AVOCET HOUSE

Safeguarding and Child Protection Policy and Practice

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SES Avocet Ltd (4926028) and SES Turnstone Ltd (7972485)
are subsidiary companies of Specialist Education Services Topco Ltd (13159680)

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1 INTRODUCTION

Specialist Education Services Safeguarding and Child Protection Policy and Guidance is based upon the principle that the interests and welfare of our young persons are of paramount importance and as such the primary focus of our work. **Any other organisational principles or philosophies must be secondary to child protection.**

This policy and procedure document takes into account current national guidance as of the date of its publication.

Our core safeguarding principles are:

- It is everyone's responsibility to safeguard and promote the welfare of the children and young people it educates and cares for (commonly referred to as our Duty of Care)
- Children and young people who are and feel safe make more successful learners
- All Policies will be reviewed either annually or every two years depending upon their status in the review cycle and consequent to an incident or new legislation or guidance suggesting the need for an earlier date of review.
- All professionals should make sure their approach is child centered and consider, at all times, what is in the best interests of the child.

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children, including their mental and physical health or development. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

- Specialist Education Services will ensure that the welfare of children and young people is given paramount consideration when developing and delivering all activities.
- All children, regardless of age, sex, gender identity, disability, culture, race, language, religion or sexual orientation, have equal rights to protection.
- All adults have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm in accordance with the guidance indicated in this and other documentation referenced herein.
- All children and adults involved in child protection issues will receive appropriate support from the senior management of the school who will follow policy guidance in doing so.

Aims

- To provide all adults with the necessary information to enable them to meet their statutory responsibilities to promote and safeguard the wellbeing of children
- To ensure consistent good practice across the company
- To demonstrate the company's commitment with regard to safeguarding children

2 CONTEXT

As Avocet House is located within Norfolk and works within guidelines issued by the Norfolk Safeguarding Children Partnership (NSCP). Specialist Education Services will give every assistance to agencies to enable them to carry out their statutory child protection responsibilities.

- We recognise that effective child protection is based upon agencies working together, the need for mutual understanding of aims, objectives and 'best practice'. This should always take into account the sensitive issues associated with gender identity, sex, race, language, culture, disability and sexual orientation.

- Specialist Education Services will work closely with NSCP to ensure that we maintain and emphasise shared responsibility, quick open communication, agreed procedures and follow an agreed course of action.

- Specialist Education Services work closely with the local Police and have an agreed Safer Homes and Young People Protocol (SHAYPP) as part of an overall approach to safeguarding young people.

The Lead Designated Person for Child Protection (LDPCP) is the Registered Manager. In the absence of the Registered Manager, the Head of Care acts as the Deputy LDPCP. All references within this policy to the role of the LDPCP apply equally to the Deputy LDPCP.

In addition all Deputy Care Managers, Team Leaders, the Deputy Head of Education, the Head of Education, Principal, Operational Director and Managing Director are trained as Designated Persons for Child Protection (DPCP). The SES Managing Director, SES Operational Director, Principal, Registered Manager, Head of Care and Head of Education attend the Designated Professional Training for Safeguarding in Education.

This means there will be a reference point on site at all times for staff. A first port of call system is in place to ensure that a senior DPCP is available for advice at all times. All staff have in-house safeguarding and child protection training to at least the minimum requirement, in line with statutory guidance.

In the highly unlikely absence of all designated staff the Principal assumes responsibility for the co-ordination of child protection matters. However, if in very exceptional circumstances a situation arises where all designated staff and the Principal are unavailable concerns must be brought to the immediate attention of a Director.

The role of the LDPCP is to co-ordinate and advise upon all child protection issues that arise as they are most likely to have the complete safeguarding picture, whilst ensuring all staff members are fully conversant with organisational policy and guidance. In addition the LDPCP will ensure policies and guidance pertaining to child protection matters remain current and are reviewed as necessary.

(See Appendix A for a full list of LDPCP responsibilities (and deputy LDPCP))

Specialist Education Services is committed to providing staff members with a level of training that will enable them to identify concerns, take preventative action and respond appropriately when faced with child protection issues. In addition there are comprehensive supervision and support structures for all staff members.

SES is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

3 DEFINITIONS OF ABUSE *(See also Appendix C for comprehensive detail)*

3.1 ABUSE

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

3.2 PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

3.3 EMOTIONAL ABUSE

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

3.4 SEXUAL ABUSE

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

3.5 NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- or ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3.6 INSTITUTIONAL ABUSE

There are other forms of abuse and mistreatment which may need to be considered alongside the above, however in general, the above four categories are likely to cover the majority of concerns that arise. Institutional abuse, for example, whilst possibly reflecting a dysfunctional and abusive organisation and culture will relate to the abuse of individual children (and therefore will be covered by the four categories outlined above).

It is important to be aware that some groups of children may be more vulnerable to abuse for a variety of reasons. Vulnerable children includes disabled children; children living with parental adversity such as domestic violence, parental substance misuse or mental illness; unaccompanied asylum seeking children; children affected by gang activity or sexual exploitation; looked after children etc. Many of these children will have additional needs that require support and some may also be in need of protection.

We must be aware of the power we hold and our position of trust. This means maintaining appropriate professional boundaries so as to protect children from exploitation or harm, ensuring an unequal balance of power is not used for personal advantage or gratification.

4 ROLES AND PROCEDURES WHEN DEALING WITH DISCLOSURES AND CONCERNS

4.1 ALL STAFF

All staff working for SES because of their day-to-day contact with individual children are particularly well placed to observe signs of abuse or other safeguarding related concerns, e.g. self harm (see Appendix F). Alternatively a young person may choose to make a disclosure to staff. In either situation, a concern or disclosure should be reported to a DPCP.

All staff should also be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the DPCP if they have concerns about a child. It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.

A Disclosure is information given by the child indicating that they have been or may be at risk of significant harm, or concerns raised that others may be at risk of significant harm. When a child discloses they must be taken seriously, believed and allowed to talk.

All staff should be able to reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. Staff need to think carefully about appropriate terminology when handling disclosures, not everyone who has been subject to abuse considers themselves a victim and, in some cases, the abusive behaviour will have harmed the perpetrator as well.

<u>The member of staff should not seek further information by asking leading questions as this may jeopardise any subsequent investigation</u>.

Having listened to a Disclosure or registered a concern the member of staff must:

- Report it directly to the DPCP
- Follow any instruction given by the DPCP
- Complete a Disclosure form and pass it directly to the DPCP, ensuring that all original notes are included. All notes must be signed and dated. At this point a

child protection timeline should be started to hold all information in one central place.

- Maintain confidentiality. Information disclosed or relating to child protection is shared on a 'need to know' basis that may be defined as follows; *"Information limited to those people whose dealings with the child might be jeopardised by withholding such information".* In practice disclosed information can only be shared with the DPCP and as directed by the Child Protection Team.
- Seek personal support from the LDPCP.

If at any time a staff member is in doubt as to whether a situation or circumstance falls within Child Protection they must discuss it with a DPCP without delay. The DPCP will be able to offer advice and assistance. If they themselves are in any doubt, they should contact the LDPCP to discuss the matter and gain advice upon what further action, if any, to take.

A further option is for the concern to be directly reported to NSCP initially through the Children's Advice and Duty Service (CADS), who will decide whether the incident meets the threshold to be forwarded to the Multi Agency Safeguarding Hub (MASH) team. In such circumstances the person making the referral should have the following information available:

- Their own name, status and contact point
- The reason for their concern
- The full name, address and date of birth of the young person involved.
- Details of the placing authorities

Having made a direct referral staff should not make further enquiries; this could prejudice any subsequent investigation and prove to be counterproductive to the protection of the child. Once an external referral has been made the investigation becomes the responsibility of the Child Protection Team.

4.2 DESIGNATED PERSON FOR CHILD PROTECTION (DPCP)

If the DPCP considers there to be grounds for referral they must inform the child's Social Worker, being clear that this is a Child Protection concern. If the child's Social Worker is not directly available the DPCP must inform the Placing Authority's Child Protection Team, initially by telephone. The child's own Social Worker or a member of the Child Protection Team will from then on provide advice and assistance and will be responsible for coordinating the further conduct of the case. Therefore no further action should be taken without first consulting the Child Protection Team who must keep them informed of any further developments.

- The child's Placing Authority will take the lead. For Placement Authorities other than Norfolk, the Norfolk Child Protection Team must be informed at the same time, initially by telephone through CADS; they will decide if MASH need to be involved. The two Placing Authorities are then responsible for their communication with each other; **SES staff should not act as a go between.**

- The DPCP must submit the full written report (Disclosure Form) and their own time line record of events to the Child Protection Team within 24 hours of the event.

- The details must then be entered on the internal Child protection timeline. Any updates must be added. These are kept in the child protection file.

- While all adults are responsible for the safety of all children at all times, in the event of a Child Protection referral it is the responsibility of the DPCP in particular to ensure the immediate safety of the child for whom the referral is being made.

- The DPCP is responsible for completing the online Ofsted Notification form within 24 hours of a child protection referral is taken up by Social Services. Copies of disclosures are not sent with a notification.

- If at any time the DPCP is unsure whether a referral is warranted they should contact the LDPCP and/or the NSCP, initially through CADS, to discuss the matter and gain advice upon what further action, if any, to take.

As stated above once a child protection referral has been made the investigation becomes the sole responsibility of the Child Protection Team with which all employees will cooperate fully. **The DPCP should not ring the police even if requested to do so by a Social Worker. It is the Child Protection Team's responsibility to take this step.** This is in line with Norfolk LSCB Safer Program Core Training guidance, issued in 2016

(See Appendix B for the DPCP checklist in the event of a disclosure/concern)

4.3 LEAD DESIGNATED PERSON FOR CHILD PROTECTION (LDPCP)

The LDPCP should be informed of all child protection related issues as soon as possible in order to offer advice and support and to ensure the policy and procedures are adhered to.

If the LDPCP is unsure as to whether a case should be formally referred, or has a general concern about a child's health or development, they can seek advice from the NSCP or the child's Placing Authority.

- When referring a case of suspected or alleged abuse to the statutory agencies the LDPCP (or their designate) will ask to be informed of the timing of the subsequent Strategy Meeting. The strategy meeting involves representatives from each of the statutory agencies and decides whether and how to investigate the allegation.

- The LDPCP (or their designate) should clarify with the investigating agencies when, how and by whom other agencies, parents or guardians of the child should be told a referral has been made.

- The Social Worker is responsible for providing a report of the outcomes of any related enquiry. The LDPCP (or their designate) should ensure receipt of this report as it enables the Case Coordinator to complete the Ofsted online Resolution form.

- The LDPCP can offer advice and support to any staff required to participate in strategy meetings or a Child Protection Case Conference.

- The LDPCP must be aware of all updates to confidential information in relation to child protection.

5 SUPPORT

There is a clear recognition that child protection work can be emotionally demanding and distressing. It is the responsibility of the LDPCP to ensure that due consideration is given to the affect on staff of any referrals, an opportunity to discuss this further should be provided as early as possible.

Specialist Education Services is committed to ensuring debriefing and/or counselling is available to staff who are, or have been, involved in Child Protection work.

The Registered Manager will give assistance and support to staff engaged in child protection work and will ensure they are available for all Child Protection Conferences.

6 RECORDING, RECORD KEEPING AND CONFIDENTIAL FILING

Having registered a concern or received a disclosure staff must:

- Complete the disclosure form promptly (e.g. within the hour),-writing down in the young person's words, as exactly as possible, what was said or seen, putting the scene into context and giving the time and location.
- All hand written notes must be timed, dated, signed and kept, even if subsequently typed up or subsumed within a more formal report.
- It is important that all concerns, no matter how insignificant they may seem at the time, are recorded and conveyed to the LDPCP.
- The LDPCP must be made aware of all updates to confidential information.
- Any timeline record kept by a DPCP in relation to a child protection referral is filed in the child's confidential file.
- The child should know that information is being recorded.

All records of a child protection nature must go directly to the child's confidential file. Their case records will indicate that the separate file exists, but not its contents.

Access to Child Protection records will be on a 'need to know' basis and the LDPCP will make specific decisions about access.

The LDPCP should ensure child protection records are updated:

- The child protection file chronology must be updated;
- The record for the specific incident of abuse or neglect must be compiled in full;

- A clear timeline of all events, actions, discussions and decisions must be completed.
  (See Appendix H for details on CP File contents)

Once the allegation has been resolved, the LDPCP must record:

- A clear and comprehensive summary of the concern.
- Details of how the concern was followed up and resolved.
- A note of any action taken, decisions reached and the outcome.
- The above should be recorded on a Child Protection Summary Concern Form (Appendix I).

Electronic files are maintained securely in a Safeguarding File on the network/cloud that is only accessible by the Principal, LDPCP and DLDPCP.

