.net-aware.org.uk/>

Thinkuknow – advice from the National Crime Agency <https://www.thinkuknow.co.uk/>

Parent Info – advice from CEOP and Parent Zone <https://parentinfo.org/>

London Grid for Learning - <https://coronavirus.lgfl.net/safeguarding>

### **Child Protection Conferences:**

It is essential that information provided to the child protection conference or other meetings is relevant, useful and fulfills the requirements of the conference or meeting.

The Children's Trust may be requested to represent at any child protection conference or meeting as key professionals who may have a specific contribution to make due to their knowledge of the child and family or their expertise relevant to the case.

Reports for submission to child protection conferences must be typed on a template sent from social care and the contents of the report to be shared with the child (dependent on age and understanding) and their family prior to the conference.

Staff attending child protection conferences will share information about The Children's Trust involvement with the child and family. Staff will be expected to provide an opinion on whether child discussed is in need of a child protection plan including which category is most suitable based on the information provided at the child protection conference.

If staff disagree with the decision regarding the need for a Child Protection Plan, they must clearly state their dissent and request that this and their reason for dissent is documented in the minutes.

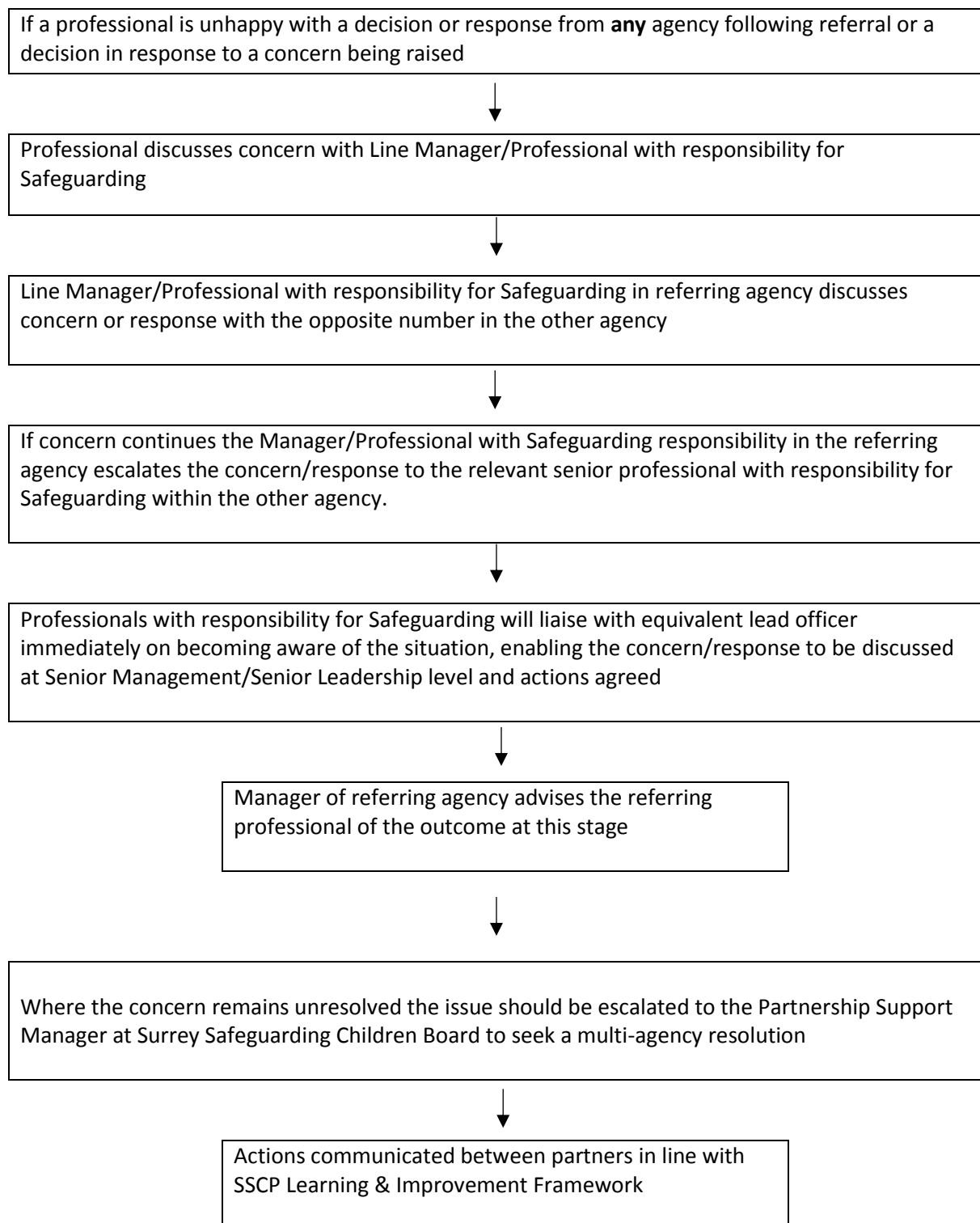


## **All Child Protection conferences in Surrey will be virtual from 27.03.2020.**

Previously all agency reports to child protection conferences have been shared during the meeting with all participants. The process below has been put in place to ensure that the professional network have sight of conference reports, so they are able to make an informed contribution to the sharing of information to determine threshold decision making.

- Reports sent to CP unit duty desk as per the current process:  
[cpunit.duty@surreycc.gov.uk](mailto:cpunit.duty@surreycc.gov.uk)
- Reports will be forwarded to professional network, via email and to the email [addressDSL@thechildrenstrust.org.uk](mailto:addressDSL@thechildrenstrust.org.uk) that is used for the invite process, the heading of email will be CONFERENCE REPORTS, family name and date of conference.
- Reports will be sent to generic email addresses or to DSL/Director of Education as specified by individual schools in previous communication with the unit.
- The Children's Trust School will ensure that throughout school closures the email box is observed daily and that reports are forwarded to the individual who will be attending for the virtual conference.

