



Safeguarding & Child Protection Policy February 2024

Policy Statement

Safeguarding is defined in the statutory guidance Working Together to Safeguard Children 2018 (revised 2023) (DfE) as:

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

At Highlands homes we are committed to safeguarding and child protection. We will work closely with all those involved in the care of children/ young people and will liaise with the Police, Children's Social Care, the Local Safeguarding Board (LSB) and the Local Authority Designated Officer (LADO). We recognise that safeguarding is everyone's responsibility.

This policy has been developed in line with the Local Safeguarding Board (LSB) procedures (available at: <https://hipsprocedures.org.uk/>) and will be made available to parents, Independent Reviewing Officers and Social Workers on request. This policy will be available on Highlands' Group website.

Significant Harm

The Children Act 1989 introduced the concept of 'significant harm' and defined "harm" as the "ill treatment or the impairment of the health or development of the child". This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "... impairment suffered from seeing or hearing the ill treatment of another" (for example in the case of a child who witnesses domestic abuse).

Harm can be perpetrated by any person, including:

- Another child or young person (including serious or persistent bullying)
- A member of staff, or manager
- A visitor or person in the community
- A teacher, Social Worker or other professional
- A parent or other family member

Recognising the Different Types of Abuse

It is generally accepted that there are four main forms of abuse: physical abuse, emotional abuse, sexual abuse & neglect. It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. Abuse can be perpetrated by any individual, including by another child or young person. These four definitions do not minimise other forms of maltreatment.

There are several ways in which staff may become aware that a child is either being abused or is at risk of being abused:

- Observation: Through direct observation of symptoms and signs of abuse and neglect, and changes in behaviour.
- Allegations: Allegations or a report being made by a child or another person.
- Disclosure: Either directly from a child or by someone who says they are harming a child.

The following table provides definitions for the four main types of abuse, and the signs and symptoms that indicate abuse may be taking place:

TYPE OF ABUSE	DEFINITION	SIGNS & SYMPTOMS
<p>Physical Abuse</p>	<p>A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>	<p>Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the body, like elbows, knees, and shins.</p> <p>Some children, however, will have bruising which can almost only have been caused non-accidentally.</p> <p>An important indicator of physical abuse is where bruises or injuries are unexplained, or the explanation does not fit the injury or there are differing explanations.</p> <p>A delay in seeking medical treatment for a child when it is obviously necessary is also a cause for concern.</p> <p>Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken. Patterns of bruising that are suggestive of physical child abuse include:</p> <ul style="list-style-type: none"> • bruising in young people who are not independently mobile • bruises that are seen away from bony prominences • bruises to the face, back, stomach, arms, buttocks, ears, and hands • multiple bruises in clusters • multiple bruises of uniform shape • bruises that carry the imprint of an implement used, hand marks or fingertips <p>Although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness should be seen promptly by a doctor. Other physical signs of abuse may include:</p> <ul style="list-style-type: none"> • cigarette burns (Of all shapes). • adult bite marks (Self abusing youngsters can be known to bite themselves). • broken bones • scalds

		<p>Changes in behaviour which can also indicate physical abuse:</p> <ul style="list-style-type: none"> • fear of parents being approached for an explanation • aggressive behaviour or severe temper outbursts • flinching when approached or touched • reluctance to get changed, for example wearing long sleeves in hot weather • running away from home/ school
<p>Emotional Abuse</p>	<p>The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.</p> <p>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.</p> <p>It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.</p> <p>It may involve seeing or hearing the ill-treatment of another.</p> <p>It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though they may occur alone.</p>	<p>Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Young people who live in households where there is domestic violence can often suffer emotional abuse. Emotional abuse can also take the form of children not being allowed to mix/play with other children.</p> <p>The physical signs of emotional abuse may include:</p> <ul style="list-style-type: none"> • a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g., in hospital or away from parents' care • sudden speech disorders • developmental delay, either in terms of physical or emotional progress. <p>Changes in behaviour which can also indicate emotional abuse include:</p> <ul style="list-style-type: none"> • neurotic behaviour, e.g., sulking, hair twisting, rocking • being unable to play • fear of making mistakes • self-harm • fear of parents being approached.
<p>Sexual Abuse</p>		<p>Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers.</p> <p>Usually, in cases of sexual abuse it is the child's behaviour which may cause you to become</p>

	<p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening or not.</p> <p>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.</p> <p>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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.</p>	<p>concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.</p> <p>The physical signs of sexual abuse may include:</p> <ul style="list-style-type: none"> • pain or itching in the genital/anal areas • bruising or bleeding near genital/anal areas • sexually transmitted disease • vaginal discharge or infection • stomach pains • discomfort when walking or sitting down • pregnancy. <p>Changes in behaviour which can also indicate sexual abuse include:</p> <ul style="list-style-type: none"> • sudden or unexplained changes in behaviour, e.g., becoming aggressive or withdrawn • fear of being left with a specific person or group of people • having nightmares • running away from home • sexual knowledge which is beyond their age or developmental level • sexual drawings or language • bedwetting • eating problems such as overeating or anorexia • self-harm or mutilation, sometimes leading to suicide attempts • saying they have secrets they cannot tell anyone about • substance or drug abuse • suddenly having unexplained sources of money • not being allowed to have friends (particularly in adolescence) • acting in a sexually explicit way towards adults
<p>Neglect</p>	<p>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.</p> <p>Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p>	<p>Neglect can be a difficult form of abuse to recognise yet have some of the most lasting and damaging effects on children.</p> <p>The physical signs of neglect may include:</p> <ul style="list-style-type: none"> • constant hunger, sometimes stealing food from other children • being constantly dirty or smelly • loss of weight, or being constantly underweight • Inappropriate dress for the conditions.

	<ul style="list-style-type: none"> • 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 caregivers); or ensure access to appropriate medical care or treatment. <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<p>Changes in behaviour which can also indicate neglect may include:</p> <ul style="list-style-type: none"> • complaining of being tired all the time • not requesting medical assistance and/or failing to attend appointments • having few friends • mentioning being left alone or unsupervised <p>Although there is a likelihood of our children falling into the category of children who might become sexually exploited or suffer female genital mutilation, it is important that staff remain aware of the issues and signs which could suggest these forms of abuse.</p>
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Contextual and Specific Safeguarding Issues

Contextual safeguarding recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family. These extra-familial threats might arise at school, from within peer groups, or more widely from within the local community. These threats can take a variety of different forms, and in such cases, professionals should consider whether wider environmental factors are present in a child's life and are a threat to their safety and or welfare.