In addition, records on all children should be constantly updated to ensure accuracy about:

- Who has parental/carer responsibility
- Any court orders that may be in force
- Any young person with a Children's Plan
- The young person's name at birth and any subsequent name changes
- Any other changes in home circumstances.

If a child on the Child Protection register leaves for an alternative placement the LDPCP must inform the new placement immediately and arrange a separate secure handover of confidential information from other records within five days for an in year transfer, or within the first five days of the start of a new school term. This handover should include signed evidence of paperwork transfer as specified in Keeping Children Safe in Education.

7 ALLEGATIONS AGAINST STAFF

All staff must read **"The Management of Allegations and Concerns Regarding the Professional Conduct of Adults in Relation to Child Protection: Policy and Practice".** This document gives a full and detailed explanation of policy and practice issues.

An allegation or concern raised against a member of staff (including supply staff, volunteers and contractors) may not meet the harms threshold; these are known as low level concerns, and they should be reported to a DCM (DPCP); the Head of Education, Head of Care, Registered Manager or SES Kite Registered Service Manager should be contacted without delay and they will liaise with the Principal so it can be dealt with at an early stage. Low level concerns are not insignificant and must be reported to ensure there is an open and transparent culture within SES establishments. These low level concerns will be for adults who have acted outside of the staff code of professional practice (section 11). All low level concerns will be recorded, including details of the concern, the context in which the concern arose, and the action taken.

Allegations of abuse by members of staff (including supply staff and volunteers) must be investigated within the correct NSCP procedures, and when dealing with any allegation against staff, it is vital to keep the welfare of the child as the central concern. However, as with all child protection issues, a balance needs to be struck between supporting and protecting the child and keeping the effects of possibly false allegations to a minimum. Thus, urgent consideration should be given to the substance of the allegations.

On receiving an allegation the DPCP should proceed in line with recognised procedures, contacting the LDPCP who will liaise with the Principal. Investigations will be carried out by the appropriate agencies. In certain circumstances, for example where the Principal is implicated in a child protection allegation, staff should make immediate direct contact with the LDPCP (if this is not possible their designate) who will inform a Director and refer the case to the NSCP Child Protection Team.
In dealing with any allegation the LDPCP needs to liaise with the LADO to decide:

- the risk of harm to the child or children
- the seriousness of the allegation
- possible contamination of evidence
- the welfare of the staff.

Suspension without prejudice of the member of staff may be considered where:

- there is cause to suspect a child is at risk of 'significant harm'
- the allegation warrants investigation by the police, or is so serious that grounds for dismissal are being considered. Suspension will not be automatic; consideration will be made as to whether the result that would by achieved by suspension could be obtained by alternative arrangements. The power to suspend is vested in the Principal.

Minutes of all past LADO meetings involving SES staff are securely stored centrally on individual staff personnel files, and confidentially in a single file that only is accessible by the Principal.

The decision to suspend should be carried out in line with Specialist Education Services' guidelines and can only be taken by the Principal discussion with the LDPCP and/or outside agencies. Actioning this decision may be delegated to an appropriate senior manager.

8 CONFIDENTIALITY

In all child protection work the degree of confidentiality will be governed by the need to protect the child. Staff working with a child and their family must at all times make it clear that confidentiality may not be maintained if the withholding of information jeopardises the welfare of the child or young person.

The Data Protection Act 2018, and the UK GDPR place duties on SES and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure. The LDPCP and Data Manager (currently

the Principal) should have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the UK GDPR. This includes:

- being confident of the processing conditions which allow them to store and share information for safeguarding purposes, including information, which is sensitive and personal, and should be treated as 'special category personal data'.
- understanding that 'safeguarding of children and individuals at risk' is a processing condition that allows practitioners to share special category personal data, including sharing information without consent where there is a good reason to do so.
- For schools, not providing children's personal data where the serious harm test under legislation is met.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. Fears about safeguarding must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

Further guidance can on information sharing can be found in:

- in Chapter one of Working Together to Safeguard Children, which includes a myth-busting guide to information sharing
- at Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers. The seven golden rules for sharing information will be especially useful
- at The Information Commissioner's Office (ICO), which includes ICOUK GDPR FAQs and guidance from the department
- in Data protection: toolkit for schools - Guidance to support schools with data protection activity, including compliance with the UK GDPR.

Also see the SES Data Protection Policy and Practice document.

8.1 CONFIDENTIALITY: PRACTICE GUIDELINES

The following guidelines aim to provide staff with clear advice that will enable them to respond to issues of confidentiality with confidence.

All work with our children and young people and their families, must reflect respect for them. All practice must aim to uphold the highest possible professional standards in this area.

- Staff are required to inform a DPCP of any child protection disclosure or concern and act in keeping with the contents of this document

- Other than in the particular circumstances of child protection procedures children will be encouraged to talk to their parents and/or other significant adults.

- Staff will advise children of sources on confidential help, for example, the LAC team nurse, qualified and independent counsellor, GP, 'helpline' services or local young person's advice service.

- Staff must strive to develop open, honest relationships with our children through which trust may develop.

- **Staff must never be drawn into accepting personal confidences, since confidentiality cannot be guaranteed.** This should always be made clear.

- All records are kept in locked cabinets. Within each young person's main file a separate wallet is kept which holds all Child Protection information. Access to this information may only be obtained with the authorisation of the LDPCP.

9 SUPPORTING CHILDREN AND FAMILIES

- Children undergoing a child protection referral and investigation are likely to need a greater than normal level of support. This should be the focus of careful consideration as quickly as possible once a referral is actioned.
- The minimum we can offer is a safe environment in which the child feels valued and protected.
- We may offer support to the family of a child involved in a child protection investigation, but staff will need to remember the limits of confidentiality placed upon them, and that the welfare of the child is paramount.

10 POSITIVE PERSONAL CONTACT BETWEEN CHILDREN AND STAFF

At both Avocet House and Turnstone House there is clear and unequivocal expression of normal, positive, physical contact between adults and between adults and children. This is not physical contact that in any way seeks to establish authority over a child, but that which expresses 'parental' affection, to provide comfort, ease distress and signal care as would be expected between good parents and their children.

To deny this would be tantamount to emotional deprivation and we believe that normal adult/child physical contact is a critical therapeutic factor in children's care plans to a greater or lesser degree.

Our policy on positive personal contact has been affirmed by the very latest research and knowledge of neurobiology, and as illustrated by the writings of Dr Margot Sunderland. Particularly important is the clear connection between the production of positive neurochemicals of oxytocin and opioids, and warm parental physical contact and affirmation. Many if not all the children will have experienced the opposite of this where their brain chemistry has been swamped by repeated high levels of cortisol, adrenaline and noradrenaline created by stressful situations.

Nevertheless every adult needs to appreciate the difference between appropriate and inappropriate touch, and to be aware of touch which poses as therapeutic, but which is actually being used to satisfy the practitioner's need for contact rather than that of

the child's. Naturally adults have to be fully cognisant of touch that is invasive or which could be confusing, re-traumatising, or experienced as stimulating in any way whatsoever. Should any such touch be used, it would be deemed as the most serious breach of professional boundaries warranting disciplinary action.

Bearing in mind the specific context, the following guiding principles should apply:

- Specific programmes involving therapeutic physical contact will be considered through the PAN (Portfolio of Achievement and Need) process
- Given that a high proportion of children with emotional and behavioural problems may have experienced sexual and/or physical abuse, staff need to ensure that any physical contact is not misinterpreted.
- If at any time a child demonstrates verbally or otherwise that he is not comfortable with physical contact staff should respond immediately by ceasing that contact.
- There should be no general expectations of privacy for the physical expression of affection or comfort, although this may be appropriate in exceptional circumstances (e.g. bereavement)
- Staff need to be aware that different cultural factors may apply
- Age and maturity are factors to be considered in deciding appropriate physical contact
- Where a member of staff feels that it would be inappropriate to respond to a child seeking physical comfort, the reasons for denying this should be clearly explained to the child. The child should be comforted verbally as necessary.
- Children should be counselled with regard to socially appropriate/inappropriate times/places/situations to seek physical comfort
- Appropriate physical contact should be a focus of discussions with parents/carers and placing authorities through Personal Tutor (and Case Coordinator where necessary).
- If an embrace takes place, care should be taken to make it a 'sideways' cuddle wherever possible, sensitively and tactfully handled.
- The issue of Personal Contact in general should be raised in interviews and induction training for staff and discussed in staff development and supervision.
- Physical contact of any kind initiated by staff should be no more than is necessary to fulfil its purpose. For example, in comforting a young person in distress, such physical comfort should be the minimum necessary to assist the young person to regain composure and calm.

10.1 PERSONAL CARE

There may be occasions when staff are involved in the intimate care of young people either because of the young person's age or level of functioning. For example it may be necessary for staff to supervise the running of a bath with particular regard to temperature and safety. If a young person asks for help when bathing this should take the form of verbal instruction, prior to the young person going into the shower or bath.

Some young people may ask for help in washing their hair and this is acceptable providing that it is done over a sink or bath side. Any other bodily contact is not appropriate. Staff should never have any contact with a young person that may compromise them and allow misinterpretation of their intentions. If staff are in any

doubt about the appropriateness of their actions they should seek advice from a senior colleague

The following are examples of physical contact, which are unacceptable:

- Play fighting between staff and young persons,
- Over affectionate cuddles,
- Kissing, and
- Any contact likely to be interpreted as sexual in nature,

The kind of physical contacts likely to be acceptable include:

- Planned physical contact which is part of a bespoke therapeutic intervention
- Holding a hand in situations which might present fear or anxiety,
- Putting an arm around the shoulder of a young person in distress,
- Patting a young person on the back to display approval, and
- Reinforcing a verbal request to calm down with a physical prompt such as a hand on a shoulder.

(The list is intended to be illustrative and not exhaustive)

The following areas of activity have been identified as situations in which staff and young persons could be vulnerable:

- Being alone with a young person,
- Examining a young person in case of injury or illness,
- Physical contact arising out of social interactions with SEN young people,
- Touching with the intent of providing comfort, and
- Physical contact initiated by a young person.

In order to minimise the risks in these sensitive areas, the following procedures should be adopted:

- All reasonable measures should be taken to avoid being alone with a young person. However, there are many circumstances where this will not be possible. In such circumstances, ensure that a colleague knows your whereabouts and the proposed duration of your 1:1 work.
- Physical examinations of young people are a sensitive area. Some young people may understandably not want an ‘audience’ of more than one adult and would prefer such examinations, (e.g. a rash on the upper part of the thigh), to happen in private with an adult they know and trust. Adults should base their approach on their previous knowledge of the child and safeguard themselves by alerting other adults to when such examinations are taking place. Intimate examinations should, under no circumstances, be carried out by members of staff, but should be done by medical practitioners.
- In the case of a distressed young person seeking physical contact this should be kept to the minimum necessary to fulfil the purpose of the young person regaining composure and calm.
- When inappropriate physical contact is initiated by a young person staff should seek to disengage from the situation as soon as is possible. In seeking to disengage, staff may need to signal their disapproval of the inappropriate

contact. This should be done consistently, i.e. irrespective of which young person has initiated it and on *all* occasions of inappropriateness. It is possible to disengage from such physical contact without signalling rejection of the young person or their affectionate intentions.

There may be some young people for whom any physical contact is particularly unwelcome. For example, some young people may be particularly sensitive to physical contact because of their cultural background or because they have been abused. It is important that all staff have an awareness of these young people. Staff should bear in mind that even innocent and well-intentioned physical contact could be misconstrued. If staff believe their intentions have been misconstrued they should immediately seek to discuss this with a senior colleague.

10.2 CARE AND CONTROL

Detailed advice concerning positive management of behaviour, physical intervention and restrictive physical intervention is contained in other comprehensive policy and practice documentation and is a substantial component of staff induction and training.

To this end the Team Teach Approach is used for staff training purposes. This training complies with statutory guidance and has been awarded a National Training Award. It is affiliated to The General Services Association and has been accredited by the British Institute of Learning Disabilities and The Institute of Conflict Management.

SES has intermediate and advanced instructors available on both sites.

(See also the "Positive Management of Behaviour Policy and Practice" document)

10.3 1:1 WORKING

Another area that has been identified as where both adults and young persons could be potentially vulnerable is that of being alone in a 1:1 situation. To ensure a naturalised domestic living situation one to one working is not only in reality unavoidable, it is also necessary to meet the complex needs of young people who have suffered a level of deprivation in respect of quality of attention and care from adults. We believe that a huge amount of invaluable work goes on in informal and planned 1:1 situations. Eliminating vulnerability for adult and child then becomes a matter of clarity of policy and professional practice.