## Appendix 5 Escalation Procedure for Professionals with Child Protection or Child Welfare Concerns



<https://surreyscb.procedures.org.uk/skptp/complaints-and-disagreements/inter-agency-escalation-policy-and-procedure>

# Safeguarding Pack

## **Safeguarding Contacts at The Children's Trust (Please see updated contacts via The Loop)**

<b>Role</b>
<b>Director of Clinical Services</b>
<b>Director of Education</b>
<b>Designated Safeguarding Lead</b>
<b>Deputy DSL</b>
<b>Deputy DSL for Early Year</b>
<b>DSL Vulnerable Adults</b>
<b>DSL Vulnerable Adults</b>
<b>Social Worker</b>
<b>Senior Quality Assurance Social Worker</b>
<b>Senior Social Worker</b>
<b>Senior Social Worker (Locum)</b>
<b>Head of Safeguarding</b>

## **Referring Children and Adults to Local Authority Social Care**

Where professionals are concerned that a child may be at imminent **risk of significant harm** please call 999 for police.

All safeguarding or early help referrals should be made to the Local Authority where the child or adult are resident. If you have a postcode address you can check online via:

<https://www.gov.uk/find-local-council> you can also look online for local authority contact details and referral forms.

### **Surrey Children's Single Point of Access (SPA)**

If you are concerned about the safety of a child or adult who lives in Surrey, you can contact the Surrey Children's Single Point of Access.

**Availability:** 9am to 5pm, Monday to Friday

- **Phone:** 0300 470 9100
- **Email:** emails are dealt with during normal office hours
- **For concerns for a child or young person:** [csmash@surreycc.gov.uk](mailto:csmash@surreycc.gov.uk)
- **For concerns for an adult:** [ascmash@surreycc.gov.uk](mailto:ascmash@surreycc.gov.uk)

**Out of hours Availability:** 5pm and 9am weekdays and 24 hours over the weekend.

- **Phone:** 01483 517898 to speak to our **emergency duty team**.
- **Email:** [edt.ssd@surreycc.gov.uk](mailto:edt.ssd@surreycc.gov.uk)

Schools and Early Years Child Protection Consultation Line

The Schools and Early Years Child Protection Consultation Line provides advice and support to Schools and Early Years Settings and is open to all schools in the County, including Independent Schools and Early Years Settings.

**Availability:** 9am to 5pm, Monday to Friday

- **Phone:** 0300 470 9100

If you have **already been in touch** with children's social care services and would like to contact the allocated social worker or family support worker directly, local area contacts can be found online: <https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/contact-childrens-services>

For any general or non-safeguarding concerns in relation to an adult (including young adults) please **contact Adult Social Care**.

