# Safeguarding and Child Protection Policy

**When you adopt this policy please update with any Yellow personalisation and then remove all highlighting.**

 **[insert setting logo if applicable]**

# Child Protection and Safeguarding Policy and Procedure

[insert name of childcare setting]

This policy was adopted on [insert date]

This policy is due for review on [insert date]

* 1. **Key contacts** Delete any rows not applicable to your provision

| Role | Name | Contact details |
| --- | --- | --- |
| Designated Safeguarding Lead | [insert] | [insert telephone number] |
| Deputy Designated Safeguarding Lead  | [insert] | [insert telephone number] |
| Named person for dealing with allegations | [insert] | [insert telephone number] |
| Nominated trustee for safeguarding and child protection | [insert] | [insert telephone number] |
| Chair of trustees | [insert] | [insert telephone number] |

**If you feel a child is in immediate danger, or you feel an allegation against adult is requires police intervention please call 999**

[[**When to call the Police: Guidance for schools and colleges**](https://safeguardingsupport.com/wp-content/uploads/2020/10/When-to-call-the-police-guidance-for-schools-and-colleges.pdf)](https://www.npcc.police.uk/SysSiteAssets/media/downloads/publications/publications-log/2020/when-to-call-the-police--guidance-for-schools-and-colleges.pdf)

**Referrals into MASH**

Monday to Thursday: 9.00am to 4:30pm

Friday: 9.00am to 4.00pm

01803 208100

Emergency Duty Service – after hours, weekends and public holidays: 0300 4564 876

Make a referral via email: mash@torbay.gov.uk

You can download a form: [Hub - Torbay Safeguarding Children Partnership](http://www.torbaysafeguarding.org.uk/professionals/hub/)

**Local Authority Designated Officer (LADO)**

LADO:01803 208541 or 07920247310 Monday to Friday 9am -5pm

Emergency Duty Service after hours, weekends and public holidays: 0300 4564 876

Email cpunit@torbay.gov.uk

You can download a form: [LADO Referral Form](http://www.torbaysafeguarding.org.uk/professionals/managing-allegations/)

**TESS (Torbay Education Safeguarding Service)**

Monday to Friday 9am to 5pm 01803 208618

Sarah James: 07535 815441

Debbie Juniper: 07841 056388

Email: TESS@torbay.gov.uk

**Contact Ofsted**

To report a serious childcare incident:

<https://www.gov.uk/guidance/report-a-serious-childcare-incident>

**The child is judged to be in real and immediate danger:**

* Dial 999 and ask for Police assistance.

There is a safeguarding concern: the matter should be
referred to Children’s Social Care

* During Office Hours: contact the Multi Agency Safeguarding Hub (MASH) on 01803 208100
* Out of Hours: contact the Emergency Duty Team on 0300 456 4876
* Non-emergency police :101

**Discuss concerns with the Designated/Deputy Safeguarding Lead (DSL/DDSL).**

* The DSL at xxxxxxxx School is xxxxxx. The DDSL is/are XXXXXXXX
* If the matter involves the DSL, it should be brought to the attention of xxxxx. *(Head Teacher)*
* A written record of the concern will be kept in the Child Protection section of the child’s file.
* A member of staff should contact Children’s Social Care directly only in exceptional circumstances and are asked to advise the DSL or Deputy DSL that they have done so.

**Children’s Social Care will:**

* Acknowledge receipt of the referral
* Decide (within 24 hours) on next steps
* Inform the referrer of the course of action that has been decided
* Inform the referrer of the course of action that has been decided

There is not a safeguarding concern:

* The DSL will carefully consider if the child/family has any further needs which ought to be addressed.
* The DSL will consult with family and relevant agencies and undertake an Early Help Assessment if required.
* The member of staff who made the referral will be informed of the outcome.

**Responding to a concern about a child**

**Where a young person alleges or appears to be the victim of abuse or neglect**

* Listen to the child. Take their concerns seriously.
* Reassure the child that you will take action to keep them safe
* Do not promise to keep secrets.
* Make a written record of what the child tells you.
* Explain to the child what you are going to do next.
* Do not question the child further or attempt to question the alleged abuser.

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# Purpose and Aims

* 1. The purpose of (insert name of provider) safeguarding and child protection policy is to provide a secure framework for the workforce in safeguarding and promoting the welfare of those children/young people who attend our setting. The policy aims to ensure that:
* All our children are safe and protected from harm
* Other elements of provision and policies are in place to enable children to feel safe and adopt safe practices
* Staff, children, ***committee/trustees/proprietors***, visitors, volunteers and parents are aware of the expected behaviours’ and the settings legal responsibilities in relation to the safeguarding and promoting the welfare of all of our children.

# Ethos

*‘Every child deserves the best possible start in life and the support that enables them to fulfil their potential. A secure, safe and happy childhood is important in its own right.’* Statutory Framework for the Early Years Foundation Stage (EYFS)

* 1. We believe that our setting should provide a caring, positive, safe and stimulating environment that promotes the social, physical, emotional and moral development of the individual child.
	2. We recognise the importance of providing an environment within our setting that will help children feel safe and respected. We recognise the importance of enabling children to talk openly and to feel confident that they will be listened to.
	3. We recognise that all adults within the setting, including permanent and temporary staff, volunteers and trustees, have a full and active part to play in protecting our children from harm.
	4. We will work with parents to build an understanding of the nursery’s responsibilities to ensure the welfare of all children, including the need for referrals to other agencies in some situations.
	5. We will work to ensure children’s safety by working in partnership with other agencies i.e. Early Help, MASH, Police and Social care as well as seeking to establish effective working relationships.
	6. We will provide activities and opportunities that will help to equip our children with the skills they need. This will include materials and learning experiences that will encourage our children to develop essential life skills and protective behaviours.

# The Legal Framework

* 1. Under section 10 of the Children Act 2004, all maintained schools, further education colleges and independent schools, including free schools, academies and early years providers, are required to cooperate with the local authority to improve the well-being of children in the local authority area.
	2. Under section 14B of the Children Act 2004, the Torbay Safeguarding Children Partnership (TSCP) can require a school, college, or early years provider to supply information to perform its functions. This must be complied with.
	3. Under section 40 of the Childcare Act 2006, early years providers registered on the Early Years Register and schools providing early years childcare, must comply with the welfare requirements of the Early Years Foundation Stage.
	4. This policy and the accompanying procedure have been developed in accordance with the following statutory guidance and local safeguarding procedures:
* [Early years foundation stage (EYFS) statutory framework - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2)
* [Working Together to Safeguard Children](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)
* [Torbay Safeguarding Children Partnership Procedures (proceduresonline.com)](https://www.proceduresonline.com/swcpp/torbay/index.html)
* [What to do if you are worried a Child is being Abused](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
* [Keeping Children Safe in Education](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2)
* [Prevent duty training](https://www.gov.uk/guidance/prevent-duty-training)
* [The Prevent Duty 2015 advice for childcare settings](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf)
* [Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)
* [Safeguarding children and protecting professionals in early years settings: online safety considerations - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations)
* [Female genital mutilation - GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/female-genital-mutilation)

# Responsibilities and expectations

* 1. The management committee/proprietor takes seriously its responsibility under the duty s.40 of the childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage, they also need to have regard for the working together to safeguarding children 2018 (updated July 2022) guidance. We recognise that all staff and management have a full and active part to play in protecting our children from harm, and that the child’s welfare is our paramount concern.
	2. The ***proprietor/trustees/committee*** should also ensure the following:
* that the safeguarding and child protection policy is made available to parents and carers and children where appropriate.
* that all staff and volunteers are properly checked to make sure they are safe to work with the children who attend our setting.
* that the setting fully embeds the policies and procedures and have the resources and time to enable staff to discharge their safeguarding responsibilities.
* that the setting has procedures for handling allegations of abuse made against members of staff (including the Playleader/Manager), volunteers, students and apprentices.
* the safe and appropriate use of cameras, mobile phones, smart watches, technology and online equipment within the setting.
* the Counter Terrorism and Security Act 2015 which places a duty on early years and childcare providers “to have due regard to the need to prevent people from being drawn into terrorism” (The Prevent Duty) is implemented, taking into account the Local authorities ‘Prevent’ policies, protocols and procedures and ensuring the Fundamental British Values are implemented as stated in the EYFS.
* a Designated Safeguarding Lead (DSL) is appointed who has lead responsibility for dealing with all safeguarding issues in our setting.
* a Deputy designated safeguarding lead is appointed who will take lead responsibility for safeguarding in the absence of the DSL.
* identify the Named Member of the Trustees/Committee/Proprietor for Safeguarding who will champion good practice, provide critical challenge, liaise with the setting leader, and provide information and reports to the registered body.
* ensure procedures are annually reviewed and updated or sooner should legislation changes require it.