The overriding principle is that wherever possible the child should feel that there is an appropriate naturalness about any situation unless there is a need through assessed risk to behave otherwise. Therefore, for example, virtually all internal room doors have fire doors with automatic closers fixed to them. Propping doors open will not only contravene fire safety regulations but also signals an institutionalism and lack of trust. A decision to prop a door open in this context must be temporary, risk related and explained to the child. Many community areas are open and easily observable.

All other precautions listed below should still be in place and observed.

These situations may fall into the following categories:

- natural, domestic living arrangements (e.g. watching TV with 2 children when one child leaves the room; cooking food in the kitchen, being invited to play a computer game by a child)
- planned 1:1 working required by casework (e.g. counselling re: family visit; talking a child through a behaviour programme, bespoke therapy, settle time, etc)
- Travelling to appointments, Doctors, Dentist, meetings, etc
- Accessing community or leisure facilities
- During the night

10.3.1 On Site: Natural Domestic Living

Due to the number of adults around at any one time, coupled with the open aspect of much of the house and site, it is highly likely that there will always be a at least a second adult in proximity, however there are circumstances where this might not be the case.

In such circumstances, staff are to ensure that a colleague knows the location and the proposed duration of any 1:1 time. Staff should always work in such a way that others know their whereabouts.

Particular note should be made of the individual child's Risk Assessment and advice can and should be sought from the duty DCM or Head of Education if staff are unsure of policy and practice.

10.3.2 Planned 1:1 Working Agreed As A Part of Casework

This type of working can only take place when a casework decision has been made via a PAN Meeting to offer or instigate 1:1 work, e.g. a bespoke therapy session. 1:1 time may be agreed as part of a wider behavioural programme, e.g. as part of assisting a settle routine where dedicated adult attention (as illustrated by story reading) is required. Any decisions of this kind are taken by a group of adults usually with consultant support. They will be clearly planned and time related with a review procedure built in.

10.3.3 Attending Meetings/Appointment with a Young Person

There may be occasions when staff will be asked to take a young person to a meeting or an appointment. Staff should make sure they are aware of the following:

- Carry a mobile phone with a contact number for colleagues if needed

- Ensure you are aware of Risk Assessments and any current contextual information from the duty DCM or Head of Education

- Follow the procedures for using the home's vehicle/own vehicle for transporting young people

10.3.4 Accessing Learning, Community or Leisure Activities

In order to address issues of institutionalisation it is good practice for young people to access learning, community and leisure facilities either individually or in small groups. In order to minimise risks the following guidance should be observed.

- Carry a mobile phone making sure you have a contact number for a colleague, in case you require assistance whilst out

- Ensure you have fully informed colleagues (e.g. duty DCM or Head of Education) where you are going, who you have taken out, what time you left and your expected return time, and follow signing out procedures

- Ensure you have the necessary knowledge, skills and where appropriate qualifications to safely participate in the activity

- All staff should ensure that appropriate planning documentation and risk assessments (if applicable) are completed prior to the activity taking place.

- Follow the procedures for using the home's vehicle/own vehicle for transporting young people

10.3.5 During the Night

It is already clear in policy guidance that adults should ensure the home is settled before retiring for the night themselves.

Each young person's bedroom door is alarmed, with the primary purpose of ensuring they can be adequately nurtured and cared for should they require support in the night. Additionally, the alarm system ensures young people are safeguarded at all times when in their bedrooms, allowing staff to know their specific whereabouts. The door alarm system allows SES to create a domestic nurturing home environment where both children and adults sleep during the night without the need for a waking team; this promotes the welfare of young people and facilitates a normal family experience. It also serves as a reassuring communication system for a child that is anxious or needs adult support. The children know that by simply opening and closing their bedroom door an adult is alerted and would come to check how they are.

The young person's placing authority are informed of bedroom door alarms as part of the admission process, with regular reviews of individual appropriateness included within the young person's daily care.

It would appear heavy handed and signal a lack of trust if an adult awoken by a bedroom door alarm were to have to alert a second adult just to safeguard

a child going to the toilet and returning to bed. However there are three adults on site at Avocet House all linked by telephone, who can be alerted where the need for mutual support, or the risk assessment, require their presence.

At times of heightened and demonstrable need, arrangements can be in place to raise two adults, or in extreme cases of having a waking watch in addition to a sleeper-over.

A Night Time Disturbance Log is kept as part of the Daily Log to record issues arising outside the normal settle times i.e. once children have gone to sleep, approximately after 1100 and before 0600 when adults rise. This log is completed to give key details of, and reasons for, the disturbance.

11 CODE OF PROFESSIONAL PRACTICE

11.1 INTRODUCTION

There is a statutory responsibility on all schools and colleges. **"Keeping children safe in education: Statutory guidance for schools and colleges" clearly states:**
Safeguarding policies should include,

"…..a staff behaviour policy (sometimes called the code of conduct) which should amongst other things include – low level concerns, allegations against staff and whistleblowing, acceptable use of technologies (including the use of mobile devices), staff/pupil relationships and communications including the use of social media."

This clearly relates to all adults not just care workers. The following seven international ethical principles underpin SES expectations of all adults:

Seven International Ethical Principles for People Working with Children and Young People *(The International Child and Youth Care Network)*

It is the professional responsibility of each childcare worker to:

1. Value and respect each child or young person as an individual in their own right, in their role as a member of their family, and in their role as a member of the community they live in;

2. Respect the relationship of the child or young person to their parents, their siblings, other members of their family and other significant persons, taking account of their natural ties and interdependent rights and responsibilities;

3. Facilitate the optimal growth and development of each individual child or young person to achieve their potential in all aspects of functioning;

4. Help each child or young person for whom they bear responsibility by preventing problems where possible, by offering protection where necessary,

and by providing care and rehabilitation to counteract or resolve the problems faced;

5. Use information appropriately, respecting the privacy of children and young people, maintaining confidentiality where necessary, respecting the right of children and young people to be informed of matters concerning themselves, and avoiding the misuse of personal information;

6. Oppose at all times any form of discrimination, oppression or exploitation of children and young people, and preserve their rights;

7. Maintain personal and professional integrity, develop skills and knowledge in order to work with competence, work co-operatively with colleagues, monitor the quality of services, and contribute to the development of the service and of policy and thinking in the field of childcare.

All other standards expected of workers with children stem from these seven clauses.

11.2 SES EXPECTATIONS OF ADULTS

There are specific references to the expectations of adults working for SES throughout a range of policy and practice documents. Below are examples of where they are to be found. However, these are not exclusive as virtually all policy and practice documents refer either directly or indirectly to operational and professional practice expectations.

11.2.1 SES Code of Conduct Agreement:

1. **Prioritise Safety**: I will create a physically and emotionally safe environment for all children and colleagues. I will be attentive to the needs and experiences of others and strive to ensure that every interaction promotes a sense of security.
2. **Practice Empathy**: I will approach every situation with empathy and understanding. I will listen actively to the concerns of children and colleagues, recognising the impact of their experiences and feelings.
3. **Embrace Authenticity**: I will be genuine in my interactions, demonstrating honesty and transparency. I will professionally share my true self while respecting the individuality of others.
4. **Foster Positive Relationships**: I will build and maintain positive, trusting relationships. I will use constructive communication and show appreciation for the efforts and achievements of others.
5. **Supportive Engagement**: I will engage with children and colleagues with sensitivity and patience. I will be proactive in offering support and encouragement, understanding that each person's journey is unique.
6. **Reflect and Adapt**: I will reflect on my practices and be open to feedback. I will adapt my approach as needed to better meet the needs of those I support.
7. **Avoid Harm**: I will avoid behaviours that could be perceived as humiliating, shaming, or punitive. I will seek to address issues with

compassion and respect, ensuring that all interactions contribute to positive outcomes.

8. **Self-Awareness**: I will maintain self-awareness and recognise my own emotional responses and biases. I will strive to understand how my behaviour and reactions may impact others and take responsibility for my actions.
9. **Professional Boundaries**: I will establish and maintain clear professional boundaries in all interactions. I will ensure that my relationships with children and colleagues are respectful, appropriate, and focused on their well-being and development.

11.2.2 From the core standards, again applying to all adults irrespective of role:

Personal and Professional Conduct

1 To role model and maintain professionally high standards of ethics and behaviour, within and outside Avocet and Turnstone House
2 Treat young people with dignity, building relationships rooted in mutual respect, and at all times observing proper boundaries appropriate to a professional position
3 To implement at all times the safeguarding of young people in accordance with their risk assessments and the companies policies and procedures
4 Showing tolerance of and respect for the rights of others
5 Not undermining fundamental values, policies and practice of the company
6 Demonstrate mutual respect and tolerance of those with different faiths, beliefs and orientations in accordance with equal opportunities
7 Ensuring that personal beliefs are not expressed in ways which exploit young people's vulnerability or might lead them to break the law
8 Adults must have proper and professional regard for the ethos, policies and practices of SES, maintaining high standards in their own attendance and punctuality
9 Adults must have an understanding of, and always act within, the statutory frameworks which set out their professional duties and responsibilities

11.2.3 From the "Acceptable use of Technology Policy and Practice" document

Section 6.1: Unacceptable Behaviour

Section 6.3: Electronic Communication Between Staff and Students

Section 6.4: Social Networking Sites

11.2.4 From the "Leadership and Management in the Deputy Care Manager Role" document

Section 2.6: DCM Code of Conduct

11.2.5 From the "Management of Allegations and Concerns Regarding the Professional Conduct of Adults in Relation to Child Protection: Policy and Practice" document

Appendix B: What is Acceptable Behaviour by Adults Towards Children

As part of staff induction, SES also expects all adults to understand the 'Guidance for safer working practice for those working with children and young people in education settings, February 2022'. The content of this guidance is discussed in the context of SES policy and practice, with any specific differences highlighted in the training.

Working outside of the above expectations raises the possibility of concerns and/or allegations being raised about the conduct of an adult.

(See also "The Management of Allegations and Concerns Regarding the Professional Conduct of Adults in Relation to Child Protection: Policy and Practice" document)

12 CONTACT WITH UNAUTHORISED PERSONS

The very nature of the young people, all of whom have special educational needs often characterised by learning difficulties, poorly developed social skills, emotional vulnerability and impulsivity which can lead to poor decision making, places our children at particular risk. There is a delicate balance between protecting children and promoting independent and self-help skills. Staff need to consider carefully the risks involved and the level of supervision and support required in activities where young people engage with members of the public both in person and also electronically via the Internet or telephone. Staff must always be vigilant for those who may seek to take advantage of or exploit the young people in their care.

Any contact by unauthorised persons should always be reported immediately to the duty DCM, who will decide what, if any, action is required. Reports should always be taken seriously and investigated.

13 RISK ASSESSMENT

- In addition to individual risk assessments on each child, the physical premises and site undergo a similar scrutiny in light of potential risk and supervision.
- In the case of child protection risk assessment will identify areas where supervision is difficult, where unauthorised visitors may access the premises, and times when young people may be more vulnerable.
- The assessments will also consider identifying areas where staff may become vulnerable to allegation, e.g. being alone with children.
- An Appropriate and Suitable Location Review is conducted each calendar year to ensure that the premises used for the purposes of the home are located so that children are effectively safeguarded (Children's Home Regulations 2015, Reg.46)

(See also the "SES Risk Assessment Policy and Practice" document)

14 CREATING AND MAINTAINING A 'SAFE' ENVIRONMENT

At all times staff should, through good professional practice, seek to:

- create a listening environment
- create a 'no secrets' environment
- become a 'telling' environment
- create an environment where there is respect and care demonstrated to others
- help young people to feel confident to ask for help when they need it.

Preventative education is most effective in the context of a whole establishment approach that prepares children for life in modern Britain and creates a culture of zero tolerance for sexism, misogyny/misandry, homophobia, biphobic and sexual violence/harassment. SES have a clear set of values and standards underpinned by the SES Way. Children are taught about safeguarding through a combination of a personalised approach and group opportunities. This may include covering relevant issues through a range of means, including, PSHEE, Relationships and Sex Education, tutorials, personalised planning (such as specific twenty-four hour curriculum) and sharing views on individual risk assessment and personal progress. The teaching and learning is developed to be age and stage of development appropriate (especially when considering the needs of our children) and covers issues such as:

- healthy and respectful relationships
- boundaries and consent
- stereotyping, prejudice and equality
- body confidence and self-esteem
- how to recognise an abusive relationship, including coercive and controlling behaviour
- the concepts of, and laws relating to- sexual consent, sexual exploitation abuse, grooming, coercion, harassment, rape, domestic abuse, so called honour-based violence such as forced marriage and Female Genital Mutilation (FGM), and how to access support
- what constitutes sexual harassment and sexual violence and why these are always unacceptable.

14.1 THE PORTFOLIO OF ACHIEVEMENT AND NEED

The Portfolio of Achievement and Need (PAN) refers to the process of overall planning to support a child's learning and development at each establishment. In all aspects of the PAN process staff will have regard to specific learning opportunities which may help young people to protect themselves and each other from abuse, and from becoming abusers themselves.