- **Availability:** 9am to 5pm, Monday to Friday
- **Phone:** 0300 200 1005
- **Email:** [contactcentre.adults@surreycc.gov.uk](mailto:contactcentre.adults@surreycc.gov.uk)

To contact the Duty Local Authority Designated Officer (LADO)

- **Availability:** 9am to 5pm, Monday to Friday
- **Phone:** 0300 123 1650 (option 3)
- **Email:** [LADO@surreycc.gov.uk](mailto:LADO@surreycc.gov.uk)
- Surrey Inter-agency escalation policy & procedure  
<https://surreyscb.procedures.org.uk/sktp/complaints-and-disagreements/inter-agency-escalation-policy-and-procedure/>

## Managing allegations against people that work or volunteer with adults and/or children

The Children's Trust adheres to Surrey Safeguarding Children Partnership Procedures and works in partnership with the Designated Officer.

All allegations must be referred to management for investigation and may also require reporting to CQC and OFSTED.

This guidance applies when there is an allegation that any person who works with children and/or adults at risk, in connection with their employment or voluntary activity has:

- Behaved in a way that has harmed or may have harmed a child or adult at risk.
- Possibly committed a criminal offence against or related to a child or adult at risk
- Behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm.

### Ensure the child/young person/adult at risk is safe

**Allegations against any person who works with children should be considered within the context of the four categories of abuse for children and young people:**

- **Physical** – i.e. injuries and restraint
- **Sexual** – i.e. inappropriate relationships between adults and children/young people
- **Emotional abuse** – i.e. threatening or shouting
- **Neglect** – i.e. actions or omissions that impact on health or welfare of any child

**Allegations can also include:**

- Non-recent abuse
- Organised and/or widespread abuse
- If a member of staff is a parent/carer and has become subject to child protection procedures.
- An individual has behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could for example, include violence and abuse, substance misuse or fraud.

**Allegations against any person who works with adults at risk should be considered within the context of the ten identified categories of abuse for adults:**

- **Physical**
- **Sexual**
- **Psychological**
- **Financial or material abuse**
- **Neglect and acts of omission**
- **Self-Neglect**
- **Organisational**
- **Domestic abuse**
- **Modern slavery including human trafficking**
- **Discriminatory.**

- Complete IRAR incident report include body maps if applicable.
- Head of Nursing & Care/Head of Safeguarding establish main facts from the incident.
- If an allegation involves the Director of Education or the Chief Executive refer to Head of Safeguarding.
- The People Team to support management– risk assessment re: change of duties to workplace/ suspension.
- Refer to Surrey Designated Officer within 24 hours to determine the investigation required.
- Referral to Children's Social Care/Police may be required for Section 47 enquiries.

- Complete IRAR incident report include body maps if applicable.
- Head of Nursing and Care/Head of Safeguarding establish main facts from the incident.
- The People Team to support management– risk assessment re: change of duties to workplace/ suspension.
- Discuss case with Adult Social Care Manager for decision re: Section 42 enquiry.
- Refer to Designated Officer within 24 hours to determine investigation required.

- Internal investigations to be completed by an appointed investigator and signed off by Head of Nursing & Care and Director of Clinical Services.
- If external investigation is led by Police or Social Care Head of Safeguarding will liaise with Designated Officer.
- Where the matter constitutes a conduct or performance issue refer to HR123 Disciplinary Policy.
- Implement recommendation, action plans from either internal or external investigation.
- Outcomes of internal investigation can be shared with Designated Officer, CQC and OFSTED.

**Staff member has safeguarding concerns for the welfare of a child or adult at risk**

**Ensure the child/young person/adult at risk is safe**

**The Children's Trust**

Staff member including Volunteers immediately informs Shift Leader or Line Manager.

**The Children's Trust School**

Staff member immediately informs Designated Safeguarding Lead for children and/or adults

**In Working Hours (9am - 5pm)**

Shift Leader or Line Manager immediately informs The Children's Trust Social Worker team.

For concerns outside of Tadworth staff should contact local safeguarding teams and/or discuss concerns with Head of Safeguarding.

- Complete IRAR incident report and body maps if required.
- Notify The Children's Trust doctor of any health concerns.
- Inform Local Authority Social Worker if one is allocated.
- Inform School DSL (school residential houses)
- Parent/carers to be informed unless to do so would place child/adult at further risk.

**Out of Hours**

Contact Surrey Emergency Duty Team for urgent safeguarding concerns for children and adults.