# The responsibilities for the Designated Safeguarding Lead (DSL) are:

* holding an ultimate responsibility for safeguarding and child protection (including online safety which, amongst other things, includes an understanding of the expectations, applicable roles, and responsibilities in relation to filtering and monitoring.
* to ensure that all safeguarding issues raised in the setting are effectively responded to, recorded, and referred to the appropriate agency.
* to ensure all adults are alert to circumstances when a child and family may need access to early help.
* to ensure all adults, (including students, apprentices and volunteers) new to our setting will be made aware of this policy and the procedures for child protection, the name and contact details of the DSL and have these explained, as part of their induction into the setting.
* be responsible for arranging the settings safeguarding training for all staff, students, apprentices, and volunteers who work with the children and young people. The DSL must ensure that the safeguarding training takes place at least every three years for all with regular updates during this period, which they can deliver in-house provided they are linked in to the support and quality assurance process offered by the Local Authority and the Torbay Safeguarding Children Partnership.
* to attend or ensure that a senior member of staff who has the relevant training and access to appropriate supervision, attends where appropriate, all child protection case conferences, reviews, core groups, or meetings where it concerns a child in our care and to contribute to multi-agency strategy discussions to safeguard and promote the child’s welfare.
* for ensuring the acceptable, safe use and storage of all camera technology, images, and mobile phones through the implementation, monitoring and reviewing of the appropriate policies and procedures. This includes the on-line Safety Policy which includes Camera & Image Policy, Mobile Phone Policy, Acceptable Use Policy and CCTV.
* Implementing the Fundamental British Vales.
* to ensure allegations regarding adults in the setting are effectively responded to and referred to the appropriate agency.
* to act as the lead for early years operation encompass, ensuring children and families are spoken to and offered appropriate support at the earliest opportunity.
	1. All Child Protection concerns need to be acted on **immediately**. If you are concerned that a child may be at risk or is actually suffering abuse, you must tell the DSL.
	2. All Adults, including the DSL, have a duty to refer all known or suspected cases of abuse to the relevant agency including MASH (Multi Agency Safeguarding Hub), or the Police. Where a report is made to a visiting staff member from a different agency, e.g. Early Years Consultants, Health Visitors, it is the responsibility of that agency staff to formally report the referral to the Setting’s DSL in the first instance and to follow their organisations procedures. Any records made should be kept securely on the Child’s Protection file.

# Recognising concerns, signs and indicators of abuse

* 1. The four main categories of abuse as defined by the Department of Health ‘Working Together to Safeguard Children’ document 2018. Adults should be aware that the possible indicators are not definitive list although children’s poor behaviour maybe a sign that they are suffering harm or that they have been traumatised by abuse, some children may present these behaviours for reasons other than abuse. All staff, volunteers, apprentices and students in ***insert name of setting*** are aware of the indicators of abuse and have up to date knowledge of safeguarding issues. They will be alert to the **need to consult further** if they suspect neglect or abuse of a child or children**.** As a setting we understand that children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others.

# Neglect

* 1. The persistent failure to meet a child’s basic physical and psychological needs, likely to result in the serious impairments of the child’s health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide food, clothing, and shelter; protect a child from physical and emotional harm or danger; ensure adequate supervision; ensure access to appropriate medical care or treatment.

## Possible indicators

* 1. Evidence of neglect is built up over a period and can cover different aspects of parenting. Indicators include:
* Failure by parents or carers to meet the basic essential needs e.g., adequate food, clothes, warmth, hygiene, and medical care
* A child seen to be listless, apathetic, and irresponsive with no apparent medical cause
* Failure of child to grow within normal expected pattern, with accompanying weight loss
* Child thrives away from home environment
* Child frequently absent from setting
* Child left with adults who are intoxicated or violent
* Child abandoned or left alone for excessive periods
	1. Where we have concerns regarding neglect, we will use the NSPCC graded care profile 2 assessment tool to help aid our enquiries.

# Physical Abuse

* 1. 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.
* Possible Indicators:
* Physical signs that do not tally with the given account of occurrence conflicting or unrealistic explanations of cause repeated injuries delay in reporting or seeking medical advice.
* The parents/carers are uninterested or undisturbed by an accident or injury.
* Parents are absent without good reason when their child is presented for treatment. Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury).
* Family use of different doctors and A&E departments.
* Reluctance to give information or mention previous injuries, Appear frightened of the parent/s.
	1. **Bruising**

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

* Any bruising to a pre-crawling or pre-walking baby [Bruising and Injuries to Non-Mobile Children (proceduresonline.com)](https://www.proceduresonline.com/swcpp/torbay/p_bruising.html)
* Bruising in or around the mouth, particularly in small babies which may indicate force feeding
* Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
* Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
* Variation in colour possibly indicating injuries caused at different times
* The outline of an object used e.g., belt marks, handprints or a hairbrush
* Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
* Bruising around the face
* Grasp marks on small children
* Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse
	1. **Bite Marks**

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

* 1. **Burns and Scalds**

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

* Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
* Linear burns from hot metal rods or electrical fire elements
* Burns of uniform depth over a large area
* Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
* Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

* 1. **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

* The history provided is vague, non-existent, or inconsistent with the fracture type
* There are associated old fractures
* Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
* There is an unexplained fracture in the first year of life
	1. **Scars**

Many scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

# Sexual Abuse (including child sexual exploitation)

* 1. Forcing or enticing a child 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, penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts.

Possible indicators of Sexual Abuse:

* Sudden changes in behaviour, displays of affection, play or conversation which are sexual and age inappropriate
* tendency to cling or need constant reassurance
* Tendency to cry easily
* regression to younger behaviour – e.g., thumb sucking, acting like a baby
* unexplained gifts or money
* depression and withdrawal
* wetting/soiling day or night
* fear of undressing for PE etc.
* Continual and inappropriate or excessive masturbation
* Self-harm (including eating disorder)/ self-mutilation

Some physical indicators associated with this form of abuse are:

* Pain or itching of genital area
* Blood on underclothes
* Pregnancy in a younger girl where the father of the child is not identified
* Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia, or clothing

It is rare for children to make false claims about sexual abuse and any reports should always be taken seriously.

# Emotional Abuse (including Domestic Abuse)

* 1. 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. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

***Possible Indicators of Emotional Abuse:*** Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

* Rejection
* Isolation
* Child being blamed for actions of adults,
* Child being used as carer for younger siblings
* Affection, and basic emotional care giving/warmth not given
* Persistently absent or withheld
* scapegoated within the family
* Indiscriminate attachment, or failure to attach
* Frozen watchfulness

**Additional vulnerabilities and characteristics can include:**

* cared for children
* previously cared for children
* care leavers
* children with special educational needs or disabilities
* young carers
* children showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
* children frequently go missing from care or from home
* children at risk of modern slavery, trafficking or exploitation, sexual or criminal exploitation
* children in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues or domestic abuse
* children with a family member in prison, or who is affected by parental offending
* children at risk of ‘honour’-based abuse such as female genital mutilation
* children misusing drugs or alcohol themselves
* children who have returned home to their family from care
* children showing early signs of abuse and/or neglect
* children at risk of being radicalised or exploited
* privately fostered children
* children who are persistently absent from the setting
	1. Children with special educational needs and disabilities (SEND) or certain health conditions can face additional safeguarding challenges and additional barriers can exist when recognising abuse and neglect in this group of children. These can include:
* assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s condition without further exploration
* being more prone to peer group isolation than other children
* the potential for children with SEND or certain medical conditions being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs; and
* communication barriers and difficulties in managing these barriers
	1. To address these additional challenges our setting will ensure that these children receive additional monitoring and support.
	2. Children who have a social worker due to safeguarding or welfare needs may be vulnerable to further harm due to experiences of adversity and trauma, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and positive mental health. Our setting will identify the additional needs of these children and provide extra monitoring and support to mitigate these additional barriers. We recognise that even when social care intervention has ended, these additional barriers may persist, therefore so too will our additional monitoring and support.
	3. 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. Where it is known that children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, our setting will identify the additional needs of these children and provide extra monitoring and support to mitigate these additional barriers. Where necessary, referrals will be made to mental health professionals for further support.
	4. Our setting takes a restorative/trauma informed approach to supporting children, considering their lived experience, and factoring this into how we can best support them with their welfare and engage them with their learning.
	5. Safeguarding is not just about protecting children from significant harm or likely significant harm. For our setting it includes such things as child safety, bullying, racist abuse and harassment, visits, intimate care, and internet safety etc