All staff have a collegiate responsibility to enable young people to:

- gain an understanding of human development and relationships

- help promote good parenting through discussing issues about child development and childcare
- build up self-esteem by experiencing a positive learning environment where they are encouraged and offered opportunities to succeed
- learn to solve problems and deal with a range of challenging situations
- develop in a supportive environment where everyone is valued and respected
- express emotions and feelings, and deal respectfully with the emotions and feelings of others.

14.2 ENSURING E-SAFETY AND SECURITY *(Online Safety)*

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. SES employ a holistic approach to online safety that aims to protect and educate the whole community in their use of technology and has established mechanisms to identify, intervene in, and escalate any incident where appropriate. Due to the number of young people at Avocet House, most systems and processes are highly personalised to meet individual needs.

Safeguarding training supports adults to understand the breadth of issues classified within online safety, categorised into four areas of risk:

- Content - being exposed to illegal, inappropriate or harmful content; for example, pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- Contact - being subjected to harmful online interaction with other users; for example, peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes'.
- Conduct - personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- Commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams. If you feel your pupils, students or staff are at risk, please report it to the Anti-Phishing Working Group.

SES has a remote E-Safety monitoring system as well as the standard in house filtering and monitoring systems regarding appropriate use and safety.

- Methods to quantify and minimise the risk will be reviewed formally, and remain under continual scrutiny in liaison with the ISP.
- SES will work with the Internet Service Provider and Safety Management System to ensure systems to protect children are regularly reviewed and improved, and meet the DfE filtering and monitoring standards.
- Children will be assigned an appropriate level on the Kerio E-Safety system (these are currently lead, bronze, silver and gold and the level of access for each can be found on the internal network).

- Staff will check that the sites selected for child use are appropriate to the age and maturity of children.
- Access levels will be reviewed as children's Internet use expands and their ability to retrieve information develops.
- SES, its staff, parents, placing authorities and external advisers will work to establish agreement that every reasonable measure is being taken.
- The Principal will ensure that this policy is implemented effectively.
- The Registered Manager (LDPCP)will act as the lead professional for e-safety related concerns and issues.
- The senior management team will complete an annual audit of e-safety within the home and Learning Centre (see appendices).
- Each child will have an IT related section within their individual risk assessments and daily care.
- Regular checks will be established for all children incorporating all of their devices, at intervals appropriate to their individual needs (see section 5.7).
- All children will sign a technology contract drawn up by their key team of adults.
- All new devices issued to or owned by children will be set up/checked to ensure that age restrictions/permissions are in place where necessary.
- New technologies are embraced as a potential learning opportunity but assessed for risk on an ongoing basis.
- Children will be informed of their responsibilities.
- Children will be informed that checks can be made on files held on the system.
- When copying materials from the Web, children will observe copyright.
- Children will be made aware that the writer of an E-mail or the author of a Web page may not be the person claimed.
- Children will be taught to expect a wider range of content, both in level and in audience, than is found in a library or on TV.
- All children's machines will undergo regular monitoring to ensure appropriate internet use, at intervals appropriate to each child.
- Monitoring of social networking usage will be part of the regular monitoring process.
- The Principal will monitor the overall effectiveness of Internet access strategies. This will be achieved through a combination of a commercial remote monitoring system and in house systematic monitoring.
- Personal Tutors and Link Tutors will be trained in systematic checking of the children's computers and other items that have Internet capability or the provision to transfer information and/or pictures. These checks will be at the intervals set in the individual child's Daily Care. It is ultimately the Personal Tutor's responsibility to ensure the monitoring is carried out. These checks will be recorded on the Technology Monitoring Record Sheets, stored in case files and on the SES network (see appendices)
- Monitoring may move to a more infrequent sample monitoring for individuals with an extended track record of responsible use.
- The senior management team and system administrator will ensure that regular checks are made on files to monitor compliance with this policy.

Staff need to be alert to possible Cybercrime, criminal activity committed using computers and/or the internet. It is broadly categorised as either 'cyber-enabled' (crimes that can happen off-line but are enabled at scale and at speed on-line) or

'cyber dependent' (crimes that can be committed only by using a computer). Cyber-dependent crimes include:

- unauthorised access to computers (illegal 'hacking'), for example accessing as the SES network to look for test paper answers or change grades awarded;
- denial of Service (Dos or DDoS) attacks or 'booting'. These are attempts to make a computer, network or website unavailable by overwhelming it with internet traffic from multiple sources; and,
- making, supplying or obtaining malware (malicious software) such as viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence, including those above.

Children with particular skill and interest in computing and technology may inadvertently or deliberately stray into cyber-dependent crime. A referral to the Cyber Choices programme may be appropriate

If there are any concerns in this area, they should be reported to the DPCP.

(See also the "Acceptable Use Of Technology Policy and Practice" document)

14.3 CHILD ON CHILD ABUSE

Through induction training all staff are made aware of the safeguarding issues that can manifest themselves via child on child abuse. Staff are made aware that children can abuse other children, and that it can happen both inside and outside of Avocet House and online. All staff understand that even if there are no reports in of child on child abuse, it does not mean it is not happening and it may be the case that it is just not being reported. As such it is important if staff have any concerns regarding child on child abuse they should speak to a DPCP.

It is essential that all staff understand the importance of challenging inappropriate behaviours between children, many of which are listed below, that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter". "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it. All staff should have a zero-tolerance approach to such abuse.

Child on child abuse is most likely to include. But may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying);
- abuse in intimate personal relationships between children;
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);
- sexual violence, such as rape, assault by penetration and sexual assault;(this may include an online element which facilitates, threatens and/or encourages sexual violence);
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse;

- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- consensual and non-consensual sharing of nudes and semi nudes images and or videos (also known as sexting or youth produced sexual imagery);
- upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

In order to respond to concerns of child on child abuse, adults will need to refer to the Anti-bullying Policy and Practice document, the Positive Management of Behaviour Policy and Practice document, and the Appropriate Use of Technology Policy and Practice document, depending on the nature of abuse. The procedure for dealing with child on child abuse will depend on the nature of the abuse and circumstances where it occurred. Examples are:

- Bullying related abuse – SES Bullying Concern Form
- Racial abuse – Racist Incident Form
- Physical violence and abuse – Restorative processes (potentially linked to incident records, young person response forms)
- **In a situation where child abuse is alleged to have been carried out by another child, the child protection procedures should be adhered to for both the victim and the alleged abuser; that is, it should be considered a child-care and protection issue for both children.**

Regular opportunities exist for community discussion with the children and young people, such as house meetings. All young people also have monthly meetings with personal tutors where they can raise issues, including potential abuse by peers. Educating young people about appropriate peer interactions is a feature of our personalised learning curriculum for all children.

14.3.1 Child on Child Sexual Violence and Sexual Harassment

The sexual abuse of children by other children is a specific safeguarding issue, covered in detail in appendix D.

14.4 CONTEXTUAL SAFEGUARDING

Safeguarding incidents and/or behaviours can be associated with factors outside of Avocet House and/or can occur between children in the local or wider community. Due to the personalised planning and detailed risk assessment for each young person living within Avocet House, all staff constantly monitoring the context within which such incidents or behaviours occur. Where environmental factors present a risk or threat within the young person's daily care, these extra-familial harms must be assessed using the standard SES risk assessment procedures. SES children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate

relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines, and radicalisation.

14.5 SERIOUS VIOLENCE

All staff should be aware of indicators, which may signal that young people are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in well being, or signs of assault or unexpected injuries. Unexplained gifts or new possessions could also indicate that young people have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

All staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Advice is also provided in the Home Office's guidance 'Preventing youth violence and gang involvement '

15 STAFF RECRUITMENT AND SELECTION

SES has in place a series of systems and checks that assist in the safe recruitment and selection of staff. All staff are subject to a Disclosure and Barring Service check at the enhanced with barred list level. Candidates must provide proof of identity through official documents and qualifications and references are checked for authenticity.

All staff must provide a full employment history with any gaps fully explained and all appointments will be subject to references having being received and checked. The Registered Manager/Head of Education verifies all references that have involved previous employment within children or vulnerable adults. Referees will be reminded that references must not contain any material mis-statement or omission relevant to the suitability of the applicant.

Even the most careful selection process cannot guarantee the suitability of candidates and all new appointments will be subject to a probationary period. On commencement of duties all staff participate in the Staff Support and Development Programme, which provides regular, planned and supportive supervision, guidance and development opportunities.

Directors, Principals, Registered Managers, Heads of Education, Heads of Care all attend the local authority Safer Recruitment Training. Deputy Care Managers are offered this training as part of their professional development at an agreed timescale, although this is not deemed mandatory.

Specialist Education Services holds a Single Central Record (SCR) for those employed or engaged with the establishment. This document forms an integral part

of the recruitment and selection policy and forms part of the overall safeguarding measures. This is maintained in line with the Keeping Children Safe in Education 2024 statutory guidance.

[See also the "Recruitment and Selection Policy and Practice" document]

16 SAFEGUARDING AND CHILD PROTECTION TRAINING

Specialist Education Services is committed to the training and updating of designated staff as a priority, with refreshers at 2 yearly intervals, overseen by the LDPCP. All staff (full-time and part-time) will have access to basic safeguarding training as part of their induction process and will undertake suitable refresher training annually in line with the Keeping Children Safe in Education guidelines.

As part of the induction training it is important that all risk areas are considered with regards to keeping Young People safe; this covers a comprehensive range of areas:

- What is Child Protection? A brief look at SES Safeguarding Policy and the linked portfolio of other policies (e.g. Positive Management of Behaviour)
- SES expectations of adults with regard to professional conduct
- The safeguarding response to children who go missing from care and education
- Role of the Norfolk Safeguarding Children Partnership (NSCP), Children's Advice and Duty Service (CADS) and the Multi Agency Safeguarding Hub (MASH)
- Signs and Symptoms of Abuse
- Early Help process and section 17 and 47 referrals
- Recognising responding to a disclosure
- The Role of the LDPCP and other DPCP
- Whistleblowing procedures and policy
- Child Sexual Exploitation & Teenage Pregnancy
- Honour Based Violence & Female Genital Mutilation
- Modern slavery and Child Trafficking
- Radicalisation & Prevent Duty
- Child Criminal Exploitation: County Lines and Serious Violence
- E-Safety (online safety), including sending of nudes and semi nudes
- Filtering and monitoring systems for online safety
- Child on Child Abuse
- Sexual violence and sexual harassment between children
- Essential Government Safeguarding Documents

Staff must read and understand Keeping Children Safe In Education Part one and Annex A, as well as this Safeguarding and Child Protection Policy in full.
The primary aim of this training is to raise awareness amongst all staff in relation to safeguarding and child abuse in order to equip them with relevant knowledge and skills which will enable them to recognise and respond to child protection issues, and enable them to implement this policy. They must also be able to recognise how this training is implemented to protect Young People on a daily basis through the care planning process.

Personal Development happens through opportunities to:

- examine the values and attitudes underlying concerns about child abuse
- identify personal values and attitudes to child abuse, e.g. Am I aware of my personal prejudices? Will I transfer them to the child or young person? Will this affect my ability to function effectively in this situation?
- explore personal feelings about cases of abuse.

Adults have a responsibility to ensure young people are taught about safeguarding, including online, through teaching and structured learning opportunities. This may include covering relevant issues through a range of means, including, PSHEE, Relationships Education and Relationships and Sex Education, tutorials, personalised planning (such as specific twenty four hour curriculum) and sharing views on individual risk assessment and personal progress.

17 PORTFOLIO OF OTHER POLICY AND PRACTICE DOCUMENTATION THAT CONTRIBUTE TO THE SAFEGUARDING PROCESS

In a high quality organisation there will be a wide range of policy documents and practice issues that underpin the holistic safeguarding process. No one of these documents and associated practice and procedures can in themselves illustrate the complete picture.

Some of these policies and guidance has been signposted throughout this document. Each policy referenced in the text above or the list below can be seen in detail on the establishment's internal network and every staff member has their own personal copy on their laptop.