<https://www.surreycc.gov.uk/social-care-and-health/concerned-for-someones-safety/out-of-hours-social-care-contacts>

- **Out of hours phone:**  
Weekdays: 5pm-9am  
**Weekends: 24 hours 01483517898**
- Take advice from Surrey social worker as to how to maintain the child or adult's safety.
- Parent/carers to be informed unless to do so would place child/adult at further risk.
- If you are worried about the child/adult's health contact the on call GP
- Complete IRAR incident report and body maps as required.
- If you have any concerns or are unsure contact the on call clinical manager.

- DSL to consider informing Lead Social Worker for the School.
- Notify The Children's Trust Doctor or registered GP of any health concerns.
- Complete IRAR incident report and body maps if required.
- Inform Head of House in which child resides.
- Parent/carers to be informed unless to do so would place child/adult at further risk.

**Lead Social Worker/DSL**

- Inform child's allocated social worker.
- For children/adults who may have an allocated social worker:
- Consider referrals to local authority for early help or children's social care.
- For those over the age of 18 consider referral to Adult Social Care.

- For children/adults who do not have an allocated social worker:
- Consider referrals to local authority for early help or children's social care.
- For those over the age of 18 consider referral to Adult Social Care.

- Follow up any outstanding actions the following day.
- Inform The Children's Trust Social Worker and/or allocated Social Worker.

If the safeguarding concern relates to an allegation against a member of staff or volunteer notify Head of Safeguarding/Head of Nursing & Care.

Follow the flowchart for managing allegation against people that work or volunteer with adults and/or children

Ensure you record any decisions and share information in line with the 7 Golden Rules of Information Sharing. A copy of a referral to Social Care should be sent to Head of Safeguarding for quality assurance.

Working Together to Safeguard Children 2018 describes a child-centred and coordinated approach to safeguarding, which underpins The Children Trust's approach.

### **A child-centred approach**

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them or placing the interests of adults ahead of the needs of children.

Children have been clear in saying what they want from an effective safeguarding system - they want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs.

This should guide our own behaviour as professionals. Anyone working with children should see and speak to the child; listen to what they say, take their views seriously; and work with them collaboratively when deciding how to support their needs.

### **Children have said that they need**

- **Vigilance:** to have adults notice when things are troubling them.
- **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon.
- **Stability:** to be able to develop an on-going stable relationship of trust with those helping them.
- **Respect:** to be treated with the expectation that they are competent rather than not.
- **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans.
- **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
- **Support:** to be provided with support in their own right as well as a member of their family.
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views.

Our two **Key Principles** are:

- **Safeguarding is everyone's responsibility:** for services to be effective each Professional and organisation should play their full part; and
- **A child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children.

### **Safeguarding is everyone's responsibility**

A child-centred approach is supported by:

- **The Children Act 1989 2004** requires local authorities to give due regard to a child's wishes when deciding what services to provide under section 17, and before making decisions about action to be taken to protect children under section 47. When children are looked after, their wishes and feelings must also be taken into account.
- **The Equality Act 2010** puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by individual children and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs.

- **The United Nations Convention on the Rights of the Child (UNCRC)** is an international agreement that protects the rights of children and provides a child centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to *expression* and *receiving information*.

Everyone who works with children – including therapists, nurses, carers, paediatricians, volunteers and social workers – has a responsibility for keeping them safe.

No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Where concerns are raised to the Local Authority, they will decide on the level of intervention required. This could be voluntary or compulsory.

#### SUPPORT UNDER CHILD IN NEED.

Under the Children Act 1989, Local Authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare.

A child in need is defined in the Act as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health or development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled

A large majority of the Children and Young people at The Children's Trust may be eligible for support by virtue of their disability and classed as a 'Child in Need'. Similarly, a Child or Young person may have a social worker for safeguarding purposes too when threshold for significant harm is not met or when there is not a continuing risk of harm but support is required to safeguard and promote the child's welfare.

Support under Child in Need provisions must be consented to by the family and therefore is not a compulsory intervention.

#### SIGNIFICANT HARM

The Children Act 1989 introduced the concept of **Significant Harm** as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria on which to rely when judging what constitutes Significant Harm, but consideration should be given to the following:

- The severity of ill-treatment which may include the degree and extent of physical harm including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
- The duration and frequency of abuse and neglect
- The extent of premeditation

Child abuse and neglect is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.

Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.



Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

Working Together to Safeguard Children sets out definitions and examples of the four broad categories of abuse which are used as a basis for determining that a child should be subject to a Child Protection Plan:

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse

These categories overlap and an abused child does frequently suffer more than one type of abuse. They are dealt with in the sections below.