# If staff are concerned about a child’s welfare

* 1. If staff notice any indicators of abuse/neglect or signs that a child may be at risk of harm, they should record these concerns on an Expression of concern Form [Settings may have their own version of this form] and pass it to the DSL. **If using an electronic alert, the sender should not assume the DSL will immediately receive this and any serious concerns should be reported immediately**. If concerns are discussed in person with the DSL details should also be recorded in writing.
	2. There will be occasions when staff may suspect that a child may be at risk but have no ‘real’ evidence. The Child’s behaviour may have changed, their artwork could be bizarre, and they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed.
	3. XXXX Setting recognise that the signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a relative is unwell, or an accident has occurred. However, they may also indicate a child is being abused or needs safeguarding.
	4. In these circumstances staff will try to give the child the opportunity to talk. It is fine for staff to ask the child if they are OK or if they can help in any way. Following an initial conversation with the child, if the member of staff remains concerned, they should discuss their concerns with the DSL and put them in writing. If the child does begin to reveal that they are being harmed, staff should follow the advice below regarding a child making a report of abuse or displaying behaviours that suggest they may have been abused.
	5. We recognise that it takes a lot of courage for a child to tell someone they are being abused. They may feel ashamed, guilty, or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse.
	6. A child who tells/shows that they have been abused may have to tell their story on several subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

During their conversation with the child staff will:

* listen to what the child has to say and allow them to speak freely.
* remain calm and not overact or give any indication of being shocked or alarmed – the child may stop talking if they feel they are upsetting the listener.
* reassure the child that it is not their fault and that they have done the right thing in telling someone.
* not be afraid of silences – staff must remember how difficult it is for the child and allow them time to talk.
* take what the child is telling them seriously.
* avoid asking leading questions, where possible allow the child to take the lead.
* limit questions to those necessary to try and obtain a context.
* where sexual abuse has been alleged or a report of criminal abuse do not ask additional questions telephone the MASH for advice, however, do not stop the child talking.
* avoid jumping to conclusions, speculation or make accusations.
* not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused.
* avoid admonishing the child for not telling them sooner. Saying things such as ‘I do wish you had told me about it when it started’ may be the staff member’s way of being supportive but may be interpreted by the child to mean they have done something wrong; and
* tell the child what will happen next.
	1. If a child talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on – staff are not allowed to keep secrets.
	2. The member of staff should write up their conversation as soon as possible on the Expression of Concern form [Settings may have their own version of this form] in the child’s own words. Staff should make this a matter of priority. The record should be signed and dated, the member of staff’s name should be printed, and it should also detail where the report/statement was made and who else was present. The record should be handed to the DSL.
	3. [Worried about a child? (nspcc.org.uk)](https://learning.nspcc.org.uk/media/1065/worried-about-a-child.pdf)

# Notifying Parents

* 1. The setting will normally seek to discuss any concerns about a child with their parents. This must be handled sensitively and normally the DSL/DDSL will contact the parent in the event of a concern, suspicion, or report.
	2. However, if the setting believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children’s MASH e.g., familial sexual abuse.
	3. Where there are concerns about forced marriage or honour-based violence parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk. In some circumstances it would be appropriate to contact the police.

# Child Protection Medical Examinations

* 1. Child protection medical assessments can be requested as an action arising from a strategy meeting or prior to the strategy with the intention of informing the discussions during the meeting. A child protection medical assessment should not be requested in order to determine if a strategy meeting is required.
	2. The strategy meetings must consider, in consultation with the named Doctor / Paediatrician (if not part of the strategy discussion/meeting), the need for and the timing of a child protection medical assessment.
	3. The medical assessment of a child with suspected physical abuse should normally be commenced within 24 hours of the request to health; timing should be based on clinical need. If this standard is not met, then the reasons should be clearly recorded in the child’s health record.
	4. Either the police or Children’s Social Care can request a child protection medical assessment.
	5. As the child’s early years provider, we would not take part in a child protection medical assessment, this includes, transporting the child to the examination and or acting as a chaperone.

# Child protection and safeguarding procedure

* 1. We have developed a structured procedure in line with Torbay’s Child Protection and Safeguarding Procedures, EYFS Statutory requirements and Working Together to Safeguarding Children 2018(updated July 22), which will be followed by all members of the setting community in cases where there are welfare or safeguarding concerns.
	2. In line with the procedures and the TSCP [threshold document](http://www.torbaysafeguarding.org.uk/publications/tscb-threshold-document/) the setting will identify the level of need and take appropriate action, the [Children’s Multi Agency Safeguarding Hub (MASH](http://www.torbaysafeguarding.org.uk/professionals/hub/)) will be contacted as soon as there is a significant concern, or where level 3 support is required, where level 2 support is identified the setting will discuss with the family and health visitor and decide if an [early help referral is required.](http://www.torbaysafeguarding.org.uk/professionals/early-help/)
	3. Occasionally situations arise where we may feel that the decision made by a practitioner from another agency, regarding a child, is not a safe decision. Disagreements could arise in several areas, but are most likely to be around:
* Levels of need/referral decisions
* Roles and responsibilities
* The need for action
* Communication
	1. The safety of individual children is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist for the child. Where this situation arises, we will follow the TSCP professional difference policy, which can be found here: [Policies - Torbay Safeguarding Children Partnership](http://www.torbaysafeguarding.org.uk/publications/policies/)
	2. We have procedures for recording the details of all staff, children and visitors to the setting and take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
	3. All visitors/ contractors must pre book appointments and will be supervised whilst on the premises and aways when in the areas the children use. Any visitors who turn up unannounced may not be allowed in on that day or confirmation of appointment may be need by their employer.
	4. We will ensure that all parents and carers are aware of the responsibilities of staff members to safeguard and promote the welfare of children and act in the best interests of children by publishing the policy and procedures on our website if applicable and by referring to them in our introductory nursery materials.

# The management of safeguarding

* 1. We will ensure that the DSL is kept informed of any incident of physical intervention with a child and will be aware of behaviour plans for specific children. (See physical intervention policy for specific details).
	2. We will ensure that the DSL is kept informed of attendance patterns, and where there are concerns for individual children the response to this will be considered within the context of safeguarding. If a child is open at Early Help, CIN or CP was not brought and we don’t hear from their parents/carers within 1 hour post their normal attendance time, we will ring them. We will keep a log of their non-attendance and the reason why. We will notify any social worker/family support workers involved with the family.
	3. We will ensure that the DSL is kept informed of arrangements for first aid and children with medical conditions and is alerted where a concern arises. For example, an error with the administering of medicines or intervention; repeated medical appointments being missed; guidance or treatments not being followed by the parents. (See accident and medication policies for specific details).
	4. Systems are in place to ensure that hate incidents, e.g. racist, homophobic, transphobic gender or disability-based bullying, are reported, recorded and considered under safeguarding arrangements by the DSL.
	5. Under the Counter-Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police (in Prevent priority areas the local authority will have a Prevent lead who can also provide support).
	6. This may be a cause for concern relating to a change in behaviour of a child, staff member or family member, comments causing concern made to a member of the team (or other persons in the setting) or actions that lead staff to be worried about the safety of a child in their care. (See Prevent Duty and Radicalisation appendix 3 for specific details).