- Children Missing from Care and Education Policy and Practice Document
- Access and Visitors Policy and Practice Document
- Anti Bullying Policy and Practice Document
- Policy and Practice For The Disclosure Of Information In The Public Interest (Whistle Blowing)
- Complaints and Representations Policy and Practice
- Grievance, Capability and Disciplinary Procedures
- Health and Safety Policy and Practice Document
- Recruitment and Selection Policy and Practice
- Regulation 44 and 45 Procedures and Supporting Guidance
- Notification Of Significant Events Policy and Practice
- Critical Incident Policy and Practice
- Personal, Social, Health and Economic Education Policy and Practice
- Educational, Social and Leisure Visits and Activities Policy and Practice
- The Management of Allegations and Concerns Regarding the Professional Conduct of Adults in Relation to Child Protection: Policy and Practice
- Appropriate and Suitable Location Review for Avocet House
- Relationships and Sex Education, and Health Education Policy (Health and Safety Policy - section 25)
- Relationships and Sex Education Policy and Practice (Curriculum)

The following national guidance should also be read in conjunction with this policy:

- What to do if you're worried a child is being abused: Advice for practitioners March 2015
- Working Together to Safeguard Children December 2023
- PREVENT Strategy HM Government 2023
- Keeping children safe in education: Information for all school and college staff September 2024 (Part 1)
- Keeping Children Safe in Education September 2024
- Sharing nudes and semi-nudes: advice for education settings working with children and young people Updated March 2024
- Teaching Online Safety in Schools January 2023
- Preventing youth violence and gang involvement (Home Office)
- Criminal Exploitation of children and vulnerable adults: County Lines Updated October 2023

All staff have a responsibility for monitoring its effectiveness. All designated members of staff have a particular responsibility, (and the Lead Designated Person a specific responsibility), for monitoring and evaluating our use of child protection procedures and the degree to which each house is safe, welcoming, supporting and a listening and telling environment.

APPENDIX A

Role of the Lead Designated Person for Child Protection (LDPCP) (and the Deputy LDPCP in their absence)

Manage Referrals

- Refer cases of suspected abuse or allegations to the local authority children's social care as required, and other relevant investigating agencies and support staff once referrals are made to local authority children's social care.
- Refer cases to the Channel programme where there is a radicalisation concern as required and support staff who make referrals to the Channel programme.
- Potentially refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required in consultation with the Principal.
- Following discussion with senior leadership, refer cases where a crime involving safeguarding may have been committed to the police as required.

Working with others

- Act as a source of support, advice and expertise for all staff.
- Act as a point of contact with the safeguarding partners.
- Liaise with the Principal to inform him/her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- As required liaise with the local area designated officer (LADO) for child protection concerns in cases which concern a staff member.

- Liaise with staff on matters of safety and safeguarding and welfare (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies so that children's needs are considered holistically.
- Liaise with Principal to inform him/her of any issues and ongoing investigations and ensure there is always cover for this role.
- Promote supportive engagement with parents and/or carers in safeguarding and promoting the welfare of children.
- Work with the Head of Education and relevant strategic leads, sharing lead responsibility for promoting educational outcomes by knowing the welfare, safeguarding and child protection issues that children are experiencing.

Raising Awareness

- Ensure each member of staff has access to, and understands, the establishment's child protection and safeguarding policy and procedures, especially new and part time staff.
- Ensure the establishment's child protection and safeguarding policy is reviewed annually and procedures and implementation are updated and reviewed regularly, and work with the Principal regarding this.
- Ensure the child protection and safeguarding policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the establishment in this.
- Link with the safeguarding partner arrangements to make sure staff are aware of training opportunities and the latest local policies on local safeguarding arrangements.
- Help promote educational outcomes by sharing information about the welfare, safeguarding and child protection issues that children are experiencing.

Training, knowledge and skills

The LDPCP (and deputy) will complete training to provide them with the knowledge and skills required to carry out the role, updated every two years. As a minimum this will include –

- Safeguarding in Education – Designated Lead
- Lead Designated Person for Child Protection
- Prevent
- Family Support Process

The LDPCP is expected to refresh their knowledge and skills annually through e-bulletins, meeting other DSLs or reading latest developments, to allow them to:

- Understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children's social care referral arrangements
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Understand the importance of the role the LDPCP has in providing information and support to children social care in order to safeguard and promote the welfare of children.

- Understand the lasting impact that adversity and trauma can have, including on children's behaviour, mental health and wellbeing, and what is needed in responding to this in promoting educational outcomes;
- Be alert to the specific needs of children in need, those with special educational needs and disabilities (SEND), those with relevant health conditions and young carers.
- Understand the importance of information sharing, both within the establishment, and with the safeguarding partners, other agencies, organisations and practitioners;
- Understand and support the requirements with regards to the Prevent duty and provide advice and support to staff on protecting young people from the risk of radicalisation.
- To understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep young people safe whilst they are online, including SES filtering and monitoring systems.
- To recognise the additional risks that young people with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND young people to stay safe online
- Obtain access to resources and attend any relevant or refresher training courses.
- Ensure all staff have induction training covering safeguarding and child protection and are able to recognise and report any concerns immediately they arise.
- Plan and implement annual safeguarding and child protection training for the establishment
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the establishment may put in place to protect them.

Providing support to staff

- Ensure that staff are supported during the referrals processes.
- Support staff to consider how safeguarding, welfare and educational outcomes are linked, including to inform the provision of academic and pastoral support.

Understanding the views of children

- Facilitate a culture of listening to young people and take into account their wishes, and consider the feelings amongst all staff in any measures that the establishment may put in place to protect them.
- Understand the difficulties that children may have in approaching staff about their circumstances and consider how to build trusted relationships which facilitate communication.

Holding and sharing information

- Understand the importance of information sharing, both within the establishment and with other schools, colleges and establishments, and with safeguarding partners, other agencies, organisations and practitioners.
- Where children leave the establishment ensure their child protection file is copied for new establishment as soon as possible but transferred separately from the main file.
- Be able to keep detailed, accurate, secure written records of concerns and referrals and understand the purpose of this record keeping.
- Understand the relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the UK GDPR.

APPENDIX B

DPCP Checklist In The Event Of A Disclosure/Concern

- Listen to the concern being expressed

- If necessary instruct the member of staff expressing the concern to complete a Disclosure form clearly outlining the disclosure or the concerns and reasons for them. This must be dated and signed.

- Ensure the immediate safety of the child or young person.

- Consult with the Registered Manager (LDPCP), or in their absence the Head of Care (Deputy LDPCP); if for any reason this is not immediately possible proceed as designate to the SES Principal.

- Inform the NSCP Child Protection Team initially by telephone through CADS. They will from then on provide advice and assistance and will be responsible for co-ordinating the further conduct of the case, including the involvement of MASH if deemed appropriate and necessary.

- If the alleged abuse or staff's concerns are directly linked with the young person's home life, then Norfolk Social Services Child Protection Team will pass the case over to the Child Protection Team in the child or young person's home area.

- Take no further action without first consulting the Child Protection Team. Keep them informed of any further developments.

- It is the responsibility of the Lead Designated Person (or their designate) to inform the appropriate responsible officer for the child's home district without delay. If the child or young person's home district is within Norfolk, the relevant responsible officer should be notified of the circumstances of the case.

- Immediately notify Ofsted of a Child Protection referral by completing an Online Notification of Significant Events form. Print the completed Notification of significant events form for the child's file. Ofsted is informed of the instigation and outcome of any child protection enquiry.

- Make an entry in the Notification of Significant Events book.

- Following the resolution of a CP referral an online **Resolution Form** must be completed by the Case Co-Ordinator and will automatically be sent to Ofsted.

- Log all contacts and updates on the internal Child Protection timeline and update the child protection file in full.

- If there is an allegation made against a member of staff, this must be referred directly and immediately to the Lead Designated Person who will involve the Principal.

APPENDIX C

SIGNS AND SYMPTOMS OF ABUSE

The following is a list of signs and symptoms as it appears in the current NSCP procedures, and KCSIE. Staff should familiarise themselves with these and be aware of them.

This appendix is intended to help staff that come into contact with child abuse. It should not be considered as a comprehensive or definitive list, nor does the presence of one or more factors give proof that child abuse has occurred. It may however, indicate that careful investigation should take place.

1 PRESENTATION OF AN INJURY

There are certain parental responses, which are known, by research and experience, to suggest a cause for concern. These include:

1.1 An unexplained delay in seeking treatment that is obviously needed, or it is sought at an inappropriate time;

1.2 A lack of awareness or denial of any injury;

1.3 Incompatible explanations are offered

or;

The child is said to have acted in a way that is not appropriate to its age and development

or;

Several different explanations are offered:

(N.B. The child and/or other members of the family may support the explanations, however improbable)

- A reluctance to give information, or failure to mention previous injuries known to have occurred. Conversely, some parents are over-compliant in their response to questioning;
- The family has attended Accident and Emergency departments, unusually frequently, with appropriate and inappropriate requests for attention;
- A constant presentation of minor injuries, which may represent 'a cry for help', which, if ignored, may lead to more serious injury. Attention may be sought for other problems unrelated to the injury, which may not even be mentioned;
- Unrealistic expectations of the child, or constant complaints about the child. Parents may show a violent reaction to a child's naughty behaviour;
- Consent for further medical investigation is refused;
- The parents are drunk or under the influence of drugs or cannot be found;
- The parents ask for the child to be removed from home or indicate difficulties coping with the child.

2 PHYSICAL INJURY

This part is of particular relevance to doctors but also offers a lay person's guide to the more common injuries found in cases of child abuse. Some injuries may seem insignificant by themselves, but repeated injuries, even of a very minor nature, especially in a baby or young child, may be symptomatic of child abuse and, if no action is taken, the child may be injured more seriously.

2.1 BRUISES

- Petechial haemorrhage (pin-point haemorrhage of the face and neck can indicate a serious shaking injury).
- Multiple subungual haematomas (haemorrhages under fingernails).
- Black eyes- particularly suspicious if both eyes are black (most accidents cause only one), if the lids are swollen and tender and if there is no bruising to the forehead or nose. Black eyes can also be caused by blood seeping down from an injury above, e.g. a skull fracture - in these cases, there will be little lid swelling.
- Bruising in or around the mouth (especially in small babies where it can indicate force-feeding).
- Grasp marks on the arms, or chest, of a small child.
- Finger marks (e.g. three or four small bruises may be seen on one side of the face and one on the other.
- Symmetrical bruising on the ears – sometimes on the back of the ear.
- A direct impression or outline bruising (e.g. belt marks, handprints).
- Linear bruising (particularly on the buttocks or back).
- Bruising on soft tissue with no obvious explanation.
- Different age bruising.

N.B. most falls, or accidents, produce one bruise on a single surface, usually on a bony protuberance. A child who falls downstairs generally has only one or two bruises. Bruising in accidents is usually on the front of the body, as children generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall.

N.B. The following are uncommon sites for accidental bruising:

- Back, back of legs, buttocks (exception, occasionally, along the bony protuberances of the spine);
- Mouth, cheeks, behind the ear;
- Stomach, chest;
- Under the arm;
- Genital, rectal area (but ask if the child is learning to ride a bicycle);
- Neck.

N.B. Harmless "Mongolian blue spot" may be mistaken for fresh bruises in African or Asian children.

2.2 FRACTURES

- Any fracture which does not have a clearly accidental history.

- A vague history of “must have hit their head on the cot bars” or maybe “falling downstairs” will be suspect.
- Additional, unsuspected fractures of the ribs, long bones and skull may be revealed on x-ray.

Fractures should be suspected if there is pain, swelling and discolouration over a bone or joint. The most common non-accidental fractures are to the long bones (i.e. arms, legs, ribs). It is very rare for a child under one year to sustain a fracture accidentally. Fractures normally cause pain and it is difficult for a parent to be unaware that a child has been hurt.

2.3 JOINTS

A tender, swollen joint with a normal x-ray may require a further x-ray in two weeks, to reveal fracture of bleeding under the periosteum (lining of the bone).

Radiological signs which should arouse suspicion:

- Any fracture in a young child.
- Spinal fracture in a young child.
- Multiple fractures.
- Various stages of healing.
- Epiphyseal displacement.
- Metaphyseal fracture or fragmentation (chip fractures).
- Double contour lines of periosteum.
- Massive cortical thickening – this is a late sign.
- Avulsion of provisional zone of clarification.

2.4 MOUTH

Tear to the fraenulum often indicates force-feeding of a baby. There is often finger bruising on the cheeks or in and around the mouth. In addition, there may be linear grazing on the palate.

2.5 EYES AND BRAIN

- Retinal haemorrhage from chest compression or shaking.
- Bleeding into the anterior chamber of the eye.
- Subdural haemorrhage – suspect when presenting signs are vomiting; irritability; failure to thrive and/or minor weakness of arm and leg on one side – in the chronic case. Tense fontanelle, hypertonia, fits or pallor – in the acute case, these would present as very sick children.

2.6 VISCERA

Injuries to a solid or hollow viscous in a child may present as an acute abdomen with vomiting or with signs of shock, the child may show signs of acute abdominal tenderness, or of peritonitis.

2.7 POISONING

Ingestion of tablets, medicines, or domestic poisoning may not always be due to accidental carelessness. The child may present as being drowsy. Be particularly cautious of the parents are known to, or appear to, abuse drugs or alcohol.

2.8 HYPERNATRAEMIC

This can result from parents making over concentrated feeds out of ignorance, or malicious intent, or from withholding fluid from a child, or by the addition of salt to feeds. Hypernatraemic dehydration can arise accidentally, however, and this should be excluded.