### WHAT IS CHILD ABUSE?

Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online.

### TYPES OF ABUSE:

#### **NEGLECT**

Neglect happens when parents or carers can't or won't meet a child's needs. Sometimes this is because they don't have the skills or support needed, and sometimes it's due to other problems such as mental health issues, drug and alcohol problems or poverty.

Although professionals may be worried about a child, it's not always easy to identify neglect. There's often no single sign that a child or family need help. So, professionals look for a pattern of ongoing neglect.

Physical neglect is failing to provide for a child's basic needs such as food, clothing or shelter. Failing to adequately supervise a child or provide for their safety.

Educational neglect is failing to ensure a child receives an education.

Emotional neglect is failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. It's often the most difficult to prove.

Medical neglect is failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations.

#### **EMOTIONAL ABUSE**

Emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child. It can involve not showing love or trying to scare, humiliate or isolate children. It can be difficult to spot as emotional changes are a normal part of growing up.

A child who is emotionally abused may later develop risk taking behaviours like stealing or running away. Emotional abuse also puts children at additional risk of developing mental health problems, like depression, eating disorders or self-harming behaviour or they may lack self-confidence.

Children who don't get the love and care they need from their parents often find it difficult to develop and maintain relationships with others later in life

#### Signs that might indicate emotional abuse:

**Babies and pre-school children** who are being emotionally abused or neglected may be overly affectionate towards strangers or people they haven't known for very long; they may lack confidence and appear anxious or aggressive to children or animals. You may notice that they appear not to have a very close relationship with their parents.

**Older children** may use language, act in a way or know about things that you wouldn't expect them to know at their age; they may struggle with emotions and have extreme outbursts; they may lack social skills and appear to have few friends and seem isolated from their parents

#### PHYSICAL ABUSE

Physical abuse is deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. It isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, and slapped or having objects thrown at them. Shaking or hitting babies can cause non-accidental head injuries.

Sometimes parents or carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell – this is known as fabricated or induced illness (FII). Fabricated or induced illness is when a parent or carer fakes, or creates, the symptoms of an illness in their child. This might include giving a child medicine, tampering with medical equipment or falsifying test results.

Physical abuse can cause serious, and often long-lasting, harm – and in severe cases, death. Bumps and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls. But if a child often has injuries, there seems to be a pattern, or the explanation doesn't match the injury then this should be investigated.

#### SEXUAL ABUSE

A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact, and it can happen online. Sometimes the child won't understand that what's happening to them is abuse. They may not even understand that it's wrong.

There are two different types of child sexual abuse. These are called contact abuse and non-contact abuse.

Non-contact abuse covers acts where the abuser doesn't touch the child, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing, making a child strip or masturbate and intentionally engaging in sexual activity in front of a child or not taking proper measures to prevent a child being exposed to sexual activities by others. Taking or making indecent images of children or showing children images of sexual activity, including photographs, videos or via webcams is also sexual abuse.

Contact abuse is where an abuser makes physical contact with a child and involves sexual touching of any part of the body, clothed or unclothed, including using an object, assault by penetration, including rape or penetration of the mouth with an object or part of the body. It can also involve encouraging a child to engage in sexual activity for example, sexual acts with someone else.

### **Behaviour that might indicate something is wrong:**

Children who are sexually abused may stay away from people or avoid being alone with people such as family members or carers. They could seem frightened of a person or reluctant to socialise with them.

They may show sexual behaviour that's inappropriate for their age or use sexual language or know information that you wouldn't expect them to. They may become sexually active at a young age or be promiscuous.

Children who are sexually abused may also have physical symptoms such as a vaginal or anal soreness or an unusual discharge.

### CONTEXTUAL SAFEGUARDING:

As well as threats to the welfare of children from their family's children may be vulnerable to abuse or exploitation from outside of their families, this may arise in schools and other educational establishments from within peer groups or from online and wider communities. These threats can take a variety of different forms including exploitation by criminal gangs, county lines, trafficking, online abuse, sexual exploitation, trafficking and influences of extremism leading to radicalisation.

### **CHILD SEXUAL EXPLOITATION**

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Many of the detailed cases submitted to the Child Exploitation and Online Protection Centre (CEOP) showed that grooming is used to manipulate victims, distance them from families and friends, and place them under the control of the offender.

Some children and young people are **trafficked** into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in **gangs**. When sexual exploitation happens online, young people may be persuaded, or forced, to send or post sexually explicit images of themselves, take part in sexual activities via a webcam or smartphone or have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the sexual abuse has stopped.