# Reporting concerns and record keeping

* 1. All safeguarding and welfare concerns, discussions and decisions made will be recorded in writing and kept in line with the TSCP Keeping Records of Child Protection and Welfare Concerns Guidance.
	2. Any injuries identified on a child will be recorded on a body map, see appendix 5
	3. The DSL will ensure that child protection files are kept up to date and that information will be kept confidential and stored securely.
	4. Records will include:
* 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, assessment tools used and the outcome
	1. The DSL will ensure that files are only accessed by those who need to see them and where files or content are shared, this will happen in line with information sharing advice and guidance. (See information sharing advice and guidance policy or you may include this within your Data Protection policy, so please amend accordingly).
	2. We will continue to support any children leaving the setting about whom there have been concerns by ensuring that all appropriate information, including welfare and safeguarding concerns, is forwarded under confidential cover to the child’s new setting/ setting as a matter of priority, and within 5 working days. (TSCP best practice is that this should be actioned within five working days.) (See information sharing advice and guidance policy or you may include this within your Data Protection policy, so please amend accordingly).
	3. When a child is due to transfer to another setting the DSL will consider if it would be appropriate to share any information with the new setting or setting in advance of the child leaving. (See information sharing advice and guidance policy or you may include this within your Data Protection policy, so please amend accordingly) For example, information that would allow the new setting or setting to have support in place for when the child arrives e.g. a child who has or has had a social worker involved. A written record will be kept evidencing the decisions about why records were or were not shared.
	4. When a new child joins our setting and there is a record of safeguarding or welfare concerns, we will ensure that this information is shared appropriately with the DSL and other relevant staff.

# Safer workforce

* 1. Our setting has robust safer recruitment procedures to help prevent unsuitable people from working with children. (See Recruitment Policy for further details).
	2. All individuals living, working, or volunteering in any capacity at our setting will be subjected to safeguarding checks in line with the EYFS statutory requirements and Working Together to Safeguard Children 2018 (updated July 2022).
	3. We will ensure that agencies and third parties supplying staff provide us with written reassurance that they have made the appropriate level of safeguarding checks on individuals working in our setting. We will also ensure that any agency worker presenting for work is the same person on whom the checks have been made. In addition, suitable checks are obtained for regular visitors or volunteers.
	4. Every job description and person specification will have a clear statement about the safeguarding responsibilities of the post holder.
	5. We will ensure that at least one member of every interview panel has completed safer recruitment training within the last three years.
	6. **Staff Deployment**
	7. We will ensure that our staffing arrangements meet the needs of all children and ensure their safety. We will ensure that children are adequately supervised, including whilst eating and will deploy staff to ensure children’s needs are met. Staff who are aged over 17 years of age will be included in our ratios if they have met all the requirements of our safer recruitment policy and have been part of a thorough induction. Anyone under the age of 17 will not be counted in ratios and will always be supervised, they will never be asked to undertake intimate care procedures.
	8. The exception to this would be where we have suitable students on long term placements, volunteers (aged 17 or over) and staff working as apprentices (aged 16 or over), we may include them in our ratios if we are satisfied that they are competent and responsible, we will assess their competency as part of the recruitment and induction process and alongside their ongoing training assessment. We have a risk assessment in place, that details our deployment of staff.
	9. We work within the ratios outlined in the Early Years Foundation Stage (EYFS)

 [Statutory framework for the early years foundation stage (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf)

# Physical Intervention

* 1. We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that always it must be the minimal force necessary to prevent injury to another person. Such events should be recorded, signed by a witness, and shared with the child’s parent/carer.
	2. Staff who are likely to need to use physical intervention will be appropriately trained.
	3. We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.
	4. We recognise that touch is appropriate in the context or working with children, and all staff have been given ‘Safe Practice’ guidance to ensure they are clear about their professional boundary.
	5. Intimate care procedures will be undertaken where needed, this will be based on the child’s age, needs and developmental stages. Staff will not be allowed to undertake this process until they have completed their induction and all necessary recruitment processes. Staff will be trained in these processes and supervised until they have been signed off. Students and volunteers will not undertake these processes. Apprentices over the age of 17 may undertake these processes once it has been agreed that they are competent to do so and all necessary recruitment processes have been carried out.

# Managing allegations against staff, volunteers, or household members

* 1. We are aware of the possibility of allegations being made against members of staff, apprentices, students, or volunteers that are working or may come into contact with children and young people whilst in our setting. An allegation is when it appears that the professional, staff member, student, volunteer, has:
* behaved in a way that has harmed a child, or may have harmed a child
* possibly committed a criminal offence against or related to a child
* behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children
* if there are concerns about the person’s behaviour towards their own children
* children unrelated to their employment or voluntary work, and there has been a recommendation from a strategy discussion that consideration should be given to the risk posed to children they work with
* an allegation has been made about abuse that took place some time ago and the accused person may still be working with or having contact with children
	1. Allegations will usually be that some kind of abuse has taken place such as inappropriate behaviour displayed, inappropriate sexual comments, excessive one to one attention beyond the requirements their role and responsibilities, inappropriate sharing or images.
	2. All allegations must be taken seriously and objectively and dealt with in a timely manner. The Manager will liaise with the LADO at the earliest opportunity, where the allegations meet the above criteria and before taking any further action.
	3. We have a procedure in place to handle allegations against members of staff and volunteers in line with EYFS Statutory requirements and Working Together to Safeguard Children 2018 (updated July 22). (see managing allegations policy) We follow the ‘Managing allegations/concerns about adults working or volunteering with children’ found on the TSCP website. [Managing allegations - Torbay Safeguarding Children Partnership](http://www.torbaysafeguarding.org.uk/professionals/managing-allegations/)

# Staff induction, training, and development

* 1. All new members of staff will be given an induction which includes the following:
* issue and explain the safeguarding and child protection policy
* issue and explain the allegations against adults’ policy
* issue and explain the whistleblowing policy
* issue and explain the behaviour policy
* issue and explain the staff behaviour policy/code of conduct and transferable risks
* issue and explain the policy/guidance which includes the safeguarding response to children who go missing
* explain the role of the DSL and share the identities of the DSL and all DDSLs
* undertaking the TSCP Level 2 child protection and safeguarding training (including online safety) this will be updated every three years
* all new members of staff are expected to read the above-mentioned documents and to sign an acknowledgement of this
* Annex A and Annex B of Keeping Children Safe in Education, September 2023 is kept with the safeguarding policy for reference alongside the policy
	1. The safeguarding induction and ongoing safeguarding training of staff will include the following key aspects:
* staff understand the difference between a safeguarding concern and a child in immediate danger or at risk of significant harm
* staff are advised to maintain an attitude of ‘it could happen here’ where safeguarding is concerned
* when concerned about the welfare of a child, staff should always act in the best interests of the child
* staff understand and know when to use the whistleblowing and managing allegations policies and procedures
* staff understand that children’s poor behaviour may be a sign that they are suffering harm or that they have been traumatised by abuse
* staff understand that children who have a social worker may be educationally disadvantaged and face barriers to attendance, learning, behaviour, and positive mental health and that these barriers may persist even when the social care intervention ceases
* staff understand that mental health issues for children may be an indicator of harm or abuse, or where it is known that a child has suffered harm or abuse this may impact on their mental health, behaviour, and education
* staff understand that safeguarding incidents and/or behaviours can be associated with factors outside the setting and/or can occur between children outside of these environments. All staff, but especially the DSL (and deputies), should consider whether children are at risk of abuse or exploitation in situations outside their families. Children can be vulnerable to multiple harms including (but not limited to) sexual exploitation and criminal exploitation, sexual abuse, and county lines. This is known as contextual safeguarding [Contextual safeguarding | NSPCC Learning](https://learning.nspcc.org.uk/news/2019/october/what-is-contextual-safeguarding)
* staff understand that technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse online as well as face to face. In many cases abuse will take place concurrently via online channels and in daily life
* staff to be aware that children can abuse other children (often referred to as Child-on-Child abuse) and that it can happen both inside and outside of setting and online
* staff know how best to respond to a child who makes a report of abuse or harm
* if staff are unsure or have any concerns about a child’s welfare, they should always speak to the DSL or deputy DSL immediately
* staff are informed of what to record, how to record and where to find welfare concern forms
* staff should not assume a colleague, or another professional will act
* the DSL or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior management team and/or take advice from TESS (Torbay Education Safeguarding Service). In these circumstances, any action taken should be shared with the DSL (or deputy) as soon as is practically possible
* staff should be aware that there will be opportunities to reference, reinforce or develop aspects of the safeguarding agenda across the early year’s curriculum e.g. Body safety, online safety, positive relationships, challenging prejudice and critical thinking
	1. The DSL will undergo updated TSCP safeguarding and child protection training every three years. In addition to this their knowledge and skills will be updated regularly, and at least annually, to keep up with developments relevant to the role.
	2. The DSL and or DDSL will attend designated safeguarding forums each term.
	3. All staff members of the setting will receive appropriate safeguarding and child protection training which is updated at least annually.
	4. The DSL will provide briefings to the setting on any changes to safeguarding and child protection legislation and procedures and relevant learning from local and national serious case reviews as required. Safeguarding will be on the agenda for every staff meeting.
	5. When staff members provided by other agencies and third parties come to our setting to work, they will be provided with details of the safeguarding arrangements at our setting, which will include identifying the DSL, the process for reporting welfare concerns, managing allegations and whistleblowing, first aid arrangements and fire procedures.
	6. The setting will maintain accurate records of staff induction and training, via a single central record.
	7. All members of staff, students, apprentices, volunteers and ***Trustees/Committee/Proprietor*** will have access to safeguarding training that meets the requirements of the Torbay Safeguarding Children’s Partnership (TSCP).
	8. We will also, as part of our induction, issue information in relation to our Safeguarding policy as well as any policies related to safeguarding and promoting our children/young people’s welfare to all newly appointed staff and volunteers.
	9. Our safeguarding arrangements are reported on an annual basis to our ***Trustees/Committee/Proprietor*** and our Safeguarding policy is reviewed annually, to keep it updated in line with local and national guidance/legislation.
	10. We will include our Safeguarding Policy in our settings prospectus/website and will display copies of our policy throughout the setting. We are also able to arrange for our policy to be made available to parents whose first language is not English, on request.