The following table provides definitions for other specific safeguarding issues, and the signs and symptoms that indicate they may be taking place; the list is not meant to be definitive but as a guide to assist you. It is important to remember that many children will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring:

SAFEGUARDING ISSUE	DEFINITION	SIGNS & SYMPTOMS
<p>Abuse of Disabled Children</p>	<p>The Disability Discrimination Act 2005 (DDA) defines a disabled person as someone who has "a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities." According to the DDA 'substantial' means 'more than minor or trivial' and 'long-term' means that it 'has lasted or is likely to last more than a year'.</p> <p>Disabled children may be especially vulnerable to abuse for a number of reasons. For example:</p> <ul style="list-style-type: none"> • Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non disabled children • Their dependency on parents and carers for practical assistance in daily living, including intimate 	<p>When undertaking an assessment (and considering whether significant harm might be indicated) professionals should always take into account the nature of the child's disability. The following are some indicators of possible abuse or neglect:</p> <ul style="list-style-type: none"> • A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child • Not getting enough help with feeding leading to malnourishment • Poor toileting arrangements • Lack of stimulation • Unjustified and/or excessive use of restraint • Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing • Unwillingness to try to learn a child's means of communication

	<p>personal care, increases their risk of exposure to abusive behaviour</p> <ul style="list-style-type: none"> • They have an impaired capacity to resist or avoid abuse • They may have speech, language and communication needs which may make it difficult to tell others what is happening • They often do not have access to someone they can trust to disclose that they have been abused • They are especially vulnerable to bullying and intimidation • Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs. <p>For more information, see Safeguarding Disabled Children (Department for Education).</p>	<ul style="list-style-type: none"> • Ill-fitting equipment e.g. calipers, sleep boards, inappropriate splinting; misappropriation of a child's finances • Invasive procedures which are unnecessary or are carried out against the child's will. <p>For more information, see <i>Safeguarding disabled children</i> (Department for Education).</p>
<p>Breast Ironing</p>	<p>Breast Ironing is a harmful cultural practice that originates from Cameroon and has been reported in neighbouring countries. It is the process whereby young pubescent girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or to delay the development of the breasts entirely. These may include, stones, pestle, a hammer or spatula, and breast bands. Typically, the perpetrator of the act will believe they are doing so in the best interests of the child to protect them from harassment, rape, abduction, and early forced marriage. Whilst there is no specific law in the UK around breast ironing, in 2019 the Crown Prosecution Service (CPS) updated the so-called Honour-Based Abuse and Forced Marriage guidance to recognise breast ironing as child abuse. Due to the instruments used, there are serious health concerns associated with the practice. These include: -</p> <ul style="list-style-type: none"> • Cancer • Abscesses • Infection 	<p>Signs and indicators can be difficult to spot as it is typically a well-kept secret between the child and perpetrator. In most cases the perpetrator is a family member, with 58% of cases believed to be carried out by the mother. Often the father will remain unaware. The child generally believes the act is being carried out in her interests so will often remain silent. Some indicators may include:</p> <ul style="list-style-type: none"> • Reluctance to undertake normal medical examinations. • Fear of changing for physical activities (such as swimming) due to scars or bandages being visible. • Unusual behaviour after time with family or time away, such as depression, anxiety, aggression, withdrawal. • Some girls may ask for help, but it may not be direct due to fear or embarrassment.

	<ul style="list-style-type: none"> • Dissymmetry of the breasts • Cysts • Tissue damage • Severe fever • Disappearance of the breasts • Poor mental well-being 	
Bullying & Cyberbullying	<p>Bullying is behaviour that hurts someone else – such as name-calling, hitting, pushing, spreading rumours, threatening, or undermining someone.</p> <p>It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.</p> <p>Bullying that happens online, using social networks and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.</p>	<p>You can't always see the signs of bullying. And no one sign indicates for certain that a child's being bullied. But you should look out for:</p> <ul style="list-style-type: none"> • belongings getting "lost" or damaged • physical injuries such as unexplained bruises • being afraid to go to school, being mysteriously 'ill' each morning, or skipping school • not doing as well at school • asking for, or stealing, money (to give to a bully) • being nervous, losing confidence, or becoming distressed and withdrawn • problems with eating or sleeping • bullying others.
Child Sexual Exploitation (CSE)	<p>Sexual exploitation of children and young people under 18 involves exploitative situations, contexts, and relationships where children (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) because of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.</p> <p>Violence, coercion, and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional</p>	<p>Key indicators of children being sexually exploited can include:</p> <ul style="list-style-type: none"> • going missing for periods of time or regularly coming home late • regularly missing school or education or not taking part in education • appearing with unexplained gifts or new possessions • associating with other children involved in exploitation • having older boyfriends or girlfriends • suffering from sexually transmitted infections • mood swings or changes in emotional wellbeing • drug and alcohol misuse; and • displaying inappropriate sexualised behaviour. <p>Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.</p>
County Lines	<p>vulnerability.</p> <p>County lines is the police term for urban gangs supplying drugs to suburban areas</p>	<p>County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults and local communities. A young person might exhibit</p>

	<p>and market and coastal towns using dedicated mobile phone lines or “deal lines”.</p> <p>They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.</p> <p>It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as ‘cuckooing’.</p>	<p>some of these signs, either as a member or as an associate of a gang dealing drugs. Any sudden changes in a young person’s lifestyle should be discussed with them. Some indicators of county lines involvement may include:</p> <ul style="list-style-type: none"> ● Persistently going missing from school or home and / or being found out-of-area ● Unexplained acquisition of money, clothes, or mobile phones ● Excessive receipt of texts / phone calls ● Relationships with controlling / older individuals or groups ● Leaving home / care without explanation ● Suspicion of physical assault / unexplained injuries ● Parental concerns ● Carrying weapons ● Significant decline in school/college results / performance ● Gang association or isolation from peers or social networks ● Self-harm or significant changes in emotional well-being
<p>Domestic Abuse</p>	<p>Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:</p> <ul style="list-style-type: none"> ● Psychological ● Physical ● Sexual ● Financial ● Emotional <p>It’s often difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.</p> <p>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.</p> <p>Domestic abuse affecting young people can also occur within their personal</p>	<p>It’s often difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around. Children who witness domestic abuse may:</p> <ul style="list-style-type: none"> ● become aggressive ● display anti-social behaviour ● suffer from depression or anxiety ● not do as well at school - due to difficulties at home or disruption of moving to and from refuges. <p>Other risk indicators may include:</p> <ul style="list-style-type: none"> ● withdrawn ● suddenly behaves differently ● anxious ● clingy ● depressed ● aggressive ● problems sleeping ● eating disorders ● wets the bed ● soils clothes ● takes risks ● misses school ● changes in eating habits

	<p>relationships, as well as in the context of their home life.</p> <p>Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.</p> <p>Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.</p>	<ul style="list-style-type: none"> • obsessive behaviour • nightmares • drugs • alcohol • self-harm • thoughts about suicide
<p>Drug Misuse</p>	<p>Drugs refer to alcohol, tobacco, illegal drugs, medicines, new psychoactive substances (“legal highs”) and volatile substances, unless otherwise specified.</p>	<p>Indicators may include:</p> <ul style="list-style-type: none"> • losing interest in hobbies, sports or other favourite activities • losing interest in their appearance or personal hygiene • dramatic changes in behaviour • suddenly forming an almost totally new group of friends • excessive tiredness and lack of appetite • playing truant from school • dilated pupils, red eyes, bad skin • spending an increased amount of money, coupled with a refusal to explain why • stealing money from you <p>Finding any of the following items in their room or in the house, could indicate that they are using drugs:</p> <ul style="list-style-type: none"> • pipes • rolling papers • small medicine bottles • eye drops • butane lighters • homemade 'bongs' (pipes that use water as a filter) made from tin cans or plastic drinks bottles • scorched tinfoil • razor blades • syringes
<p>Fabricated or induced illness</p>	<p>The following list is of behaviours exhibited by carers which can be associated with fabricating or inducing illness in a child. This list is not exhaustive and should be interpreted with an awareness of cultural behaviours and practices which can be</p>	<p>Doctors / paediatricians may be concerned at the possibility of a child suffering significant harm because of having illness fabricated or induced by her/his carer. These concerns may arise when:</p> <ul style="list-style-type: none"> • Reported symptoms and signs found on examination are not explained by any medical condition from which the child