### **GROOMING**

Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. The signs of grooming aren't always obvious.

Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a young person or child. They can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build up a relationship.

It's easy for groomers to hide their identity online - they may pretend to be a child and then chat and become 'friends' with children they are targeting.

Children may be very secretive, including about what they are doing online, have older boyfriends or girlfriends. They may have new things such as clothes or mobile phones that they can't or won't explain or have access to drugs and alcohol.

In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age.

### County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement. In some cases, the dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This is known as cuckooing.

Potential indicators of county lines exploitation are listed below:

- Persistently going missing from school, home, care
- Children travelling to locations, or being found in areas they have no obvious connections with, including seaside or market towns
- Unwillingness to explain their whereabouts
- Unexplained acquisition of money, clothes, accessories or mobile phones which they are unable to account for
- Excessive receipt of texts or phone calls
- Children having multiple mobile phone handsets or sim cards
- Withdrawal or sudden change in personality, behaviour or language used
- Relationships with controlling or older individuals and groups
- Leaving home or care without explanation
- Suspicion of physical assault or unexplained injuries.
- Parental concerns
- Carrying weapons
- Significant decline in school results or performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional wellbeing.
- An increase in possession with intent to supply offences outside your local area

### BULLYING AND CYBERBULLYING

Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games and mobile phones. Cyberbullying can include spreading rumours about someone, or posting nasty or embarrassing messages, images or videos.

Children may know who's bullying them online – it may be an extension of offline peer bullying - or they may be targeted by someone using a fake or anonymous account. It's easy to be anonymous online and this may increase the likelihood of engaging in bullying behaviour.

Cyberbullying includes sending threatening or abusive text messages, creating and sharing embarrassing images or videos, 'trolling' - the sending of menacing or upsetting messages on social networks, chat rooms or online games.

It can also mean excluding children from online games, activities or friendship groups or setting up hate sites or groups about a particular child. Cyberbullies sometimes create fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

### PEER ON PEER ABUSE

Peer-on-peer abuse includes, but is not limited to:

- physical and sexual abuse
- sexual harassment and violence
- emotional harm
- on and offline bullying
- teenage relationship abuse

It can even include grooming children for sexual and criminal exploitation.

It's hard to say just how widespread a problem it is. But we know that there's extensive evidence of peer-on-peer abuse in the context of both sexual and criminal exploitation. In autumn last year, the NSPCC announced a 29% increase in children seeking help from ChildLine due to peer-on-peer sexual abuse.

Peer-on-peer abuse that involves sexual assault and violence must always result in a multi-agency response. As well as supporting and protecting the victim, professionals need to consider whether the perpetrator could be a victim of abuse too. We know that children who develop harmful sexual behaviour have often experienced abuse and neglect themselves.

We need to make sure that the children affected are getting the help they need. A typical response will involve:

- children's social care
- the police
- any specialist services that support children who demonstrate harmful sexual behaviour the family
- any other professionals who know or have had contact with the child

### DOMESTIC ABUSE

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse.

It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers. Teenagers can suffer domestic abuse in their relationships.

Witnessing domestic abuse is child abuse is really distressing and scary for a child and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. They might see the abuse, or hear it from another room, see a parent's injuries or distress afterwards. They might be hurt by being nearby or trying to stop the abuse.

- National Domestic Violence Helpline – 0808 2000 247
- The Men's Advice Line, for male domestic abuse survivors – 0808 801 0327

### FEMALE GENITAL MUTILATION

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act<sup>1</sup> introduces a mandatory reporting duty 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

**If you are concerned about FGM please discuss with members of the safeguarding team at The Children's Trust.**

## PREVENT

Prevent is part of CONTEST, the Government's strategy to address terrorism. The main aim of Prevent is to stop people, including children and young people, becoming terrorists or supporting terrorism. Prevent focuses on all forms of terrorist threats. E.g. international terrorism, far right extremists (among others).

The police, Local Authorities, and partner organisations are working together to help strengthen and empower our communities to reject those who want to cause harm. They work together and seek to work with all of us, focussing on three key themes:

- Safeguarding vulnerable individuals through the provision of advice and support and intervention projects.
- Working closely with institutions such as Universities, Schools, Prisons, Health, Charities and faith establishments.
- Challenging terrorist ideology by working closely with other local and national agencies, partners and our communities

The Prevent Engagement Team of officers and police staff aim to encourage discussion ensuring that terrorism is prevented from taking root in our communities. They support the wider engagement activities already taking place in schools, places of worship and community groups.