# Confidentiality, consent, and information sharing

* 1. We recognise that all matters relating to safeguarding and child protection are confidential.
	2. The setting leader or the DSL will disclose any information about a child to other members of staff on a need-to-know basis, and in the best interests of the child.
	3. All staff members, volunteers or students are aware that they cannot promise a child to keep secrets which might compromise the child’s safety or wellbeing.
	4. All staff members have a professional responsibility to share information with other agencies in order to safeguard children.
	5. All our staff members, who have contact with children, will be given appropriate training to understand the purpose of information sharing to safeguard and promote children’s welfare.
	6. The DSL will ensure that staff members are aware of what they can and should do under the law, including how to obtain consent to share information and when information can be shared without consent. (See data protection and subject access request policy).
	7. We recognise that all matters relating to child protection are confidential.
	8. The DSL will disclose personal information about a child or young person to other members of staff on a need to know basis only.
	9. However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
	10. All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or well-being or that of another.
	11. We will always undertake to share our concerns with parents and guardians and their consent is sought in accordance with Early help and MASH procedures unless doing so would increase the risk of harm to the child. If in doubt regarding sharing information with parents and guardians, we will consult with the TESS team.

# Inter-agency working

* 1. We will develop and promote effective working relationships with other agencies, including agencies providing Early Help services to children, the Police, and Children’s Social Care.
	2. We will ensure that relevant staff members participate in multi-agency meetings and forums, including child protection conferences and core groups meetings.
	3. We will participate in child safeguarding practice reviews (previously known as serious case reviews), other reviews and file audits as and when required to do so by the TSCP. We will ensure that we have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice, and completing required actions within agreed timescales.

# Contractors, service and activity providers and student placement providers

* 1. We will ensure that contractors and providers are aware of our safeguarding and child protection policy and procedures. We will require that employees and volunteers provided by these organisations use our procedure to report concerns.
	2. We will seek written notification that employees and volunteers provided by these organisations and working with our children have been subjected to the appropriate level of safeguarding check in line with Working Together to Safeguard Children 2018. If assurance is not obtained, permission to work with our children or use our premises may be refused.
	3. When we commission services from other organisations, we will ensure that compliance with our policy and procedures is a contractual requirement.
	4. We will ensure that staff members provided by other agencies and third parties, e.g. forest setting, have received appropriate safeguarding and child protection training commensurate with their roles before starting work, alongside a service level agreement outlining roles and responsibilities.

# Whistle blowing and complaints

* 1. We recognise that children cannot be expected to raise concerns in an environment where staff members fail to do so.
	2. We will ensure that all staff members, volunteers, apprentices, visitors and students are aware of their duty to raise concerns about the management of safeguarding and child protection, which may include the attitude or actions of colleagues (including low level concerns). If there is a concern they will speak with the DSL, setting leader, the chair of the trustee’s and with the Local Authority Designated Officer (LADO). Should staff not feel able to raise concerns they can call the NSPCC Whistleblowing Advice helpline on 0800 028 0285 or to OFSTED at enquiries@ofsted.gov.uk or 0300 123 4666.
	3. We have a clear reporting procedure for children, parents, and other people to report concerns or complaints, including abusive or poor practice. This is outlined in our Complaints Policy.

# Site security

* 1. The setting’s site is secure to reduce the risk of unauthorised access/egress. Where the site is shared with other service users, we always ensure that appropriate arrangements are in place to keep children safe.
	2. All staff members have a responsibility to ensure our buildings and grounds are secure and for reporting concerns that may come to light.
	3. Visitors will be made aware of our safeguarding arrangements and what they must do if they have concerns about our setting, they will sign a safeguarding statement upon entry to the settings.
	4. We check the identity of all visitors and volunteers coming into the setting. Visitors are expected to sign in and out in the visitors’ log and display a visitor’s badge while on the site. Any individual who is not known or identifiable will be challenged for clarification and reassurance. Visitors must book appointments; any unannounced visits will need to be clarified through their employers. (see visitors and students and volunteers policy)
	5. The setting will not accept the behaviour of any individual, parent or anyone else, that threatens our security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the site.
	6. If the setting receives an allegation relating to an incident where an individual or organisation was using your setting premises for running an activity for children, we will follow our safeguarding policies and procedure and inform the local authority designated officer (LADO)

# Quality Assurance

* 1. We will ensure that systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures. This will include periodic audits of welfare concern and safeguarding files and records by the DSL.
	2. We will complete the TSCP safeguarding audit relating to the setting’s safeguarding arrangements annually or when management/ trustee’s change.
	3. The setting’s management team will ensure that action is taken to remedy without delay any deficiencies and weaknesses identified in safeguarding and child protection arrangements.

# Policy review

* 1. This policy and the procedures will be reviewed annually. All other linked policies will be reviewed in line with the policy review cycle.
	2. The DSL will ensure that staff and parents are made aware of any amendments to policies and procedures.

# Mobile Phones and technology

* 1. ***(insert name of provider)*** has policies and procedures in place with regard to the use of mobile phones and mobile technology i.e. ipad’s, smart watches, laptops, cameras in the setting and on visits etc. (see mobile phones and technology policy)
	2. [[Safeguarding children and protecting professionals in early years settings: online safety considerations](https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations)](https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations)

# Appendix 1 Female Genital Mutilation (FGM)

* 1. It is essential that staff are aware of FGM practices and the need to look for signs, symptoms, and other indicators of FGM. If a member of staff, in the course of their work, discovers that an act of FGM appears to have been carried out, the member of staff must report this to the Police.
	2. Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.
	3. Section 5B of the 2003 Act1 introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.
	4. **What is FGM?**
	5. It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.
* 4 types of procedure:
* Type 1 Clitoridectomy – partial/total removal of clitoris
* Type 2 Excision – partial/total removal of clitoris and labia minora
* Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
* Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.
	1. **Why is it carried out?**

Belief that:

* FGM brings status/respect to the girl – social acceptance for marriage
* Preserves a girl’s virginity
* Part of being a woman / rite of passage
* Upholds family honour
* Cleanses and purifies the girl
* Gives a sense of belonging to the community
* Fulfils a religious requirement
* Perpetuates a custom/tradition
* Helps girls be clean / hygienic
* Is cosmetically desirable
* Mistakenly believed to make childbirth easier
	1. **Is FGM legal?**
	2. FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries including the UK.
	3. **Circumstances and occurrences that may point to FGM happening are:**
* Child talking about getting ready for a special ceremony
* Family taking a long trip abroad
* Child’s family being from one of the ‘at risk’ communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
* Knowledge that the child’s sibling has undergone FGM
* Child talks about going abroad to be ‘cut’ or to prepare for marriage
	1. **Signs that may indicate a child has undergone FGM:**
* Prolonged absence from setting and other activities
* Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
* Bladder or menstrual problems
* Finding it difficult to sit still and looking uncomfortable
* Complaining about pain between the legs
* Mentioning something somebody did to them that they are not allowed to talk about
* Secretive behaviour, including isolating themselves from the group
* Reluctance to take part in physical activity
* Repeated urinal tract infection
* Report of abuse
	1. **The ‘One Chance’ rule**

As with Forced Marriage there is the ‘One Chance’ rule. It is essential that settings /settings/colleges act **without delay** and make a referral to children’s services.