	<p>mistakenly construed as abnormal behaviours:</p> <ul style="list-style-type: none"> deliberately inducing symptoms in children by administering medication or other substances, by means of intentional transient airways obstruction or by interfering with the child's body to cause physical signs. interfering with treatments by overdosing with medication, not administering them or interfering with medical equipment such as infusion lines claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems exaggerating symptoms which are unverifiable unless observed directly, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous obtaining specialist treatments or equipment for children who do not require them alleging psychological illness in a child. 	<p>may be suffering / correlate with any disease</p> <ul style="list-style-type: none"> Physical examination and results of investigations do not explain reported symptoms and signs There is an inexplicably poor response to prescribed medication and treatment New symptoms are reported on resolution of previous ones Reported symptoms and found signs are not observed to commence, in the absence of the carer Over time the child repeatedly presents with a range of symptoms The child's normal, daily life activities are being curtailed beyond that which might be expected from any known medical disorder from which the child is known to suffer.
<p>Faith related harmful practice</p>	<p>Faith related harmful practice is child abuse linked to belief in concepts such as witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.</p>	<p>Indicators of abuse can include:</p> <ul style="list-style-type: none"> A child's body showing signs or marks, such as bruises or burns, from physical abuse A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children A child's personal care deteriorating, for example through a loss of weight, being hungry, turning up to school without food or food money or being unkempt with dirty clothes and even faeces smeared on to them It may also be directly evident that the child's parent does not show concern for or a close bond with them

	<p>This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.</p>	<ul style="list-style-type: none"> • A child's attendance at school becoming irregular, or being taken out of school all together without another school place having been organised • A child reporting that they are or have been accused of being evil, and / or that they are having the devil beaten out of them
Female Genital Mutilation	<p>FGM is a form of abuse that could potentially be present within any child or young person's family or community context. The predominance of FGM is in African countries but it has also been documented in communities in Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan. Any child or young person from one of these ethnic backgrounds could be at risk.</p> <p>FGM has been classified by the World Health Organization into four types:</p> <ol style="list-style-type: none"> 1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin around the clitoris) 2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina). 3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. 4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping, and cauterising the genital area. 	<p>There can also be clear signs when FGM could be imminent:</p> <ul style="list-style-type: none"> • It may be possible that families will practice FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin. • A professional may hear reference to FGM in conversation, for example a girl may tell other children about it. (See Appendix B for commonly used terms in different languages). • A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'. • A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk. • Parents state that they or a relative will take the child out of the country for a prolonged period. • A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.
Forced marriage	<p>A 'forced' marriage (as distinct from a consensual 'arranged' marriage) is defined as one conducted without the valid consent of at least one of the parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds.</p> <p>Forced marriages of children may involve non-consensual and/or underage sex,</p>	<p>Victims of existing or prospective forced marriages may be fearful of discussing their worries with friends and teachers but may come to the attention of professionals for various behaviours or circumstances consistent with distress. These may include:</p> <ul style="list-style-type: none"> • A family history of siblings being forced to marry or to marry early

	<p>emotional and possibly physical abuse and should be regarded as a child protection issue and referred to Children's Social Care.</p> <p>Although there is no specific criminal offence of a forced marriage, the forced marriages of children (and vulnerable adults) may involve one or more criminal offences e.g., common assault, cruelty to persons under 16, child abduction, rape, kidnapping, false imprisonment and even murder.</p> <p>The Forced Marriage (Civil Protection) Act 2007 came into force in November 2008. The Act gives the courts a wide discretion to deal flexibly with each individual case, employing civil remedies that offer protection to victims without criminalising family members.</p> <p>Forced marriage is primarily, but not exclusively, an issue of abuse against girls and young women: 'Most cases involve young women aged between 13 and 30, although there is evidence to suggest that as many as 15% of victims are male' (Young People & Vulnerable Adults Facing Forced Marriage: Practice Guidance for Social Workers).</p> <p>Whilst most cases encountered in the UK involve South Asian families, partly reflecting the composition of the UK population, there have been cases involving families from East Asia, the Middle East, Europe and Africa. Some forced marriages take place in the UK with no overseas element, whilst others involve a partner coming from overseas or a British citizen being sent abroad.</p>	<ul style="list-style-type: none"> ● A sibling who suddenly disappeared or went abroad ● Frequent unauthorised absences or truancy from school / lessons ● Social isolation ● A sudden decline in education performance, aspirations or motivation ● Unreasonable restrictions on the child's liberty e.g., accompanied to / from school, not allowed to attend extra-curricular activities ● Depression, self-harming behaviour, eating disorders ● Lethargy and inability to concentrate ● Physical and domestic violence and abuse ● Running away from home ● Reports of having left the country suddenly or being on an extended family holiday.
<p>Gang activity and youth violence</p>	<p>A gang is defined as a “relatively durable group who have a collective identity and meet frequently. They are predominantly street-based groups of young people who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the groups’ identity.”</p>	<p>Risk indicators may include:</p> <ul style="list-style-type: none"> ● Becoming withdrawn ● Sudden loss of interest in school - decline in attendance or academic achievement ● Starting to use new or unknown slang words ● Holding unexplained money or possessions ● Staying out unusually late without reason ● Sudden change in appearance - dressing in a particular style or ‘uniform’ ● Dropping out of positive activities ● New nickname ● Unexplained physical injuries

		<ul style="list-style-type: none"> • Graffiti style tags on possessions, school books, walls • Constantly talking about another young person who seems to have a lot of influence over them • Broken off with old friends and hanging around with a new group • Increased use of social networking sites • Starting to adopt codes of group behaviour e.g., ways of talking and hand signs • Expressing aggressive or intimidating views towards other groups of young people some of whom may have been friends in the past • Being scared when entering certain areas • Being concerned by the presence of unknown youths in their neighbourhood. <p>This is not an exhaustive list and should be used as a guide, amended as appropriate considering local knowledge of the risk factors in a particular area.</p>
<p>Harmful Sexual Behaviour (HSB) & Technology Assisted Harmful Sexual Behaviour (TA-HSB)</p>	<p>Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult'. (Hackett 2014 Children and Young People with Harmful Sexual Behaviours)</p>	<p>There are no diagnostic indicators in personal or family functioning that indicate a pre-disposition towards sexual offending although the following characteristics have been found in the background of some young people who sexually offend:</p> <ul style="list-style-type: none"> • Attachment disorders - poor nurturing and parental guidance • Domestic violence and abuse • Previous sexual victimisation - a younger age at the onset of the abuse is more likely to lead to problematic sexualised behaviour • Social rejection and loneliness • Poor empathy skills <p>Many of these factors exist alongside typical family environments where other forms of abuse are present. Technology-assisted harmful sexual behaviour (TA-HSB) can range from developmentally inappropriate use of pornography (and exposing other children to this), through grooming and sexual harassment. Online behaviour may be a trigger for sexual abuse and the long-term effect of exposure to pornography can affect the ability to build healthy sexual relationships.</p>
<p>So called 'Honour Based' Violence</p>	<p>'Honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the</p>	<p>Abuse and violence because of 'dishonour' and shame may include:</p> <ul style="list-style-type: none"> • Self harm, suicide, or attempted suicide because of controls and abuse