Through this work they aim to strengthen communities in order to challenge the ideologies and messages of hate which lead to terrorism.

## Modern Slavery

Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and

force individuals into a life of abuse, servitude and inhumane treatment. Modern slavery can occur in a wide variety of circumstances, for example, agricultural labour, cleaning services (domestic and commercial), the sex trade, nail bars or car washes. Potential victims of trafficking are likely to be extremely vulnerable. They may fear revealing their status or experiences to state authorities. They may feel dependent on their controllers / traffickers. It is possible they may not understand the concept of trafficking or identify themselves as a victim.

You must report any potential cases. Do not attempt to let the victim know you have reported it and do not confront the traffickers.

In all cases, the police should be notified either by phoning 101 or 999 (in cases of emergency) or in person at a police station.

It may be necessary to contact the Home Office; our social work team will liaise with Surrey Social Services and the Police to obtain advice.

If it involves a young person over 18 years (adult at risk' as set out in the Care Act) then you should also contact Adult Social Care under the usual safeguarding adult's arrangements.

Always consider whether there are other members of the family (adults or children) at risk and if so, report it.

**UK GOV helpline: 0800 0121 700 - 24/7 Modern Slavery Helpline**

**Salvation Army: 0300 303 8151 - 24/7 Referral helpline**

### PRINCIPLES OF GOOD PRACTICE – DISABLED CHILDREN

Any child with a disability is by definition a 'child in need' under section 17 of the Children Act 1989 and 2004.

Children and young people who have disabilities are at an increased risk of being abused compared with their non-disabled peers (Jones et al, 2012) and are also less likely to receive the protection and support they need when they have been abused (Taylor et al, 2014).

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home but are particularly susceptible to possible abuse because of their additional dependency on carers and health professionals for day to day physical care needs.
- Parents or carers own needs and ways of coping may conflict with the needs of the child

In addition to the universal indicators of abuse/neglect listed above, the following abusive behaviours must be considered.

- Force feeding
- Unjustified or excessive physical restraint
- Rough handling

- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill-fitting equipment e.g. callipers, sleep board which may cause injury or pain, inappropriate splinting
- Misappropriation /misuse of a child's finances

Where a child is unable to tell someone of his/her abuse he/she may convey anxiety or distress in some other way, e.g. behaviour or symptoms and carers and staff must be alert to this.

Perpetrators of abuse may target disabled children in the belief that they are less likely to be detected.

Agencies must not make assumptions about the inability of a child with disabilities to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully and supported where relevant to participate in the criminal justice system.

### LOOKED AFTER CHILDREN

Children can be Looked After under Section 20 and Section 31 of the Children Act 1989

Section 20 means that the family have agreed for the local authority to be involved in their care arrangements.

They agree that their child can live at The Children's Trust either in our fulltime care while their child attends our school or for short breaks to support the family in their fulltime care outside of The Children's Trust.

Section 20 means that only the parents have parental responsibility and can make decisions about all aspects of their child's care.

Section 31 means that the parents do not agree to their child being removed from their care. The Court have been involved and made an order under Section 31 of The Children Act 1989.

Section 31 means that the Local Authority share parental responsibility with the parents, but they take the lead in all decisions about the child's care. They do meet with parents and inform them of their decisions.

In all cases where a child is looked after there is an allocated Statutory Social Worker from the local authority where the child's family lives. The social worker is responsible for visiting the child, working with the family and professionals in the network around the child and their care arrangements. This includes professionals at The Children's Trust.

An Independent Reviewing Officer (I.R.O) is appointed to review all care arrangements along with a child's education and health needs

The IRO chairs a Looked after Children (LAC/CLA) Review. This is a formal meeting with timescales and minutes. These usually take place every 6 months. Reports are prepared for the meeting. Minutes are produced from the meeting and tasks allocated in the network. The Actions will be



reviewed at the next Meeting. Associated reports that may be required are the annual LAC Medical and the EHC Plan

The Statutory Social Worker will visit the child in placement and report back to the IRO at the review.

The reviews will take place at The Children's Trust when the child lives here all the time. For LAC children who attend TCT for Short Breaks, at least one review per year should take place here.

The Social Work Team at TCT support can offer advice and support to you with any issues or concerns relating to Looked after Children you are caring for.