[Female Genital Mutilation (proceduresonline.com)](https://www.proceduresonline.com/swcpp/torbay/p_fem_gen_mutil.html)

# Appendix 2 Domestic Abuse (including Operation Encompass)

* 1. **How does it affect children?**
	2. Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to serious long lasting emotional and psychological impact on children. In some cases, children may blame themselves for the abuse or may have had to leave the family home as a result. Government legislation enacted in 2021 recognises that a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse.
	3. In addition, the age limit for criminal offences related to domestic abuse was lowered from 18 to 16, to recognise that young people can experience abuse in their relationships.
	4. **What are the signs to look out for?**
	5. Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed, and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.
	6. **What should I do if I suspect a family is affected by domestic abuse?**
	7. Contact: [**http://www.areyouok.co.uk/**](http://www.areyouok.co.uk/)
	8. **Torbay Domestic Abuse Service (TDAS)** provides support for men, women and children across Torbay who need advice and protection from domestic abuse. Through confidential advice, support, and crisis accommodation, we can help you to make informed decisions about your future, safety, health, housing and other concerns. [TDAS](https://www.sanctuary-supported-living.co.uk/find-services/domestic-abuse/devon/torbay-domestic-abuse-service-tdas) 0800 2000 247
	9. **National Domestic Abuse Helpline** Refuge runs the National Domestic Abuse Helpline, available 24hour a day 0808 2000 247 and its website offers guidance and support for potential victims. [Refuge Against Domestic Violence - Help for women & children.](https://www.refuge.org.uk/)
	10. **Early Years Operation Encompass** helps the local authority, police, and settings work together to provide emotional and practical help for children. The LA will inform the ‘key adult’ within setting if they have been called to an incident of domestic abuse, where there are children in the household. Settings maybe asked to complete a proforma, detailing the action they have taken or when a child is already open to social care, they information will be shared for information only purposes. [Domestic Abuse (proceduresonline.com)](https://www.proceduresonline.com/swcpp/torbay/p_dom_viol_abuse.html)

# Appendix 3 Indicators of susceptibility

* 1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
	2. Extremism is defined by the Government in the Prevent Strategy as:
	3. Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
	4. Extremism is defined by the Crown Prosecution Service as:
	The demonstration of unacceptable behaviour by using any means or medium to express views which:
* Encourage, justify, or glorify terrorist violence in furtherance of particular beliefs.
* Seek to provoke others to terrorist acts.
* Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
* Foster hatred which might lead to inter-community violence in the UK.
	1. There is no such thing as a “typical extremist”, those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
	2. Children, staff, and parents may become susceptible to radicalisation through a range of social, personal, and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that setting staff can recognise those vulnerabilities.
	3. **Some potential indicators of radicalisation in young children include:**
* Long periods of unexplained absence.
* Acting out of character e.g. verbally or physically aggressive, withdrawing from relationships with peers or adults in the setting that had previously been close.
* Aggressive and/or violent small world or role play games, such as acting out cutting another child’s throat.
* Changes in the way a parent/carer related to the child and in the way the child related to them e.g. parent being very controlling, negative, child nervous and withdrawn.
* Using negative derogatory names for children linked to their skin colour or racial group.
* Drawings or mark making showing extremist symbols.
	1. We will listen carefully to role play conversations and observe imaginative play. Are children acting out anything which may be a cause for concern?
	2. We will be alert to what is going on in your community - conversations you may overhear from children or families regarding anyone in the local community.
	3. We will take note if a child or family tells you they are going on an extended holiday.
	4. Staff will be trained to spot the signs of radicalisation in children and the adults around them and will know how to respond to concerns and make relevant referrals. Staff will be aware and challenge behaviours and stereotypes; they will undertake regular CPD and training. Managers will know how to react when issues arise.
	5. **Indicators of susceptibility for staff, parents or older siblings include:**
* Identity Crisis – the parent/staff / child is distanced from their cultural / religious heritage and experiences discomfort about their place in society.
* Personal Crisis – the parent/staff / child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging.
* Personal Circumstances – migration; local community tensions; and events affecting the student / child’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
* Unmet Aspirations –the parent/staff / child may have perceptions of injustice; a feeling of failure; rejection of civic life.
* Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration.
* Special Educational Need –the parent/staff / child may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
	1. However, this list is not exhaustive, nor does it mean that all people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
	2. **More critical risk factors could include:**
* Being in contact with extremist recruiters.
* Accessing violent extremist websites, especially those with a social networking element.
* Possessing or accessing violent extremist literature.
* Using extremist narratives and a global ideology to explain personal disadvantage.
* Justifying the use of violence to solve societal issues.
* Joining or seeking to join extremist organisations; and
* Significant changes to appearance and / or behaviour.
* Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.
	1. The Prevent duty ensures settings have ‘due regard’ to the need to prevent people from being draw into terrorism.
	2. Channel is the voluntary, confidential support programme which focuses on providing support at an early stage to individuals that have been identified as being vulnerable to radicalisation. Prevent referrals may be passed to the multi-agency Channel panel to determine whether individuals require support.
	3. Guidance on Channel [Channel and Prevent Multi-Agency Panel (PMAP) guidance - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance)
	4. Further information can be obtained from the [[Home Office website.](https://www.gov.uk/government/organisations/home-office)](https://www.gov.uk/government/organisations/home-office)

# Appendix 4 Other Safeguarding Issues

* 1. (This section highlights optional extras that Settings may consider adopting to accompany their Safeguarding policy)
	2. The following Safeguarding issues are all considered to be child Protection issues and should be referred immediately to the most relevant agency. The issues featured below are linked to guidance and local procedures which can be found on the [South West Child Protection Procedures](http://www.proceduresonline.com/swcpp/)
	3. **E-Safety** Children and young people can be exploited and suffer bullying through their use of modern technology such as the internet, mobile phones and social networking sites. In order to minimize the risks to our children and young people *(insert name of setting)* will ensure that we have in place appropriate measures such as security filtering, and an acceptable use policy linked to our E-Safety policy. We will ensure that staff are aware of how not to compromise their position of trust in or outside of the setting and are aware of the dangers associated with social networking sites.
	4. Our E-safety policy will clearly state that mobile phone, camera or electronic communications with a child or family at our setting is not acceptable other than for approved setting business. Where it is suspected that a child is at risk from internet abuse or cyber bullying, we will report our concerns to the appropriate agency.
	5. **Ritualistic Abuse** Some faiths believe that spirits and demons can possess people (including children). What should never be considered is the use of any physical or psychological violence to get rid of the possessing spirit. This is abusive and will result in the criminal conviction of those using this form of abuse even if the intention is to help the child.
	6. **Honour Based Violence** Honour based violence’ is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community’. It is important to be alert to signs of distress and indications such as self-harm, absence from setting, infections resulting from female genital mutilation, isolation from peers, being monitored by family, not participating in setting activities, unreasonable restrictions at home. Where it is suspected that a child/young person is at risk form Honour based violencewewill report those concerns to the appropriate agency in order to prevent this form of abuse taking place.
	7. **Private Fostering** Private fostering is an arrangement made between the parent and the private foster carer, who then becomes responsible for caring for the child in such a way as to safeguard and promote his/her welfare.
	8. A privately fostered child means a child under the age of 16 (18 if a disabled child) who is cared for and provided with accommodation by someone other than:
* A parent.
* A person who is not a parent but has parental responsibility.
* A close relative.
* A Local Authority.
* for more than 28 days and where the care is intended to continue. It is a statutory duty for us to inform the Local Authority via MASH where we are made aware of a child or young person who may be subject to private fostering arrangements.
	1. **Trafficked Children** Child trafficking involves moving children across or within national or international borders for the purposes of exploitation. Exploitation includes children being used for sex work, domestic work, restaurant/ sweatshop, drug dealing, shoplifting and benefit fraud. Where we aremade aware of a child is suspected of or actually being trafficked/exploited we will report our concerns to the appropriate agency.
	2. **Sexually Active under Eighteen years old** It is acknowledged by those working with young people that most young people under the age of 18 will have an interest in sex and sexual relationships. The Protocol for Sexually Active Young People under 18 years old has been designed to assist those working with children and young people to identify where these relationships may be abusive, and the children and young people may need the provision of protection or additional services.
	3. **Forced marriages (FM)** Since February 2023, it has been a crime to carry out any conduct whose purpose is to cause a child to marry before their 18th birthday, even if violence, threats or other form of coercion are not used. This applies to non-binding, unofficial ‘marriages’ as well as legal marriages.
	4. A FM is a marriage conducted without the valid consent of one or both parties, and where duress is a factor Forced marriage is when someone faces physical pressure to marry (e.g. threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if someone is made to feel like they’re bringing shame on their family). This is very different to an arranged marriage where both parties give consent.
	5. FM is illegal in England and Wales. This includes:
* taking someone overseas to force them to marry (whether or not the forced marriage takes place)
* marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not)
	1. **Under-age Marriage** In England, a young person cannot legally marry until they are 16 years old (without the consent of their parents or carers) nor have sexual relationships.
	2. **Child sexual exploitation (CSE)** The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people, (or a third person or persons) receive something, (e.g. food, accommodation, drugs, alcohol, cigarettes, affections, gifts, money) as a result of them performing and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of 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. Violence, coercion and intimidations are common, involvement in exploitative relationships being characterised in the main by the child’s or young person’s limited availability of choice, resulting from their social/economic and/or emotional vulnerability.
	3. **Good practice – Individuals**
	4. Recognise the symptoms and distinguish them from other forms of abuse:
* Treat the child/young person as a victim of abuse.
* Understand the perspective / behaviour of the child/young person and be patient with them.
* Help the child/young person to recognise that they are being exploited.
* Collate as much information as possible.
* Share information with other agencies and seek advice / refer to Social Care.
	1. **Good practice – Organisations**
* Ensure robust safeguarding policies and procedures are in place which cover CSE.
* Promote and engage in effective multi-agency working to prevent abuse.
* Work to help victims move out of exploitation.
* Cooperate to enable successful investigations and prosecutions of perpetrators.
	1. **Child on Child Abuse**
	2. Children can abuse other children, and this is referred to as ‘Child on Child abuse’ this can take many forms including those listed in the table above as well as bullying, sexual violence, and harassment etc. Staff will raise concerns when there are issues of Child on Child abuse and DSL’s will consider what support might be needed for both the victim and perpetrators.