	<p>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.</p> <p>Honour-based violence is normally associated with cultures and communities from Asia, the Middle East and Africa as well as Gypsies and Travellers, it also occurs in communities in parts of Europe and Eastern Europe. Honour based violence can be found across all cultures, nationalities, faith groups and communities and transcends national and international boundaries.</p> <p>There is no statutory definition of HBV.</p> <p>There is no specific offence of “honour-based” crime”. It is an umbrella term to encompass various offences covered by existing legislation. HBV can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.</p> <p>Forms of HBV include practices performed by perpetrators on victims for cultural or socio-conventional motives which have harmful consequences.</p> <p>Honour killings are another form of Honour-based violence. Honour killings are an extreme example of a violation of human rights of mainly women who are perceived</p>	<ul style="list-style-type: none"> • Forced suicide/ attempted suicide as an inflicted act or punishment • Controlling sexual activity e.g., forcing or withholding sexual activity • Child abuse • Rape • Kidnapping or false imprisonment • Threats to kill • Assault • Harassment/ stalking • Bullying • Forced abortion • Being forced into marriage • Pressure to return home • Pressure to go abroad • House ‘arrest’ and restriction of movement within and outside the home • Excessive restrictions on life (not allowed a phone, internet or develop friendships outside of wider family / friends circle etc.) • Honour killings <p>This list is not exhaustive but highlights abuse of human rights and/or criminal offenses over and above the disapproval by family/ community.</p>
<p>Missing from home, school or care</p>	<p>to have brought shame or dishonour. The National College of Policing definitions are as follows:</p> <ul style="list-style-type: none"> • Missing: Anyone whose whereabouts cannot be established and where the circumstance are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another. 	<p>A child going missing from home, school or care, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.</p> <p>There are many circumstances where a child may become missing from education or home or care, but some children are particularly at risk. These include children who:</p>

	<ul style="list-style-type: none"> • Absent without permission: A person not at a place where they are expected or required to be. 	<ul style="list-style-type: none"> • Are at risk of harm or neglect • Are at risk of forced marriage or FGM • Come from Gypsy, Roma, or Traveller families • Come from the families of service personnel • Go missing or run away from home or care • Are supervised by the youth justice system • Cease to attend a school • Come from new migrant families
<p>Online abuse</p>	<p>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.</p> <p>The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:</p> <ul style="list-style-type: none"> • content: being exposed to illegal, inappropriate, or harmful material; for example, pornography, fake news, racist or radical and extremist views • contact being subjected to harmful online interaction with other users; for example, commercial advertising as well as adults posing as children or young adults • conduct personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending, and receiving explicit images, or online bullying. 	<p>Many of the signs that a child is being abused are the same no matter how the abuse happens.</p> <p>A child may be experiencing abuse online if they:</p> <ul style="list-style-type: none"> • spend lots, much more or much less time online, texting, gaming, or using social media • are withdrawn, upset, or outraged after using the internet or texting • are secretive about who they're talking to and what they're doing online or on their mobile phone • have lots of new phone numbers, texts or e-mail addresses on their mobile phone, laptop, or tablet. <p>https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/online-abuse/signs-symptoms-effects/</p>
<p>Organised/ contextual crime:</p>	<p>As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.</p>	<p>All the above signs and symptoms may apply if someone is subject to organised/contextual crime.</p>

	<p>Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.</p> <p>Organised crime can be defined as serious crime planned, coordinated, and conducted by people working together on a continuing basis. Their motivation is often, but not always, financial gain. Organised criminals working together for a criminal activity or activities are called an organised crime group.</p> <p>Organised crime group structures vary. Successful organised crime groups often consist of a durable core of key individuals. Around them is a cluster of subordinates, specialists, and other more transient members, plus an extended network of associates.</p> <p>Many groups are often loose networks of criminals that come together for a specific criminal activity, acting in different roles depending on their skills and expertise. Collaboration is reinforced by shared experiences (such as prison), or recommendation from trusted individuals. Others are bonded by family or ethnic ties – some ‘crime families’ are precisely that.</p> <p>Organised crime includes drug trafficking, human trafficking, and organised illegal immigration, child sexual exploitation, high value fraud and other financial crimes, counterfeiting, organised acquisitive crime and cyber-crime.</p>	
Racism	<p>Racism does not constitute a separate category of abuse, although it can be a source of significant harm and can be an aggravating factor in other incidents of abuse. Children and their families from black and minority ethnic groups are more likely to have experienced harassment, racial discrimination and institutional racism</p>	
Radicalisation	<p>Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups.</p>	<p>Children and young people can be drawn into violence, or they can be exposed to the messages of extremist groups by many means.</p> <p>These can include through the influence of family members or friends and/or direct contact with</p>

		<p>extremist groups and organisations or, increasingly, through the internet. This can put a child at risk of being drawn into criminal activity and has the potential to cause significant harm.</p> <p>The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified.</p> <p>Potential indicators include:</p> <ul style="list-style-type: none"> • Use of inappropriate language • Possession of violent extremist literature • Behavioural changes • The expression of extremist views • Advocating violent actions and means • Association with known extremists • Seeking to recruit others to an extremist ideology.
<p>Sexting</p>	<p>Sexting is when a child takes an indecent image of them self and sends this to their friends or boy / girlfriends via mobile phones. The problem is that once taken and sent, the sender has lost control of these images and these images could end up anywhere. They could be seen by the child's future employers, their friends or even by paedophiles.</p> <p>By having in their possession, or distributing, indecent images of a person under 18 on to someone else – young people are not even aware that they could be breaking the law as these are offences under the Sexual Offences Act 2003.</p>	<p>The NSPCC warn that most children do not see 'sexting' as a problem and are reluctant to talk to adults about it because they are afraid of being judged or having their phones taken away. They advise that it is important to talk to children to explain the risks of 'sexting', how to stay safe and that they can talk to you if something ever makes them feel scared or uncomfortable.</p> <p>http://www.nspcc.org.uk/sexting</p>
<p>(Child) Trafficking or Modern Slavery</p>	<p>Modern slavery' is a form of organised crime in which individuals including children and young people are treated as commodities and exploited for criminal and financial gain. It encompasses human trafficking, slavery, servitude and forced labour. 'Trafficking of persons' means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having</p>	<p>Grooming methods are often used to gain the trust of a child and their parents, e.g., the promise of a better life or education, which results in a life of abuse, servitude, and inhumane treatment. Trafficked victims are coerced or deceived by the person arranging their relocation, and are often subject to physical, sexual, and mental abuse. The trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered. Children are not considered able to give 'informed consent' to their own exploitation (including criminal exploitation), so it is not necessary to consider the means used for the exploitation - whether they were forced, coerced, or deceived, i.e., a child's consent to being</p>

	control over another person, for the purpose of exploitation. 'Exploitation' for modern slavery purposes is defined, as a minimum, to include sexual exploitation, forced labour, domestic servitude, and organ trafficking.	trafficked is irrelevant and it is not necessary to prove coercion or any other inducement.
Upskirting	Upskirting is defined as 'taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm' (DfE 2019) The Voyeurism Offences Act, which was commonly known as the Upskirting Bill, was introduced on 21 June 2018. It came into force on 12 April 2019. This states that upskirting, where committed to obtain sexual gratification, can result in the most serious offenders being placed on the sex offenders' register. Additionally, perpetrators can now face up to two years in prison.	Upskirting is distressing and a humiliating violation of privacy for victims.