2.9 BITES

These can leave clear impressions of marks of individual teeth, or sometimes a more general crescent-shaped mark. Human bites are oval or crescent shaped. If the distance is more than 3 cm across, they must have been caused by an adult or older child, with permanent teeth.

2.10 BURNS AND SCALDS

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule, burns or scalds with clear outlines are suspicious, e.g. a gloves and socks effect. So are burns of uniform depth over a large area. Also, splash marks about the main scald area (caused by hot liquid being thrown).

Remember also:

- A responsible adult checks the temperature of the bath before a child gets in.
- A child is unlikely to sit down, voluntarily, in too hot a bath and cannot scald its bottom accidentally without also scalding its feet.
- A child getting into too hot water of its own accord will struggle to get out again and there will be splash marks.
- Small round burns may be cigarette burns (but may be friction burns and accidental, if along the bony protuberances of the spine). It is sometimes felt difficult to differentiate between impetigo and cigarette burns – but generally impetigo is multiple and increases even during early stages of treatment. Cigarette burns also tend to have a characteristically dark, thick base.

2.11 SCARS

All children have scars, but notice should be taken if an exceptionally large number, particularly if of different ages and if accompanied by current bruising. Unusually shaped scars (e.g. old cigarette burns), or large scars (indicating burns that did not receive treatment), should be viewed suspiciously.

2.12 HONOUR BASED ABUSE

Honour Based Abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving “honour” often

involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

If there is any cause for concern in relation to HBA adults need to refer to the Safeguarding Policy and procedures.

3 NEGLECT AND FAILURE TO THRIVE

A child's growth and development may suffer when they receive insufficient food, love, warmth, care and concern, praise and encouragement or stimulation. Such children, when placed in a different environment, e.g. a hospital or a foster home, sometimes show rapid and dramatic improvement, but occasionally improvement may be slow owing to the child's inability to adjust to a regular diet. Neglect and failure to thrive will need a medical diagnosis but warning signs, apart from perhaps the child's neglected appearance, may include:

- A child who is short in stature and under-weight for their chronological age;
- A cold skin mottled with pink or purple;
- Swollen limbs with pitted sores which are slow to heal;
- The child's skin condition is poor, especially in the nappy area;
- Diarrhoea – caused by poor, or inappropriate, diet, irregular meals and tension;
- Abnormally voracious appetite (e.g. at school or nursery);
- Dry sparse hair;
- General physical disability;
- Unresponsiveness in the child, or indiscrimination in their relationships with adults – often seeking attention, or affection, from anyone;
- A child who stays frozen in one position for an unnaturally long time.

4 EMOTIONAL ABUSE

a) Emotional abuse can exist in the absence of physical ill treatment. A child's need for love, security, encouragement, praise and stimulation when unmet, can have a serious and sometimes irreparable effect on the child's development. Parents may be hostile, rejecting, indifferent, or, perhaps worst of all, inconsistent and unpredictable in their response to their child.
b) In some families, one particular child may be singled out for such treatment and even siblings encouraged to scapegoat their abused brother or sister. Some children may become household drudges, having to carry the burden of many tasks in the home, inappropriate to their age and status.
c) Some parents emotionally abuse their children by being seriously over-protective and possessive to the extent of preventing normal social contact and activity with friends. This may extend to refusing to allow their children to attend school, or reluctance on the part of the child to attend.
d) An environment in which domestic violence exists is highly abusive to all its victims and children in particular can be hurt and abused without being touched.

e) Emotional abuse is generally difficult to evaluate, and where it is suspected, it is advantageous to obtain psychological and psychiatric opinion as part of the child abuse assessment.

5 COMMON FAMILY CHARACTERISTICS

Certain family and social characteristics have been frequently noted in cases of child abuse. Again, their presence does not prove that an injury was non-accidental, nor does the absence of any of these characteristics mean there will be no cause for concern. The presence of a number of the following factors, however, will almost certainly indicate that the family is under great stress and in need of help, whether an injury has occurred or not.

The following are indicators for the need to be alert.

5.1 THE PARENTS.

- The parent's own childhood was deprived and they were subjected to abuse and often had a turbulent adolescence.
- They had a youthful marriage and mother had her first baby before she was twenty years old. There was poor preparation for parenthood and poor or non-existent antenatal care.
- The parents are young and immature.
- They are socially isolated and often mobile. Often they are antagonistic to authority figures and very sensitive to use of the support services.
- There is marital instability, trouble, or violence. A typical family structures are over-represented in research studies and one partner is likely not to be the parent of all the children.
- Father figures are often aggressive and rigid. Mothers often show depressive illness.
- Parental needs come before children's needs. Parents may show jealousy and rivalry towards the child. There may be unrealistic expectations of the child and ignorance of normal child development, leading to conflict in such areas as feeding, toilet training etc. They complain that the child cries a lot.
- The excessive use of alcohol, drug/substance abuse and a level of general criminality may be evident.
- The carer may have a history of mental health problems and non-compliance with treatment.

5.2 THE CHILD.

- The child was born prematurely, or was a delicate baby requiring extra attention. This may have led to the separation of mother and baby following the birth.
- The child was a result of an unwanted pregnancy.
- The child is seen realistically, or unrealistically, as a problem (difficult feeder, slow toilet trainer, control problems, learning problems, etc.).
- The child cries a lot.
- The child shows apprehension of a parent(s) or other adults. In extreme cases, young children may exhibit frozen awareness whereby they seek to avoid provoking any negative reaction from an adult. Conversely, an older child may

look after the parent, or brother and/or sisters, in order to head off stress. This can deceive professionals into thinking that the parent-child relationship is sound.
- The child is often dirty and unkempt.
- Older abused children may demonstrate what is happening in the family by difficult, anti-social behaviour.

5.3 FAMILY CIRCUMSTANCES.

- Environmental stress, such as poor housing, together with financial difficulties, perhaps stemming from unemployment, can contribute to causing child abuse.
- The family may lack support from extended family and neighbours.
- They may have moved several times and have no local roots.
- There have been a number of children in quick succession, with a history of general concern about their care.
- A child's arrival, whether the first or later child, will have an effect on the family and may be a source of stress.

6 SEXUAL ABUSE

a. Sexual abuse is now known to be more common than has been generally recognised. Children of all ages can be victims but the majority are girls and those assigned female at birth. The perpetrators are usually adults known to the children involved e.g. fathers, stepfathers, relatives, neighbours, family, friends etc. Abuse within a family is rarely an isolated event; it sometimes lasts for months and years and involves more than one child. Abuse usually escalates from caressing and fondling, which the child may welcome initially, to mutual masturbation and penetration.

Victims may disclose their situation to adults in whom they have confidence. It is now known that children rarely fantasise, or make up stories of sexual abuse. Children's allegations should, therefore, always be taken seriously and thoroughly investigated.

b. Often, there are no physical signs to indicate sexual abuse, although concern should be felt and a forensic medical examination undertaken, when the following are present:

- Some injuries in the genital/anal area e.g. bruising, tearing of the vaginal wall, rectal damage;
- Infections, or abnormal discharge, in the genital/anal/oral area e.g. venereal disease, thrush, cystitis, unexplained bleeding, presence of semen, or foreign bodies in genitalia;
- Pregnancy, especially where the child is under sixteen and/or identity of father is a secret or vague;
- Abnormal dilation of the urethra, anus or vaginal opening.

c. Young people who are being sexually exploited (CSE) maybe:

- involved in abusive relationships, intimidated and fearful of certain people or situations
- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older partners
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- go missing from home, care or education.

d. The psychological indicators sometimes linked to child sexual abuse include:
- Sexually precocious behaviour; e.g. inappropriate contact with adults;
- Sexualise drawings and play;
- Sudden, poor performance at schools;
- Regressive patterns; soiling, wetting;
- Poor self-esteem; “Cinderella” Syndrome;
- Psychosomatic symptoms; headaches, abdominal pain;
- Suicidal gestures; overdosing, etc;
- Self-mutilation;
- Identification with the aggressor, leading to the abuse of other children;
- A confusion of ordinary affectionate contact with abuse;
- Promiscuity;
- Anorexia nervosa;
- Sleep disturbance, e.g. nightmares, hyper-alertness, vivid dreams with veiled sexual content;
- Withdrawal and depression;
- Running away.

N.B. Many of these symptoms are also associated with other forms of childhood disturbance and in themselves should not be seen as diagnostic.

e. The patterns of behaviour in particular children will depend on the age, sex and stage of development of the child.

- Pre-school children are more likely to show direct physical responses, sexualisation of behaviour and regressive signs and symptoms;
- School age children may show unexpected decline in school performance, loss of self-esteem patterns, running away, reluctance to return home at the end of a school day, may be resistant to PE, undressing at school, medicals etc;
- Adolescents may overdose, run away, self-mutilate, become promiscuous, develop anorexia, abuse drugs or alcohol, or have hysterical attacks;
- Boys are more likely to identify with the aggressor.

N.B. Many of these symptoms are also associated with other forms of childhood disturbance and should not in themselves be seen as diagnostic.

f. The following are some possible characteristics (from research and experience) of families where sexual abuse has taken place. (This is not necessarily a comprehensive list):

- Sexual abuse is seen by some as a symptom of the family's overall dysfunction. Sexual abuse is seen as a means of avoiding overt conflict and thus a means of preventing disintegration of the family, but at the expenses of the abused child. Sexually abused children are made to comply by the adult's abuse of their power.
- Families are often somewhat isolated and have difficulty cultivating relationships outside the family circle. Roles and boundaries within the family can be confused and daughters may not only take on the sexual role but other maternal responsibilities as well. Research shows that parents often have a history of abusive, or deprived, experiences in childhood.
- There may be inappropriate displays of affection between parents and their children regardless of gender.
- Severe marital conflict is often present but usually suppressed. Stepfathers and cohabitees are over-represented in research studies.
- A degree of collusion is often evident between family members. The non-abusing parent sometimes colludes in either an overt, or covert, way. Poor mother-daughter relationships are common. Sexual abuse becomes the family secret. The child is often made to keep the secret through favours, punishments, fears of parent being sent to prison, or the family disintegrating.
- All socio-economic groups are represented and, contrary to popular myths, the offender is often a respectable member of the community, of average intelligence and a decent provider.
- The recent occurrence of stressful events is often associated with the onset of the abuse, e.g., bereavement, separation. The opportunity for the abuse to occur may be created by the absence of mother for some reason and where the father figure is left alone with the child for long periods of time.
- A few sexually abusing families are totally disorganised, chaotic and promiscuous. Sexual attitudes in these families are very poorly defined and almost any kind of sexual behaviour is permitted.
- Many perpetrators abuse alcohol frequently.

6.1 FEMALE GENITAL MUTILATION

It is believed that FGM may happen in the UK as well as overseas. Girls of school age who are subjected to FGM overseas are likely to be taken abroad (often to the family's country of origin) at the start of the school holidays, particularly in the summer, in order for there to be sufficient time for her to recover before returning to school. It should also be noted that FGM can affect anyone assigned female or intersex at birth, regardless of current gender identity.

There are a number of factors in addition to a girl's or woman's community, country of origin and family history that could indicate she is at risk of being subjected to FGM.

Potential risk factors may include:

- Families that believe FGM is integral to cultural or religious identity.
- a girl/family has limited level of integration within UK community.
- a girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';
- a girl talks about a long holiday to her country of origin or another country where the practice is prevalent or parents state that they or a relative will take the girl out of the country for a prolonged period.
- a parent or family member expresses concern that FGM may be carried out on the girl.
- a family is not engaging with professionals (health, education or other) or is already known to social care in relation to other safeguarding

There are a number of indications that a girl or woman has already been subjected to FGM are similar to the Risk factors, other signs and symptoms may include:

- a girl or woman has difficulty walking, sitting or standing or looks uncomfortable;
- a girl or woman finds it hard to sit still for long periods of time, and this was not a problem previously;
- a girl or woman spends longer than normal in the bathroom or toilet due to difficulties urinating;
- a girl spends long periods of time away from a classroom during the day with bladder or menstrual problems;
- a girl or woman has frequent urinary, menstrual or stomach problems;
- a girl avoids physical exercise or requires to be excused from physical education (PE) lessons without a GP's letter;
- there are prolonged or repeated absences from school or college (see 2015 guidance on children missing education
- increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
- a girl or woman is reluctant to undergo any medical examinations;
- a girl or woman asks for help, but is not be explicit about the problem; and/or
- a girl talks about pain or discomfort between her legs.

Remember: this is not an exhaustive list of indicators.

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers to make a report to the police. This must be completed as soon as possible, ideally by the end of the next working day. If unsure what action to take, professionals should discuss with their named/designated safeguarding lead.