# Appendix 5 Body Map Guidance for Early Years

* 1. Body Maps should be used to document and illustrate visible signs of harm and physical injuries.
	2. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.
	3. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.
	4. \*At no time should a member of staff take photographic evidence of any injuries or marks to a child’s person, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Social Care direct or child’s social worker if already an open case to social care.
	5. When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:
	6. Exact site of injury on the body, e.g. upper outer arm/left cheek.
	7. Size of injury - in appropriate centimetres or inches.
	8. Approximate shape of injury, e.g. round/square or straight line.
	9. Colour of injury - if more than one colour, say so.
	10. Is the skin broken?
	11. Is there any swelling at the site of the injury, or elsewhere?
	12. Is there a scab/any blistering/any bleeding?
	13. Is the injury clean or is there grit/fluff etc.?
	14. Is mobility restricted as a result of the injury?
	15. Does the site of the injury feel hot?
	16. Does the child feel hot?
	17. Does the child feel pain?
	18. Has the child’s body shape changed/are they holding themselves differently?
	19. Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.
	20. Ensure First Aid is provided where required and record.
	21. A copy of the body map should be kept on the child’s concern/confidential file.

|  |
| --- |
| BODY MAP |

(This must be completed at time of observation)

Name of Child: Date of Birth:

Name of Staff: Job title:

Date and time of observation:

|  |  |
| --- | --- |
| BODY-1 | BODY-2 |

|  |  |
| --- | --- |
| HEAD-1 | HEAD-2Name of Child: Date of Birth: Name of Staff: Job title:Date and time of observation: |
| FRONT | BACK |
| HEAD-3 | HEAD-4 |

|  |  |
| --- | --- |
| HAND-1 | HAND-2Name of Child: Date of Birth: Name of Staff: Job title:Date and time of observation: |
| R | L |
| HAND-3 | HAND-4 |

|  |  |
| --- | --- |
| FOOT-1 | FOOT-2 |
| R | TOP | L | R | BOTTOM | L |
| FOOT-3 | FOOT-4 |
| R | L |
| INNER |
| FOOT-5 | FOOT-6 |
| R | L |
| OUTER |

**Printed Name, Signature and Job title of staff:**

## **If you have a holiday club, you might wish to adopt the following appendices.**

# Appendix 6 Child on child abuse: Sexual Abuse and Sexual Harassment

* 1. The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. There should be a zero-tolerance attitude towards any form of derogatory behaviour. The determination of whether behaviour is developmental, inappropriate, or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers, or children. Staff should be vigilant to:
* bullying (including cyberbullying)
* physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
* sexual violence and sexual harassment
* sexting (also known as youth produced sexual imagery)
* initiation/hazing type violence and rituals
* up skirting
	1. **Developmental Sexual Activity** encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional, and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.
	2. **Inappropriate Sexual Behaviour** Can be inappropriate socially, in appropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.
	3. **Abusive sexual behaviour** includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. To determine the nature of the incident the following factors should be given consideration.
	4. **The presence of exploitation in terms of:**
	5. **Equality:** consider differentials of physical, cognitive, and emotional development, power and control and authority, passive, and assertive tendencies.
	6. **Informed consent:** In 2015 (recirculated in 2018) Thames Valley police produced a video on the topic of consent using the analogy of asking for a cup of tea. Consent is everything. The video is reproduced on the Devon and Cornwall website alongside a range of resources including a good consent guide [Consent - Dorset Police and Devon and Cornwall Police working in Partnership (devon-cornwall.police.uk)](https://youth.devon-cornwall.police.uk/young-adults/sex-and-relationships/consent/)

They highlight the following: Sexual consent is where a person has the freedom to agree to sexual activity. It is vital the person instigating sex makes sure their partner is participating freely and readily.

For there to be informed consent the following must be present

* Understanding that is proposed based on age, maturity, development level, functioning and experience
* Knowledge of society’s standards for what is being proposed
* Awareness of potential consequences and alternatives
* Assumption that agreements or disagreements will be respected equally
* Voluntary decision
* Mental competence
	1. **Coercion** The young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance. See Appendix
	2. In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.
	3. The TSCP offer guidance for responding to sexually harmful behaviour and encourage the use of the AIM checklists to assess the behaviour. The checklists can be found on [iLearn](https://torbay.learningpool.com/login/index.php)

## Responding to Reports

* 1. **Responding to reports of sexual violence and sexual harassment.** All reports of child-on-child abuse will be made on a case-by-case basis with the designated safeguarding lead or their deputy taking a leading role using their professional judgement and supported by other agencies such as social care or the police as required. Where possible consider the [TSCP Harmful Sexual Behaviour policy](http://www.torbaysafeguarding.org.uk/publications/policies/) and AIM checklists.
	2. **The immediate response to a report**
* The school or college will take all reports seriously and will reassure the victim that they will be supported and kept safe.
* All staff will be trained to manage a report.
* Staff will not promise confidentiality as the concern will need to be shared further (for example, with the designated safeguarding lead or social care) staff will however only share the report with those people who are necessary to progress it.
* A written report will be made as soon after the interview as possible recording the facts as presented by the child. These may be used as part of a statutory assessment if the case is escalated later.
* Where the report includes an online element the school or college will follow advice on searching, screening, and confiscation. The staff will not view or forward images unless unavoidable and only if another member of staff (preferably the DSL) is present.
* The DSL will be informed as soon as possible.

## Risk Assessment

* 1. When there has been a report of sexual violence, the DSL/DDSL will make an immediate risk and needs’ assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis. The risk and needs’ assessment should consider:
* The victim, especially their protection and support.
* The alleged perpetrator; and
* All the other children (and, if appropriate, adult students and staff) at the school or college, especially any actions that are appropriate to protect them; Risk assessments will be recorded (written or electronic say where these are filed) and be kept under review. The DSL/DDSL will ensure they are engaging with MASH.

## Action following a report of sexual violence and/or sexual harassment

* 1. Following an incident, we will consider:
* The wishes of the victim in terms of how they want to proceed. This is especially important in the context of sexual violence and sexual harassment.
* The nature of the alleged incident(s), including whether a crime may have been committed and consideration of harmful sexual behaviour.
* 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 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.
* Are there ongoing risks to the victim, other children, adult students or school or college staff, and other related issues and wider context?

## Follow up Actions

* 1. Whilst the school or college establishes the facts of the case and starts the process of liaising with children’s social care and the police:
* The perpetrator will be removed from any classes they share with the victim.
* We will consider how best to keep the victim and alleged perpetrator a reasonable distance apart on school or college premises and on transport to and from the school or college. These actions are in the best interests of both children and should not be perceived to be a judgment on the guilt of the alleged perpetrator.