Planning and Prevention

Highlands homes endeavour to build a strong safeguarding culture in our homes where children/ young people are listened to, respected, and involved in decision making.

All staff should strive to build positive relationships with children/ young people and develop a culture of openness and trust that encourages them to be able to tell someone if they have concerns or worries about their safety.

Highlands homes will establish links with other organisations in the local area to promote a safe and caring community and to develop shared practices that seek to safeguard all children/ young people in the locality. This includes the local police station and our local police community support officers.

Children/ young people will be supported by staff to understand what abuse is and will be given information about how to report abuse or how to share any concerns about possible abuse. This information will be included in the Child/ Young Person's Guide, which children/ young people receive before or upon admission to the home. Children/ young people will also be made aware of how to access an independent advocate who can help them to raise any concerns they may have.

Children/ young people will also be able to access in private, relevant websites or helplines such as Childline to seek advice and help.

A child/ young person friendly guide to Working Together to Safeguard Children* will also be provided to children/ young people on their arrival to the home. This will be made into a social story for young people who have additional communication needs.

Staff will continually and actively assess the risks to each child/ young person and the arrangements in place to protect them. Where there are safeguarding concerns for a child/ young person, their Placement Plan and Risk Assessment, agreed between the home and the child's Placing Authority, will include details of the steps that will be taken to manage any assessed risks on a day-to-day basis.

As children/ young people will spend significant periods of time away from the home, for example in education or training, at appointments with the YOS or for engagement in leisure activities, any assessed risks should be shared with the education provider

or service the child/ young person is attending if appropriate, so that the service is clear on the action they must take if the child/ young person is at risk while using their service.

This Safeguarding Policy will be available and explained to children/ young people and their families as well as to all staff, whatever their role. The Registered Manager must make sure that all staff are familiar with this policy and act in accordance with it, in particular how to use it to report a concern.

***<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/07/Working-together-to-safeguard-children.pdf>**

Designated Safeguarding Leads

The Designated Safeguarding Lead (DSL) is responsible for dealing with any concerns about the protection of children/ young people and ensuring that appropriate arrangements for keeping children and young people safe are in place.

Highlands (Fareham)Ltd

Registered Manager: Hannah Brown

Contact Number: 07516112086

Email Address: hannahbrown@highlands-group.co.uk

Heathfield (Parkgate) Ltd

Registered Manager: Donna Morris

Contact Number: 07902400050

Email Address: Donnamorris@highlands-group.co.uk

New Haven (Waterlooville) Ltd

Registered Manager: Tracey Allsopp

Contact Number: 07938500272

Email Address: Traceyallsopp@highlands-group.co.uk

In the Registered Manager's absence, or where a safeguarding allegation concerns the Registered Manager, the Responsible Individual automatically takes on the role of the DSL.

Responsible Individual: Jackie Smeeth

Contact Number: 07716 639564

Email Address: jackiesmeeth@highlands-group.co.uk

Should any member of staff have concerns around the conduct of the Responsible Individual, they should report this to the Registered Manager. There is a protocol in place where the concern can be shared with the Company Directors, to whom the Responsible Individual is accountable.

Additional DSL's

Head of Care: Rhiannon Beer

Contact Number: 07548559090

Email Address: rhiannonbeer@highlands-group.co.uk

Peripatetic Manager: Stuart White

Contact Number: 07516112085

Email Address: stuartwhite@highlands-group.co.uk

Reporting Concerns

The general principle is that all safeguarding concerns and any allegations must be reported.

The following actions should be taken when there is any concern or disclosure about the welfare of a child or young person. This includes non-recent or historical abuse that may have occurred at some time in the past and may not have been previously reported or investigated.

When a staff member sees, hears, or is told anything that causes them to become concerned that a child or young person is suffering or likely to suffer significant harm, they must report it immediately to the appropriate DSL. This can be reported verbally in the first instance, however, must always be recorded in writing, on the Cause for Concern form below, within 24 hours.

If the Designated Safeguarding Lead is not available or if there are immediate concerns, the staff member should follow the on-call procedure who will then ensure appropriate action is taken. Our homes operate a 2-tier on-call system to ensure that a suitably trained member of staff is always available.

NOTE: If the concern implicates both the Registered Manager and Responsible Individual, the staff member should use their professional judgement and notify the relevant external bodies:

- The child's allocated Social Worker / the Placing Authority
- The Local Authority Children's Social Care Services in which the home is located (if different)
- Police
- The Regulatory Authority (Ofsted)
- The Local Authority Designated Officer (LADO)

In an emergency, where there is an immediate risk to the child/ young person, staff must take necessary action. This may involve asking for police assistance or seeking emergency medical assistance e.g., taking the child/ young person to hospital. If the child/ young person is taken to hospital or the police are called, staff must inform them that there is a suspicion of abuse or harm. Thereafter staff must notify the DSL (or other agency) as described above.

Once notified, the DSL will be responsible for making a safeguarding referral to the child/ young person's Placing Authority and, if different, the Local Authority Children's Social Care Services of which the home is located. Hampshire County Council interagency referral form can be found at www.hants.gov.uk.

When sharing information about a child/ young person with a relevant agency, it is good practice for practitioners to be transparent about their concerns and to seek to work cooperatively with the child/ young person and their parents / carers. The DSL should therefore usually inform parents / carers (and the child/ young person depending on their age and level of understanding) that they are going to make a referral.

However, referrals can be made without first informing the child/ young person and or their parents / carers where to do so would place a child/ young person at risk. Any decision not to inform a child/ young person or their parents / carers must be recorded with reasons.

Receiving Concerns in Relation to Abuse or Harm

Children/ young people will sometimes disclose abuse to an adult who they have come to feel they can trust. If a child/ young person discloses abuse it is important that staff respond appropriately by remaining calm and receptive; listening without interrupting; only asking questions for clarification; and acknowledging the child/ young person's courage in telling.

Staff should not:

- Investigate the concern
- Ask leading questions
- Get the child/ young person to repeat the disclosure over and over
- Make assumptions or offer alternative explanations
- Approach/ inform the alleged perpetrator.

It is not the staff member's responsibility to investigate or in any way make judgements about what is reported to them. Investigations, if necessary, must be undertaken by the police and Children's Social Care.

If a disclosure, or allegation of abuse or harm, has been made, staff should discuss with the child/ young person or other person who has made the complaint what steps they propose to take to protect them and their wishes should be shared and, if not in conflict with procedures, followed.

Where the allegation or disclosure is of a non-recent or historical nature, e.g., relating to abuse or harm that may have been perpetrated in another placement or by family members, allegations must be taken seriously and must be reported in the same way as any other allegation.

Staff must not give absolute guarantees of confidentiality to those who report possible abuse or harm, but they should guarantee that they will take steps to ensure that appropriate action is taken, and the child or young person protected.

Staff should not discuss the matter with others, including other staff, parents etc. unless asked to do so by those responsible for dealing with any subsequent investigation or enquiry.

Action by the Designated Safeguarding Lead

After receiving a report of a concern, suspicion or allegation of abuse or harm, the DSL will firstly take any additional steps needed to protect any child or young person from risk of immediate harm.