### **ADULTS AT RISK OF ABUSE**

Surrey Adult Safeguarding Policy aims to clarify elements of the Care Act that can cause difficulty in practice. Advice should always be taken from Surrey Adult Social Services or the local authority adult social worker for the individual.

The Care Act says adult safeguarding duties apply to adults with care and support needs. Guidance from the Social Care Institute of Excellence (SCIE) define an adult with care and support needs as:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

### **The cause of the need**

The Care and Support (Eligibility Criteria) Regulations 2014 say that an eligible care and support need is one that

1. Arises from or is related to a physical or mental impairment or illness.
2. Results in the adult being unable to achieve two or more of the outcomes specified in the regulations; and
3. Which has, or is likely to have, a significant impact on the adult's well-being

### **The impact of the need**

The regulations go on to say that care and support needs have an impact on the following outcomes:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child

In the context of adult safeguarding, any impact on one or more of these outcomes may be relevant. There is no threshold of it being a significant impact.

### **The meaning of “at risk of abuse or neglect”**

The position of Surrey Safeguarding Adult Board is that “risk” means some clear and present risk. It must be more than simply a theoretical risk.

### **The meaning of “unable to protect himself or herself”**

For the duty to have an adult safeguarding enquiry to apply, the person with care and support needs must be unable to protect himself or herself against the abuse and neglect because of the care and support needs they have.

This requires there to be a causal link between the care and support needs and the inability to protect themselves.

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as abuse or neglect:

- Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.
- Domestic abuse is “an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality” (Home Office, 2013). Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation.
- Sexual abuse includes rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting.
- Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.
- Financial and material abuse includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.
- Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.  
Discriminatory abuse includes abuse based on a person’s race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.
- Organisational abuse includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own

home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

### **An adult safeguarding enquiry?**

Section 42 of the Care Act 2014 says that when the tests are met (an adult who is experiencing or is at risk of abuse or neglect which they cannot protect themselves from because of their care and support needs) there must be an adult safeguarding enquiry. The objectives of an adult safeguarding enquiry are to establish facts, ascertain the adult's views and wishes, assess the needs of the adult for protection, support and redress and how needs might be met, protect from the abuse and neglect, in accordance with the wishes of the adult, make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect.

### **The role of the local authority in an adult safeguarding enquiry**

Local authorities have a particular role to

- Decide what enquiries it thinks are necessary to make up the adult safeguarding enquiry.
- Make those enquiries or cause others to make them; and
- When the enquiry is completed decide whether any action should be taken, and if so, what and by whom. In Surrey, this role is taken on by the social work team in adult social care.

### **Policies you might find helpful available on the loop**

- Behaviour that Challenges Policy
- Bruising in Children and Young People who are Not Independently Mobile
- Clinical Holding and restraint Guideline
- Complaints Policy
- Incident Reporting and Duty of Candour Policy
- Intimate Care
- Management of Osteopenia in Children and Young People
- Mental Capacity and Deprivation of Liberty Policy
- Positive Touch Policy
- Safeguarding Children, Young People and Vulnerable Adults Policy
- Whistleblowing (public interest disclosure) policy

### **References and Further reading:**

- Child Exploitation disruption toolkit- <https://www.gov.uk/government/publications/child-exploitation-disruption-toolkit>
- Contextual Safeguarding - <https://csnetwork.org.uk/>
- County Lines Exploitation Guidance - <https://www.gov.uk/government/publications/county-lines-exploitation>
- Domestic abuse identifying risks - <http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face>
- Guidance on FGM - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/573782/FGM\\_Mandatory\\_Reporting\\_-\\_procedural\\_information\\_nov16\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf)

- Information Sharing Advice for practitioners – [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)
- Keeping Children Safe in Education 2019 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/835733/Keeping\\_children\\_safe\\_in\\_education\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf)
- NSPCC - <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>
- NSPCC - Guidance on protecting d/Deaf and disabled children and young people from abuse - <https://learning.nspcc.org.uk/safeguarding-child-protection/deaf-and-disabled-children/>
- PREVENT - <https://homeofficemedia.blog.gov.uk/2019/12/19/prevent-and-channel-factsheet/>
- Surrey Safeguarding Adults Board - <https://www.surreysab.org.uk/information-for-professionals/ssab-policies-and-procedures/>
- Surrey Safeguarding Children Partnership Procedures - <https://surreyscb.procedures.org.uk/>
- What to do if you are worried a child is being abuses 2015 - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
- Working Together to Safeguard Children 2018- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