The following resources are available for further information and detailed guidance and can be found easily via a Google search:

- GOV.UK information on FGM (gov.uk)
- Female Genital Mutilation: resource pack (gov.uk)
- NSPCC's FGM website

- FGM Teachers Resources (various on Google)
- Multi-Agency Practice Guidelines: Female Genital Mutilation (gov.uk)
- Metropolitan Police Project Azure: Guidance for Schools (on Google)

6.2 MODERN SLAVERY AND CHILD TRAFFICKING

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs. Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the National Referral Mechanism is available in the Modern Slavery Statutory Guidance. (Modern slavery: how to identify and support victims).

Trafficking is where children are recruited, moved or transported and then exploited, forced to work or sold. Children are trafficked for CSE, benefit fraud, forced marriage, domestic servitude, forced labour and criminal activity. Child trafficking is a hidden crime. Child trafficking requires a network of people who recruit, transport and exploit children and young people. Each group or individual has a different role or task.

Staff should report any trafficking concerns, to the LDPCP. Contact will be made to the Child Trafficking Advice Centre (CTAC) who will co-ordinate a mutil-agency responses, focused on protecting the child.

Due to the success of the family work conducted at SES establishments, some young people, where appropriate, can travel oversees unsupported with members of their immediate family.

7 CHILD SEXUAL EXPLOITATION (CSE) AND CHILD CRIMINAL EXPLOITATION (CCE)

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, regardless of gender, and can include children who have been moved (commonly referred to as trafficking, see 6.2) for the purpose of exploitation.

We know that different forms of harm often overlap, and that perpetrators may subject children and young people to multiple forms of abuse, such as criminal exploitation (including county lines) and sexual exploitation.

Children can be exploited by adult males or females, as individuals or in groups. They may also be exploited by other children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim.

Whilst the age of the child may be a contributing factor for an imbalance of power, there are a range of other factors that could make a child more vulnerable to exploitation, including sex, gender identity sexual orientation, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources. Some of the following can be indicators of both child criminal and sexual exploitation where children:

- appear with unexplained gifts, money or new possessions;
- associate with other children involved in exploitation;
- suffer from changes in emotional well-being;
- misuse drugs and alcohol;
- go missing for periods of time or regularly come home late; and
- regularly miss school or education or do not take part in education.

Children who have been exploited will need additional support to help maintain them in education.

CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

Some additional specific indicators that may be present in CSE are children who:

- have older partners; and
- suffer from sexually transmitted infections, display sexual behaviours beyond expected sexual development or become pregnant.

If there is any cause for concern in relation to CSE adults need to refer to the Safeguarding Policy and procedures. Further guidance on CSE is available at: https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners

7.1 CHILD CRIMINAL EXPLOITATION

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others. Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is

also important to note that children being criminally exploited may be at higher risk of sexual exploitation.

7.2 CHILD SEXUAL EXPLOITATION

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited, e.g. they believe they are in a genuine romantic relationship.

8 COUNTY LINES

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of "deal line". This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children's homes and care homes.

Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

A number of the indicators for CSE and CCE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing and are subsequently found in areas away from their home;
- have been the victim or perpetrator of serious violence (e.g. knife crime);
- are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs;
- are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection;

- are found in accommodation that they have no connection with, often called a ‘trap house or cuckooing’ or hotel room where there is drug activity;
- owe a ‘debt bond’ to their exploiters;
- have their bank accounts used to facilitate drug dealing.

Further information on the signs of a child’s involvement in county lines is available in guidance published by the Home Office and The Children’s Society County Lines Toolkit For Professionals

If there is any cause for concern in relation to County Lines adults need to refer to the Safeguarding Policy and procedures.

9 DOMESTIC ABUSE

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected” (as defined in section 2 of the 2021 Act).

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sex, gender identity, sexual orientation, age, ethnicity, socio-economic status or background and domestic abuse can take place inside or outside of the home. The government will issue statutory guidance to provide further information for those working with domestic abuse victims and perpetrators, including the impact on children.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as ‘teenage relationship abuse’. Depending on the age of the young people, this may not be recognised in law under the statutory definition of ‘domestic abuse’ (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support.
It is likely that staff will have comprehensive information regarding all children living at SES and previous domestic abuse. However, new information may become apparent as children build trusting relationships, and staff must understand the implications of domestic abuse on the SEMH of children in the care of SES.

Operation Encompass operates in all police forces across England. It helps police and schools work together to provide emotional and practical help to children. The system ensures that when police are called to an incident of domestic abuse, where there are children in the household who have experienced the domestic incident, the police will inform the key adult (usually the designated safeguarding lead) in school before the child or children arrive at school the following day. This ensures that the school has up to date relevant information about the child's circumstances and can enable immediate support to be put in place, according to the child's needs. Operation Encompass does not replace statutory safeguarding procedures.

Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its website provides guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time from the team for a call can be booked. Additional advice on identifying children who are affected by domestic abuse and how they can be helped is located in KCSIE.

APPENDIX D

SEXUAL VIOLENCE AND SEXUAL HARASSMENT

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same establishment.

Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally), both inside and outside of SES, and are never acceptable.

Staff should be aware of the importance of:

- challenging inappropriate behaviours;
- making clear that sexual violence and sexual harassment is not acceptable, willnever be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"; and
- challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting upskirts. Dismissing or tolerating such behaviours risks normalising them.

All adults working with children are advised to maintain an attitude of **'it could happen here'.** Addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. Many of the children at SES will have experienced a range of adverse

childhood experiences, including potential sexual abuse; due to the complexity of the situation advice is likely to be sought from an independent child and adolescent psychiatrist and other external professionals.

The following guidelines must be read alongside KCSIE 2023 (Part 5).

1 SEXUAL VIOLENCE

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

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

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

- **Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents. (Schools should be aware that sexual assault covers a very wide range of behaviour so a single act of kissing someone without consent or touching someone's bottom/breasts/genitalia without consent, can still constitute sexual assault.)

- **Causing someone to engage in sexual activity without consent:** A person (A) commits an offence if: s/he intentionally causes another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.)

What is consent? Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g.to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if they agree by choice to that penetration and has the freedom and capacity to make that choice. Further information about consent can be found at Rape Crisis England & Wales - Sexual consent

- a child under the age of 13 can never consent to any sexual activity;
- the age of consent is 16;
- sexual intercourse without consent is rape.

2 SEXUAL HARASSMENT

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

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

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
    - consensual and non-consensual sharing of nudes and semi-nudes images and/or videos (see section 5 below). Taking and sharing nude photographs of U18s is a criminal offence
    - sharing of unwanted explicit content;
    - upskirting (is a criminal offence);
    - sexualised online bullying;
    - unwanted sexual comments and messages, including, on social media;
    - sexual exploitation; coercion and threats.

3 UPSKIRTING

The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019. 'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone, regardless of sex or gender identity, can be a victim.

4 RESPONDNG TO A REPORT OF SEXUAL VIOLENCE AND SEXUAL HARASSMENT

Reports of sexual violence and sexual harassment are likely to be complex and will involve full consultation with the LDPCP. If appropriate support will be sought from other professional agencies, for example, the young person's social worker and police.

In any situation where a young person reports an incident of this nature, it is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. This is essential when considering the close proximity of all young people living within Avocet House. A victim should never be made to feel ashamed for making a report.

The initial report should be completed in line with SES safeguarding procedures outlined in this policy (the exception to this would be if the report includes an online element, whereby the guidance in the following section on Sharing Nudes and Semi-Nudes must be adhered to).

Following a report of sexual violence or sexual harassment, the LDPCP will oversee an immediate risk and needs assessment, in consultation with other relevant external agencies where necessary, using the standard SES Risk Assessment Management Plan format. This should consider the protection and support for the victim, the alleged perpetrator and all other children (and potentially staff) within the home.

The LDPCP will consider appropriate actions following a report, and act in the best interests of the child, taken into account:

- the wishes of the victim and how they want to proceed, giving them as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support they will be offered. This will need to be balanced with the home and schools duty and responsibilities to protect other children;
- the nature of the alleged incident(s), including whether a crime may have been committed and/or whether HSB has been displayed;
- the ages of the children involved;
- the developmental stages of the children involved;
- any power imbalance between the children. For example, is the alleged perpetrator(s) significantly older, more mature or more confident? Does the victim have a disability or learning difficulty?;
- if the alleged incident is a one-off or a sustained pattern of abuse (sexual abuse can be accompanied by other forms of abuse and a sustained pattern may not just be of a sexual nature);
- that sexual violence and sexual harassment can take place within intimate personal relationships between peers;
- are there ongoing risks to the victim, other children, adult students or staff; and
- other related issues and wider context, including any links to child sexual exploitation and child criminal exploitation.

All staff should act in the best interests of the child. **Immediate** consideration should be given as to how best to support and protect the victim and the alleged perpetrator(s) (and any other children involved/impacted).

Ongoing management of the situation will be led by the LDPCP and will follow the procedures outlined in this policy. Various options are possible in the managing the report and are likely to involve full partnership work with other professional agencies (e.g social care and/or the police) due to the complex nature of the young people living within SES. When managing reports of sexual violence and/or sexual harassment, the LDPCP in consultation with the SES Principal will identify an appropriate level of response to minimise the risk of the inappropriate behaviour occurring again. The specific circumstances will be considered, alongside the intimate knowledge SES have of each child and their individual risk assessments. Some incidents may be managed internally using existing systems and structures, e.g. restorative approaches and additional learning programmes.

Due to the close relationship with each child's social worker, any emerging concerns or incidents involving sexual violence and/or sexual harassment will be discussed at an early stage. SES have a range of professionals available who can offer therapeutic support to children, where deemed appropriate. A decision to involve the police will generally be completed with the full knowledge of the child's social worker. A referral would be completed in line with the procedures outlined in section four of this policy. Any further decisions around the specific circumstance of the incident will be taken in partnership with external professionals.

In addition to the effective safeguarding practice already outlined above, adults have access to additional resources that are available to safeguard and support the victim:

- Children and young people that have a health need arising from sexual assault or abuse can access specialist NHS support from a Sexual Assault Referral Centre
- Children and Young People's Independent Sexual Violence Advisors (ChISVAs) provide emotional and practical support for victims of sexual violence. They are based within the specialist sexual violence sector and will help the victim understand what their options are and how the criminal justice process works if they have reported or are considering reporting to the police. ChISVAs will work in partnership with schools and colleges to ensure the best possible outcomes for the victim.
- Police and social care agencies can signpost to ChISVA services (where available) or referrals can be made directly to the ChISVA service by the young person or school or college. Contact details for ChISVAs can be found at Rape Crisis and The Survivors Trust.
- The specialist sexual violence sector can provide therapeutic support for children who have experienced sexual violence. Contact Rape Crisis (England & Wales) or The Survivors Trust for details of local specialist organisations. The Male Survivors Partnership can provide details of services which specialise in supporting men and boys.
- NHS - Help after rape and sexual assault-NHS (www.nhs.uk)provides a range of advice, help and support including advice about the risk of pregnancy, sexually transmitted infections (STI),reporting to the police and forensics.
- Rape and sexual assault referral centres services can be found at: Find Rape and sexual assault referral centres. Sexual assault referral centres (SARCs) offer medical, practical and emotional support. They have specially

trained doctors, nurses and support workers. If children, young people, or their families are unsure which service to access, they should contact their GP or call the NHS on 111.
- Childline provides free and confidential advice for children and young people.
- Internet Watch Foundation works internationally to remove child sexual abuse online images and videos and offers a place for the public to report them anonymously.
- Childline / IWF: Remove a nude image shared online *Report Remove* is a free tool that allows children to report nude or sexual images and videos of themselves that they think might have been shared online, to see if they can be removed from the internet.
- The Harbour Centre is a specialist service based in Norfolk for victims of sexual assault and rape.

A range of resources are available to support and help the perpetrator:

- The NSPCC provides free and independent advice about HSB: NSPCC Learning -Protecting children from harmful sexual behaviour and NSPCC - Harmful sexual behaviour framework
- The Lucy Faithfull Foundation has developed a HSB toolkit, which provides support, advice and information on how to prevent it, links to organisations and helplines, resources about HSB by children, internet safety, sexual development and preventing child sexual abuse.
- Contextual Safeguarding Network–Beyond Referrals (Schools) provides a school self-assessment toolkit and guidance for addressing HSB in schools.
- Brook Sexual Behaviours Traffic Light Tool.

5 SHARING NUDES AND SEMI NUDES

The term ‘sharing nudes and semi-nudes’ means the sending or posting of nude or semi-nude images, videos or live streams by young people under the age of 18 online. This could be via social media, gaming platforms, chat apps or forums. It could also involve sharing between devices via services like Apple’s AirDrop which works offline.

The term ‘nudes’ is used as it is most commonly recognised by young people and more appropriately covers all types of image sharing incidents. Alternative terms used by children and young people may include ‘dick pics’ or ‘pics’.