The DSL should ensure the following people are notified without delay, and within 24 hours:

- The child's allocated Social Worker / the Placing Authority
- The Local Authority Children's Social Care Services in which the home is located (if different)
- If the suspicion / allegation relates to a member of staff / professional, the DSL should ensure the Local Authority Designated Officer (LADO) is notified
- If necessary, police;
- If necessary, the Regulatory Authority (Ofsted).

The procedures that will be followed will depend on the decisions made by Children's Social Care and the child/ young person's Social Worker. The DSL will co-operate with the decisions / actions taken by them.

Following receipt of the referral, if Children's Social Care have concerns that a child/ young person has suffered or is likely to suffer significant harm, a Strategy Discussion / Meeting will be convened, to decide whether to initiate a Child Protection Enquiry and, if so, to agree the following with the DSL:

- Who should inform the child/ young person's parent(s)
- Arrangements for any medical examination of the child/ young person
- Any immediate arrangements for protection of the child/ young person
- Whether it is necessary to inform staff within the home and if so, who will do it
- Who will complete any investigations required in relation not allegations against staff
- Who should inform / update the person making the initial allegation of the steps / actions taken

The DSL should ensure that the child/ young person is supported during any enquiries / investigation. This may require an independent advocate or independent person to be involved.

The DSL should ensure that all staff co-operate fully.

In exceptional cases, and where strategies have proven unsuccessful in keeping a child/ young person safe, it may need to be considered whether a change of placement might be in the best interests of the child/ young person. This situation could arise, for example, if the child/ young person is at risk of child sexual exploitation in the home's local area. In such cases, the DSL must discuss this option with the child/ young person's Social Worker to ensure that this option is considered in the context of the child/ young person's holistic needs and of their Placement Plan, and endeavour to arrange a Placement Stability Meeting.

Where a meeting does not take place, or if the DSL considers a Placing Authority or other relevant person's performance or response to be inadequate in relation to safeguarding children, the DSL has a responsibility to escalate this concern under Regulation 5 of The Children's Homes (England) Regulations 2015.

Allegations Made Against Children or Young People

Abuse and harm can be perpetrated upon one child or young person by another in many ways, including persistent or serious bullying, sexual exploitation, aggressive, exploitative, or other threatening behaviour which places a child or young person at risk.

Where there is any suspicion or allegation of abuse or harm perpetrated by one child or young person upon another, the procedures outlined above in this policy should be followed.

Protecting the rights of both the victim and alleged perpetrator is important. It may be necessary, dependent on an assessment of all the facts, to separate the alleged perpetrator and victim but it may not be possible to explain why this is necessary to the perpetrator.

Throughout the process thereafter it will be necessary to ensure that all children/ young people involved are properly supported, by an independent person if appropriate or required, as well as their Social Worker and parent(s).

Once the investigation is complete, consideration will need to be given to the needs and interests of both the victim and alleged perpetrator, and whether counselling and or other support should be given. It may need to be considered whether a change of placement is necessary for the alleged perpetrator, in the interests of the victim's welfare. Children/ young people who are the victims of peer-on-peer abuse should not be removed from the home for their own protection.

Allegations Made Against Staff

If an allegation or any suspicion is about the behaviour, past or present, of a member of staff, including managers, which may in any way put children/ young people at risk, it must be reported to the appropriate DSL. A failure to report an allegation concern in accordance with this procedure is a potential disciplinary matter.

It may be necessary to safeguard both a child and the staff member concerned, to suspend the staff member (on full pay) pending any investigation.

The DSL should report any allegation to LADO, and other relevant persons, without delay in line with the procedures outlined above in this policy. Referrals to the LADO should not be postponed in order to gather additional information.

NOTE: If the DSL is concerned that there is an immediate risk to children/ young people or a crime has been committed, the police should be contacted.

The initial discussion between the DSL and the LADO will consider the nature, content and context of the allegation and agree a course of action. The DSL may be asked to provide additional information, such as previous history of the child/ young person or member of staff concerned.

The initial sharing of information and evaluation may lead to a decision that no further action is to be taken. In this instance, the decision and its reasons should be recorded. An agreement should be reached about what the next steps should be, together with the information that will be provided to the individuals concerned.

Follow up support may need to be considered for both the subject of the allegation and the child / young person.

The DSL will consult with the LADO and other relevant persons e.g., the Placing Authority and the Local Authority (if different), the police, and Ofsted to manage and coordinate decisions which will need to be taken in relation to the member of staff against who the allegation has been made. This will include whether it is necessary to suspend the staff member, or if they can be moved to other duties which do not involve direct contact with children/ young people.

If there is cause to suspect a child is suffering or likely to suffer significant harm, a Strategy Discussion / Meeting will be convened.

Instances of abuse or neglect in any form perpetrated by a staff member towards a child/ young person will not be tolerated and will be dealt with as misconduct under the organisation's Disciplinary Procedure.

If an allegation is substantiated and the DSL removes the individual from work because they consider that they pose a risk of harm to children (or would have done had the person not left) they must ensure a referral is made to the Disclosure and Barring Service (DBS).

Whistleblowing

Ideally, questions of poor practice should be dealt with long before they reach the whistleblowing stage. Staff will be able to raise questions about any areas of concern during supervision or in staff meetings; so that practice can be modified before they cause harm. Whistleblowing is often difficult and can cause ill feeling. However, it must be faced so problems are not to escalate. A member of staff who takes no action may find that they themselves become caught up in bad practice. The responsibility for whistleblowing rests with any person, whatever their position, who has evidence or suspicions of suboptimal practice.

Staff can contact the National Society for the Prevention of Cruelty to Children's whistleblowing helpline by calling 0800 028 0285, or by emailing help@nspcc.org.uk. They can also whistleblow directly to Ofsted by calling 0300 1233155, or by emailing whistleblowing@ofsted.gov.uk.

See Highlands Whistleblowing Policy for more information.

Recording

Records must be kept detailing all individual safeguarding incidents. This information should be shared with the Placing Authority and, where appropriate, with the child/ young person's parents.

Such incidents must be recorded using a 'Cause for Concern' form – Part 1 which includes:

- Dates and times of the observations and location.
- Dates and times of any discussions they were involved in.
- Any injuries or marks
- Explanations given by the child/adult including any actual words or phrases used by the child
- Any drawings used by the child
- What action was taken?
- The date of the report and staff signature.

Records should be factual, accurate, concise, ethical, and relevant. All information should be legible and discussions with other professionals and agencies should be recorded chronologically.

The DSL will upload the Cause for Concern form to Clientbridge. The DSL will complete the 'Cause for Concern Form – Part 2 to detail any subsequent actions taken. All additional relevant attachments must be uploaded to the Clientbridge tab, including associated Body Maps, relevant screen shots/ photographs, Regulation 40 notification as supporting evidence. Each document must be marked as restricted access to protect confidentiality.

The safeguarding record will remain 'live' until all necessary safeguarding measures have been implemented, and it is no longer felt as though the child/ young person is at risk of significant harm.

Monitoring

Evaluation of safeguarding concerns should be undertaken and recorded after each incident, to identify any gaps in training, skills, or knowledge for staff or to record and retain evidence of what worked well. This evaluation should inform the Registered Manager's Quality of Care Review.

The Registered Manager must assess each case individually, considering any patterns of behaviour or unusual behaviour which may indicate an increased risk to the child/ young person.

The home will also have an independent person visiting the home at least once a month to monitor the effectiveness of the home's arrangements for safeguarding children/ young people and for promoting their well-being. They will routinely examine safeguarding concerns to check the home provides stable, secure, and safe care.

Notifications

Regulation 40 of The Children's Homes (England) Regulations 2015 requires the Registered Manager to notify Ofsted, along with other relevant persons, if a child/ young person is suspected, or has been subjected, to significant harm. This includes, but is not limited to, child sexual exploitation, where there has been an allegation of abuse against a person working within the home, and instances where a child protection enquiry involving a child/ young person has been initiated. Any notifications to Ofsted must be made within 24 hours of the incident.

Training and Supervision

The Registered Manager will ensure that all staff receive information regarding safeguarding on induction. This introduces the new staff member to policy, procedure, and practice at Highlands. Staff will be orientated on where to find information regarding safeguarding including relevant websites and resources.

All staff will be required to read this policy and confirm that they understand their role in safeguarding and protecting children/ young people within the organisation.

Mandatory training includes, but is not limited to, the following courses:

- Safeguarding Children
- Safeguarding Children with Learning Disabilities
- Child Sexual Exploitation
- Radicalisation And Extremism
- Self-Harming Behaviours
- Female Genital Mutilation
- Reporting And Recording
- Anti-Bullying
- Internet Safety

The Registered Manager, Responsible Individual and Deputy Manager will receive Designated Safeguarding Lead training.

The competence and support needs of staff in recognising and responding to safeguarding issues will be considered as part of their appraisal and supervision. Each staff member will receive a supervision every 4 weeks. Group supervision is also facilitated in the form of weekly team meetings, and this will often be used as a forum to deliver safeguarding workshops.

The Registered Manager must check that agency staff have completed, at the very least, basic safeguarding training before being allowed into contact with children/ young people. Contractors and others on site will be always supervised unless otherwise permitted in accordance with The Children's Homes (England) Regulations 2015.

All staff undergo an extensive recruitment process consisting of an interview, a practice shift, and an enhanced criminal check from the Disclosure and Barring Service. Portability can be applied to existing DBS checks if it meets the criterion guidance from the DBS service and Ofsted.

See Highlands Safer Recruitment Policy for more information.



CAUSE FOR CONCERN FORM PART 1

This form must be completed following any issue raised as a concern in as much detail as possible. The home Senior lead MUST be notified as soon as possible and this form provided to the HOME MANAGER/Manager on call.

Staff Name		Reference Number			
Child's Name		Date/Time			
Names of Others Involved					
External Agencies Involved					
Nature of Concern					
<i>Write here in detail what you are concerned about. Include facts and what you observed. Where did this take place? When? What was said? What did you see?</i>					
What Actions Did You Take?					
<i>Detail everything you did to ensure the child was safe. Include actions you took to keep others safe.</i>					
Who Have You Notified?					
Notified	Name	Date	Time	Verbal	Written
Senior Staff					
Manager					
Other					
Signed		Date		Time	



CAUSE FOR CONCERN FORM PART 2

This form must be completed by the Senior Staff or Manager following the receipt of a Cause For Concern

What Actions Did You Take?
Detail everything you did to ensure the child was safe. Include actions you took to keep others safe. Include communication with staff and ongoing actions

Who Have You Notified?

Agency	Name	Date	Time	Outcome

Are There Any Follow Up Actions?
List any actions which are outstanding or need to be completed

Action	Date Completed or N/A	Completed by
Learning review		
Updated Risk Assessment		
Updated Placement Plan		
Complaint process		

Signed	Date	Time	
Name	Role		

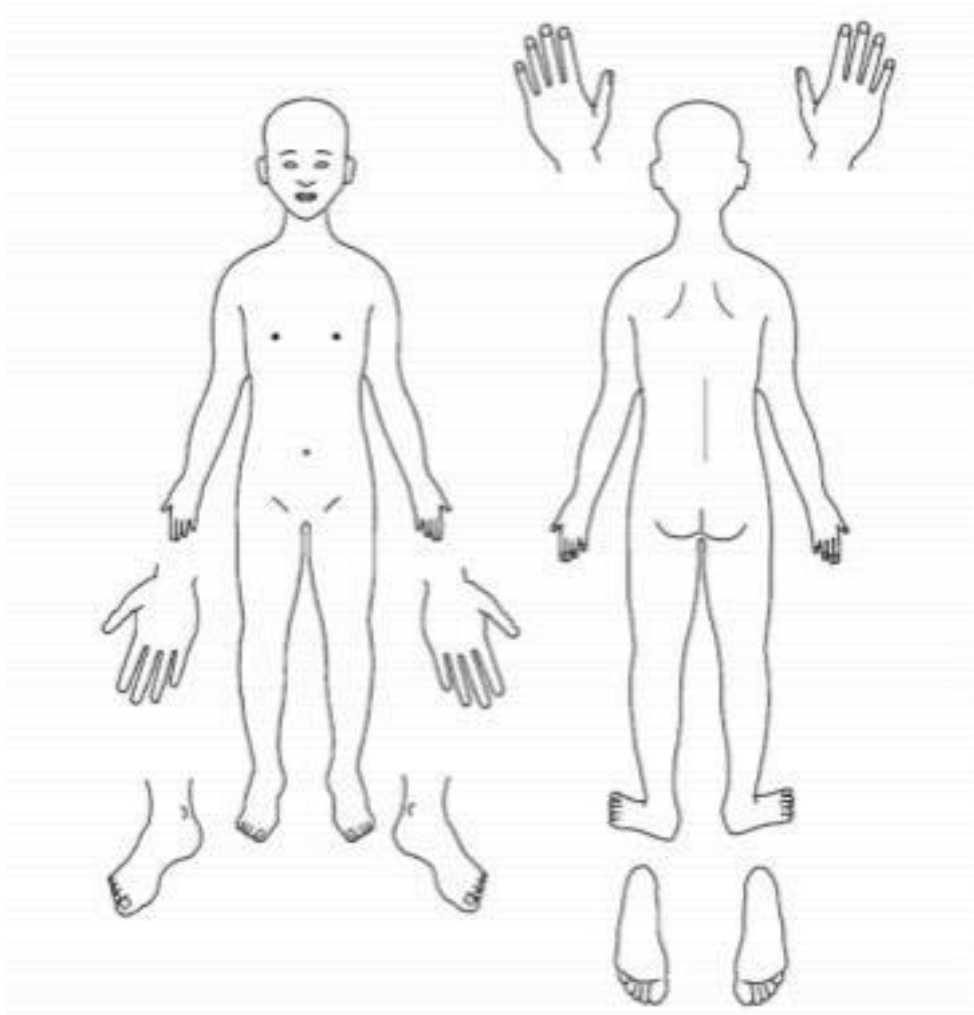
Safeguarding/ Child Protection Flow Chart

1.	Staff member has concerns for a child's welfare, or an allegation is made.
2.	Staff member takes immediate action to safeguard the child.
3.	<p>As soon as it is safe to do so, the staff member verbally informs the Designated Safeguarding Lead (DSL) for the home. This is the Registered Manager (RM).</p> <p>Note: If the matter is about the Registered Manager, staff should notify the Responsible Individual (RI). If the matter is about both the RM and RI, staff may use their professional judgement to contact the following directly:</p> <ul style="list-style-type: none"> • The child's allocated Social Worker / the Placing Authority • The Local Authority Children's Social Care Services in which the home is located (if different) • Police • The Regulatory Authority (Ofsted) • The Local Authority Designated Officer (LADO)
4.	Staff member completes a cause for concern form and sends this to the DSL (this must be completed as soon as possible, and prior to leaving the shift).
5.	<p>The DSL will decide who needs to be notified:</p> <ul style="list-style-type: none"> • Young person's Social Worker/ placing authority • Local authority where the home is located (if different) • Parents/ carers • Police • Medical professionals • Ofsted • LADO if the allegation is pertaining to a staff member)
6.	The DSL will lead on follow up actions (e.g., Strategy or Professionals/ Carers Meeting).
7.	The DSL will ensure that all agreed actions are followed through.
8.	The DSL will keep a chronology of all actions taken.
9.	The DSL will ensure that all relevant parties are updated on the safeguarding matter, on a 'need to know' basis.
10.	The DSL will ensure the child is provided with all relevant information, support and interventions.