The motivations for taking and sharing nude and semi-nude images, videos and live streams are not always sexually or criminally motivated. Such images may be created and shared consensually by young people who are in relationships, as well as between those who are not in a relationship. It is also possible for a young person in a consensual relationship to be coerced into sharing an image with their partner. Incidents may also occur where:

- children and young people find nudes and semi-nudes online and share them claiming to be from a peer
- children and young people digitally manipulate an image of a young person into an existing nude online

- images created or shared are used to abuse peers e.g. by selling images online or obtaining images to share more widely without consent to publicly shame

The sharing of nudes and semi-nudes can happen publicly online, in 1:1 messaging or via group chats and closed social media accounts.
Nude or semi-nude images, videos or live streams may include more than one child or young person.

Creating and sharing nudes and semi-nudes of under-18s (including those created and shared with consent) is illegal which makes responding to incidents involving children and young people complex. There are also a range of risks which need careful management from those working in education settings. **Sharing Nudes and Semi Nudes: advice for education settings working with children and young people March 2024** covers the sharing of sexual imagery by young people and should be read in conjunction with this policy. Nudes and semi-nudes may also be referred to by professionals as 'youth produced imagery' or 'sexting'

Incidents can broadly be divided into two categories:
- Aggravated: incidents involving additional or abusive elements beyond the creation, sending or possession of nudes and semi-nudes.
- Experimental: incidents involving the creation and sending of nudes and semi-nudes with no adult involvement, no apparent intent to harm or reckless misuse.

It is important for SES to place a child's sexual behaviour within the context of their age and development. The LDPCP (or designates) must ensure that they are familiar with and follow the relevant local policies and procedures to help them do so. This includes contact with safeguarding partners and guidance on recognising and responding to harmful behaviours and/or underage sexual activity when dealing with children with under 13. Frameworks such as Brook's Sexual Behaviours Traffic Light Tool can also be used to identify when a child or young person's sexual behaviour is a cause for concern in relation to their development.

Responding to incidents of sharing nudes and semi-nudes is complex because of its legal status. Making, possessing and distributing any imagery of someone under 18 which is 'indecent' is illegal. This includes imagery of yourself if you are under 18. Investigation by the police does not automatically mean that the child involved will have a criminal record.

All incidents involving nudes and semi-nudes should be responded to in line with SES safeguarding reporting procedures. Adults should follow the following guidelines:

- The incident should be referred to a LDPCP.
- The LDPCP should hold an initial review meeting with appropriate adults.
- There should be subsequent interviews with Young People involved (if appropriate).
- Parents and carers should be informed at an early stage and involved in the process in order to best support the child or young person unless there is good reason to believe that involving them would put the child or young person at risk of harm.

- At any point of the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's services and or the police immediately.

Initial Review Meeting

The initial review meeting should consider the evidence and aim to establish:

- Whether there is immediate risk to a child or young person.
- If a referral should be made to the Police or Social Services.
- If it is necessary to view the imagery in order to safeguard the Young person. **In most cases the imagery should not be viewed –** for further details see **Sharing Nudes and Semi Nudes: advice for education settings working with children and young people December 2020.**
- What further information is required to decide the best response.
- Whether the image(s) has been shared widely and via what services and/or platforms. This may be unknown.
- Whether immediate action should be taken to delete or remove images or videos from devices or online services
- Any relevant facts about the young people involved which would influence risk assessment.
- Whether to contact parents or carers of the children or young people involved - in most cases they should be involved.

An immediate referral to police and social services should be made at the initial stage if:

- The incident involves an adult
- There is reason to believe that the young person has been coerced, blackmailed or groomed, or there are concerns about their capacity to consent (for example, owing to special educational needs).
- What you know about the images or videos suggests the content depicts sexual acts which are unusual for the Young person's developmental age, or are violent
- The images involves sexual acts and any young person in the images or videos is under 13
- You have reason to believe any child or young person are at immediate risk of harm owing to the sharing of nudes and semi-nudes, e.g, they are presenting as suicidal or self-harming.

If none of the above apply then SES may decide to respond to the incident without involving other agencies. This decision would be made in cases where the LDPCP is confident that they have enough information to assess the risks to the young people involved and the risks can be managed within the establishments support and behaviour management procedures. All incidents relating to sharing of nudes and semi-nudes must be recorded.

Educating children and young people about the sharing of nudes and semi-nudes can prevent harm by providing the skills, attributes and knowledge they need to

identify risk online and help when they need it. This occurs at SES through a range of means, including, PSHEE, Relationships and Sex Education, tutorials, personalised planning (such as specific twenty four hour curriculum) and sharing views on individual risk assessment and personal progress.

(See also the SES Acceptable Use of Technology Policy and Practice document).

APPENDIX E

RADICALISATION AND EXTREMISM

Every adult recognises that safeguarding against radicalisation and extremism is no different to safeguarding against any other vulnerability in today's society. To this end we have an **SES Preventing Extremism and Radicalisation Policy and Practice** document which covers this issue in detail.

It sets out our beliefs, strategies and procedures to protect vulnerable individuals from being radicalised or exposed to extremist views, by identifying who they are and promptly providing them with support.

It provides a framework for dealing with issues relating to vulnerability, radicalisation and exposure to extreme views. We recognise that we are well placed to be able to identify safeguarding issues and this section clearly sets out how SES will deal with such incidents and identifies how the curriculum and ethos underpins our actions.

The main aim of this policy is to ensure that adults are fully engaged in being vigilant about radicalisation; that they overcome professional disbelief that such issues will not happen here and ensure that we work alongside other professional bodies and agencies to ensure that our children are safe from harm.

We believe that it is possible to intervene to protect people who are vulnerable. Early intervention is vital and adults must be aware of the established processes to refer concerns about individuals through designated routes. We must have the confidence to challenge, the confidence to intervene and ensure that we have strong safeguarding practices based on the most up-to-date guidance and best practice.

APPENDIX F

SELF HARM

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress.

Sometimes when people self-harm, they may feel on some level that they intend to die. Over half of people who die by suicide have a history of self-harm.

However, the intention is more often to punish themselves, express their distress or relieve unbearable tension. Sometimes the reason is a mixture of both.

Self-harm can also be a cry for help. It should always be taken seriously.

Types of self-harm

There are many different ways people can intentionally harm themselves, such as:

- cutting, burning, bruising, scratching their skin
- hair pulling
- punching or hitting themselves
- poisoning themselves with tablets or toxic chemicals
- misusing alcohol or drugs
- deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa)
- excessively exercising

People often try to keep self-harm a secret because of shame or fear of discovery. For example, if they're cutting themselves, they may cover up their skin and avoid discussing the problem.

Signs of self-harm

The following may be signs of self-harming:

- unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest
- keeping themselves fully covered at all times, even in hot weather
- signs of depression such as low mood, tearfulness or a lack of motivation or interest in anything
- self-loathing and expressing a wish to punish themselves
- not wanting to go on and wishing to end it all
- becoming very withdrawn and not speaking to others
- changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain
- signs of low self-esteem, such as blaming themselves for any problems or thinking they're not good enough for something
- signs they have been pulling out their hair
- signs of alcohol or drugs misuse

Why people self-harm.

There are many reasons why children and young people try to hurt themselves. And once they start, it can become a compulsion. The exact reasons aren't always easy to work out. In fact, they might not even know why they do it.

Self-harm is more common than many people realise, especially among younger people. It's estimated around 13% of young people self-harm at some point, but people of all ages do. This figure is also likely to be an underestimate, as not everyone seeks help.

In most cases, people who self-harm do it to help them cope with overwhelming

emotional issues, which may be caused by:

- social problems – such as being bullied having difficulties at work or school, having difficult relationships with friends or family, coming to terms with their LGBTQ+ identity, or coping with cultural expectations, such as an arranged marriage
- trauma – such as physical or sexual abuse, the death of a close family member or friend
- psychological causes – such as having repeated thoughts or voices telling them to self-harm, disassociating (losing touch with who they are and with their surroundings), or borderline personality disorder

These issues can lead to a build-up of intense feelings of anger, guilt, hopelessness and self-hatred. The person may not know who to turn to for help and self-harming may become a way to release these pent-up feelings.

Self-harm is linked to anxiety and depression. These mental health conditions can affect people of any age. Self-harm can also occur alongside antisocial behaviour, such as misbehaving at school or getting into trouble with the police.

Although some people who self-harm are at a high risk of suicide many people who self-harm don't want to end their lives. In fact, the self-harm may help them cope with emotional distress, so they don't feel the need to kill themselves.

The feelings that these issues bring up can include:

- low self-esteem and low confidence
- loneliness
- sadness
- anger
- numbness
- lack of control over their lives

The self-harm cycle

Self-harm is often used as a coping mechanism. The physical pain of self-harm might feel easier to deal with than the emotional pain that's behind it. Sometimes it can be a way for someone to punish themselves for something they've done. It can also make them feel they're in control of something in their life. When a person self-harms, chemicals are released into the brain which can become addictive very quickly. The person may feel an instant relief of pressure and ‘bad feelings’. This relief is short lived and is often replaced by feelings of guilt and immediate pressure. And this is how the cycle continues.

Responding to self harm

Supporting children at risk of self-harm is planned through a personalised approach including external input from consultants working with SES. The approaches vary depending on individual circumstances, potential strategies include:

- Regularly reviewing daily care plans and risk assessments, offering suggestions to enable adults to best support those involved (e.g. offering extra adult support when individuals are feeling anxiety or low mood, talking through events of the day with key individuals, removal of glass and other items used for self harm from areas of personal space).
- Discussion with young person by personal tutors through monthly meetings to gain young person's views, to feed into daily care and risk assessments.
- Post incident debrief following self harm episodes with adults involved to discuss scenario and evaluate if anything could be done differently.
- Group restorative meetings with all young people to discuss individual feelings when incidents arise.
- Individual conversations between Registered Manager and young people about ways to gain adult support during difficult times and extra support that can be offered through external agencies.
- Individual Development and Learning Plan to focus areas of need, e.g, positive body image and joining clubs that support fitness and exercise.

To support the staff team in responding and dealing with self-harm, additional strategies above the standard staff support and development structures may be required. These include:

- Professional consultation with whole team in partnership with external psychologist/psychiatrists to explore strategies on how to support those experiencing the need to self harm.
- 'Self-harm' training for staff to enable them to be able to understand the underlying factors leading to self harm, and how adults can best support individuals..
- Focused key team input provided by mental health specialists.

APPENDIX G

MENTAL HEALTH

All SES staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. The holistic, therapeutic environment provided by the staff will support the promotion of positive mental health, supported by a range of SES Consultants (including access to an independent child and adolescent psychiatrist).

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education. SES employ and support further training of practitioners in both trauma informed schools and Thrive.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the DPCP or LDPCP.

The DfE has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools. Public Health England has produced a range of resources to support secondary schools to promote positive health, wellbeing and resilience among children including its guidance Promoting children and young people's emotional health and wellbeing and Every Mind Matters. Its resources include social media, forming positive relationships, smoking and alcohol. See Rise Above: Resources for School from Public Health England #esafety | The Education People for links to all materials and lesson plans. The Department has also published, 'Every interaction matters' a pre-recorded webinar which provides staff with a simple framework for promoting wellbeing, resilience, and mental health. This sits alongside the Wellbeing for education recovery program content, which covers issues such as bereavement, loss, anxiety, stress and trauma.

(See also the SES Anti Bullying Policy and Practice, The SES Way Policy and Practice and SES Positive Management of Behaviour Policy and Practice documents)

APPENDIX H

Child Protection File Contents

Front Sheet – including Name of Child

Chronology

- List of specific and significant incidents, events and actions
- Brief one line explanation – cross referenced to relevant record in file

Individual records of CP concern

- Concern Summary Record
- Timeline of all events, actions, discussions and decisions.
- Supporting Information and Evidence:
    - File notes
    - Disclosure form
    - Any original notes (electronic, handwritten or scanned)
    - Records of discussions, telephone calls and emails (with Social Workers etc.)
    - Safeguarding consultation records
    - All letters and correspondence
    - Multi Agency referrals (if completed)
    - Formal Plans (e.g. child protection plan)
    - Risk Assessment process, with decision making and professional judgements

- Meeting minutes
- Professional consultations
- Actions recorded and next steps

Previous information received from other establishments

APPENDIX I

CHILD PROTECTION CONCERN RECORD

CHILD PROTECTION CONCERN SUMMARY RECORD	
Child's name:	
Initial date concern raised:	
Ofsted notification reference:	
Explanatory statement: This record is made in accordance with SES Safeguarding and Child Protection Policy and Practice and Keeping Children Safe in Education	
Summary of concern:	
How concern was followed Up:	
Action(s) taken:	

Decisions reached	
Outcome:	
Signed by:	
Name of person and role:	
Date completed:	