11.	The DSL will oversee safeguarding or policy reviews, investigations/ disciplinary procedures/ DBS referrals, and additional staff training as required.
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Body Map

Name:	
Date:	
Reference No:	
Completed by:	



Details of Injury

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Terms used in Children's Safeguarding

ABE	Achieving Best Evidence: Guidance that police and social workers follow when interviewing children when a crime may have been committed.
ACE	Adverse Childhood Experiences
ASD	Adult Services Department
CAFCASS	Child and Family Court Advisory and Support Service: Government agency responsible for court based social workers and children's guardians.
CAIT	Child Abuse Investigations Team: Hampshire Police-investigate child abuse.
CAMHS	Child & Adolescent Mental Health Service
CAST	Children Assessment and Safeguarding Teams
CAWN	Child Abduction Warning Notice A warning letter issued to an adult suspected of involvement in harbouring a child; for example, an adult who allows a child to stay at their home without informing the child's parent or carer.
CCE	Child Criminal Exploitation
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel: Responsible for collecting and analysing information about the death of children under 18 years

CEOP	Child Exploitation and On-Line Protection Command: Work with child protection partners to identify the main threats to children and coordinates activity against these threats to protect children from harm online and offline.
CFSW	Children and Family Support Workers
CIC	Children in Care
CIN	Children in Need – Section 17 of the children’s act 1989
CLA	Children Looked After
CME	Children Missing from Education
CMHT	Communications Mental health Team

County Lines	A police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or ‘deal lines. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money.
CPC	Child Protection Conference
CPI	Community Partnership Information Form A process for sharing intelligence with police
CPIS	Child Protection Information System
CPP	Child Protection Plan
CPS	Crown Prosecution Service
CPSU	Child Protection in Sports Unit – Partnership between the NSPCC, Sport England, Sport Northern Ireland, and Sport Wales to protect children in sport

CSD	Children Services Department
CRT	Children's Reception Team
CRU	Central Referral Unit (Police)
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSERQ	Child Sexual Exploitation Risk Questionnaire
CYP or CYPR	Child Young Person at Risk (Police)
DA (DV)	Domestic Abuse (domestic violence)
DVA	Domestic Violence and Abuse
DASH	Domestic Abuse Stalking and Harassment Tool
DAPP	Domestic Abuse Perpetrator Programme
DBS	Disclosure and Barring Service
DN	Designated Nurse
DPA	Data Protection Acts
DSL	Designated Safeguarding Lead – Within educational settings

DSP	Designated Senior Person
DT	Designated Teacher
E&T	Education and inclusion
EHA	Early Help Assessment
EHE	Electively Home Educated
EPO	Emergency Protection Order
EWO's	Education Welfare Officers
EYFS	Early Years Foundation Stage
FGM	Female Genital Mutilation
FII	Fabricated or Induced Illness
FSS	Family Support Service
HBV	Honour Based Violence
HSCP	Hampshire Safeguarding Children Partnership (Previously HCSB Hampshire Safeguarding Children Board)
HIAS	Hampshire Inspection & Advisory Service
HHFT	Hampshire Hospital Foundation Trust
HSAB	Hampshire Safeguarding Adult Board
IARF	Inter-Agency Referral Form: Used to report safeguarding concerns

ICPC	Initial Child Protection Conference
ICS	Integrated Children's System – System used to hold service user information
ICTA	Independent Child Trafficking Advocate
IDASH	Integrated Child Abuse Service for Hampshire
IDVA	Individual Domestic Violence Advisor

IMR	Internal Management Review or Independent Management Review
IOWSCP	Isle of Wight Safeguarding Children Partnership (Was Safeguarding Children Board)
IRO	Independent Reviewing Officer
JTAI	Joint Targeted Area Inspections
KCSIE	Keeping children Safe in Education
LA	Local Authority
LAC	Looked After Child
LADO	Local Authority Designated Officer
LIG	Learning and Inquiry Group
LSAB	Local Safeguarding Adult Board
LCSP	Local Safeguarding Children Partnership (Formerly Local Safeguarding Children Board)

LNA	Learning Need Analysis
MAPPA	Multi- Agency Public Protection Arrangements
MAR	Multi-Agency Review
MARAC	Multi-Agency Risk Assessment Conference
MASF	Multi-Agency Safeguarding Forums
MASH	Multi-Agency Safeguarding Hub
MISPER	Missing Persons
MET	Missing Exploited Trafficked
NFA	No Further Action
NSPCC	National Society for Prevention of Cruelty of Children
OM	Offending Manager

OOC	Out of Country
Operation Encompass	Police informing schools via email following a domestic abuse incident when a child within the family home attends their school.
PACE	Police and Criminal Evidence Act
PEP	Personal Education Plan

PIP	Partners in Practice
PHL	Partnering Health Ltd
PLO	Public Law Outline
POLIT	Paedophile Online Investigation Team (Police)
PP	Police Protection
PPN	Public Protection Notice
PPO	Public Protection Unit (Police)
PR	Parental Responsibility
PSO	Prohibited Steps Order
PSCP	Portsmouth Safeguarding Children Partnership (Formerly Portsmouth Safeguarding Children Board)
PSAB	Portsmouth Safeguarding Adult Board
QAG	Quality and Assurance Group
R&A	Referral and Assessment
RCPC	Review Child Protection Conference
RO	Residence Order
SA	Single Assessment – The ONE assessment created in line with criteria set out in Working together 2013

SAR	Subject Access Request
SCAS	South Central Ambulance Service
SCR	Serious Case Review
SERAF	Sexual Exploitation Risk Assessment Framework
SFYC	Services for Young Children
SGO	Special Guardianship Order
SHFT	Southern Health Foundation Trust
SSFAA	Soldiers, Sailors and Airmen's Families Association
SUID	Sudden Unexpected Infant Death
S17	Section 17 of the children's act 1989 – Child in Need
S20	Section 20 of the children's act 1989 – Child Accommodation
S47	Section 47 of the children's act 1989 – Child Protection
TOR	Terms of Reference
Toxic/trigger trio	Mental health, substance misuse and domestic abuse
WDG	Workforce Development Group
WDT	Workforce Development Team

UASC	Unaccompanied Asylum-Seeking Children
UCS	Unscheduled Care Setting
UHS	University Hospital Southampton
VAWG	Violence Against Women and Girls
VISOR	The Violent and Sexual Offenders Register
WTTSC	Working Together to Safeguard children