## Options to manage the report

* 1. **Manage internally**
	2. In some cases of sexual harassment, for example, one-off incidents, we may decide that the children concerned are not in need of early help or statutory intervention and that it would be appropriate to handle the incident internally, perhaps through utilising the behaviour and bullying policies and by providing pastoral support. This decision will be made based on the principle that sexual violence and sexual harassment is never acceptable and will not be tolerated. All decisions, and discussions around making these decisions will be recorded and stored (by whom, where).
	3. In line with (I) above, we may decide that the children involved do not require statutory interventions but may benefit from early help. Early help means providing support as soon as a problem emerges, at any point in a child’s life. Providing early help is more effective in promoting the welfare of children than reacting later. Early help can be particularly useful to address non-violent harmful sexual behaviour and may prevent escalation of sexual violence.
	4. **Refer to MASH**
	5. Where a child has been harmed, is at risk of harm, or is in immediate danger, we will make a referral to the MASH. Where statutory assessments are appropriate, the DSL/DDSL will be working alongside, and cooperating with, the relevant lead social worker. Collaborative working will help ensure the best possible package of coordinated support is implemented for the victim and, where appropriate, the alleged perpetrator and any other children that require support.
	6. **Reporting to the Police**
	7. Any report to the police will generally be made through the MASH as above. The DSL/DDSL will follow local processes for referrals. Where a report of rape, assault by penetration or sexual assault is made, the starting point is this will be passed on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator is under ten, the starting principle of reporting to the police remains. The police will take a welfare, rather than a criminal justice, approach. Where a report has been made to the police, the school or college will consult the police and agree what information can be disclosed to staff and others, the alleged perpetrator and their parents or carers. They will also discuss the best way to protect the victim and their anonymity. Where there is a criminal investigation, we will work closely with the relevant agencies to support all children involved (especially potential witnesses). Where required, advice from the police will be sought to help us.
	8. Whilst protecting children and/or taking any disciplinary measures against the alleged perpetrator, we will work closely with the police (and other agencies as required), to ensure any actions the school or college take do not jeopardise the police investigation.
	9. **The end of the criminal process**
	10. If a child is convicted or receives a caution for a sexual offence, the school /academy will update its risk assessment, ensure relevant protections are in place for all children. We will consider any suitable action following our behaviour policy. If the perpetrator remains in school/academy we will be very clear as to our expectations regarding the perpetrator now they have been convicted or cautioned. This could include expectations regarding their behaviour and any restrictions we think are reasonable and proportionate about the perpetrator’s timetable. Any conviction (even with legal anonymity reporting restrictions) is potentially going to generate interest among other pupils or students in the school or college. We will ensure all children involved are protected, especially from any bullying or harassment (including online).
	11. Where cases are classified as ‘no further action’ (NFA’d) by the police or Crown Prosecution Service, or where there is not guilty verdict, we will continue to offer support to the victim and the alleged perpetrator for as long as is necessary. A not guilty verdict or a decision not to progress the report does not necessarily mean that it was unfounded. We will continue to support all parties in this instance.
	12. Whatever the response, it should be underpinned by the principle that there is a zero-tolerance approach to sexual violence and sexual harassment and it is never acceptable and will not be tolerated.
	13. **Support for Children Affected by sexual assault**
	14. Support for victims of sexual assault is available from a variety of agencies. We will support the victim of sexual assault to remain in school but if they are unable to do so we will enable them to continue their education elsewhere. This decision will be made only at the request of the child and their family. If they are moved, we will ensure the new school is aware of the ongoing support they may need. The DSL will support this move. Where there is a criminal investigation, the alleged perpetrator will be removed from any shared classes with the victim, and we will also consider how best to keep them a reasonable distance apart on the school premises or on school transport. This is in the best interest of the children concerned and should not be perceived to be a judgement of guilt before any legal proceedings.
	15. We will work closely with the police. Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, we may take suitable action, if we have not already done so. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the perpetrator to remain in the same school or college would seriously harm the education or welfare of the victim (and potentially other pupils or students).
	16. Where a criminal investigation into sexual assault leads to a conviction or caution, we may, if we have not already done so, consider any suitable sanctions using our behaviour policy, including consideration of permanent exclusion. Where the perpetrator is going to remain at the school or college, the principle would be to continue keeping the victim and perpetrator in separate classes and continue to consider the most appropriate way to manage potential contact on school and college premises and transport. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.
	17. Reports of sexual assault and sexual harassment will, in some cases, not lead to a report to the police (for a variety of reasons). In some cases, rape, assault by penetration, sexual assault or sexual harassment are reported to the police and the case is not progressed or are reported to the police and ultimately result in a not guilty verdict. None of this means the offence did not happen or that the victim lied. The process will have affected both victim and alleged perpetrator. Appropriate support will be provided to both as required and consideration given to sharing classes and potential contact as required on a case-by-case basis. All the above will be considered with the needs and wishes of the victim at the heart of the process (supported by parents and carers as required). Any arrangements should be kept under review.
	18. **Physical Abuse**
	19. While a clear focus of child-on-child abuse is around sexual abuse and harassment, physical assaults and initiation violence and rituals from pupils to pupils can also be abusive. These are equally not tolerated and if it is believed that a crime has been committed, will be reported to the police. The principles from the anti-bullying policy will be applied in these cases, with recognition that any police investigation will need to take priority. When dealing with other alleged behaviour which involves reports of, for example, emotional and/or physical abuse, staff can draw on aspects of Hackett’s continuum (see above) to assess where the alleged behaviour falls on a spectrum and to decide how to respond. This could include, for example, whether it:
* is socially acceptable
* involves a single incident or has occurred over a period of time
* is problematic and concerning
* involves any overt elements of victimisation or discrimination e.g., related to race, gender, sexual orientation, physical, emotional, or intellectual vulnerability
* involves an element of coercion or pre-planning
* involves a power imbalance between the child/children allegedly responsible for the behaviour
* involves a misuse of power
	1. **Online Behaviour**
	2. Many forms of child-on-child abuse have an element of online behaviour including behaviours such as cyberbullying and sexting. Policies and procedures concerning this type of behaviour can be found in the anti- bullying policy and online safety policy.
	3. **Prevention**
	4. Our school actively seeks to raise awareness of and prevent all forms of child-on-child abuse by: (Delete those which do not apply and add any you use effectively)
	5. Educating all Governors, SLT, staff and volunteers, pupils, and parents about this issue.
	6. This will include training all Governors, SLT, staff and volunteers on the nature, prevalence, and effect of child-on-child abuse, and how to prevent, identify and respond to it.
	7. This includes: (a) Contextual Safeguarding/extra familial abuse; (b) The identification and classification of specific behaviours; and (c) The importance of taking seriously all forms of child-on-child abuse (no matter how low level they may appear) and ensuring that no form of child-on-child abuse is ever dismissed as horseplay or teasing.
	8. Educating children about the nature and prevalence of child-on-child abuse via PSHE and the wider curriculum.
	9. Pupils are frequently told what to do if they witness or experience such abuse, the effect that it can have on those who experience it and the possible reasons for it, including vulnerability of those who inflict such abuse.
	10. They are regularly informed about the school’s approach to such issues, including its zero-tolerance policy towards all forms of child-on-child abuse.
	11. Engaging parents on this issue by: (a)Talking about it with parents, both in groups and one to one; (b) Asking parents what they perceive to be the risks facing their child and how they would like to see the school address those risks; (c) Involving parents in the review of school policies and lesson plans; and (d) Encouraging parents to hold the school to account on this issue.
	12. Ensuring that all child-on-child abuse issues are fed back to the school’s safeguarding team so that they can spot and address any concerning trends and identify pupils who maybe in need of additional support. [This is done by way of, for example, a weekly staff meeting at which all concerns about pupils (including child-on-child abuse issues) are discussed]
	13. Challenging the attitudes that underlie such abuse (both inside and outside the classroom).
	14. Working with Governors, Academy Trusts, SLT, all staff and volunteers, pupils and parents to address equality issues, to promote positive values, and to encourage a culture of tolerance and respect amongst all members of the school community.
	15. Creating conditions in which our pupils can aspire to and realise safe and healthy relationships.
	16. Creating a culture in which our pupils feel able to share their concerns openly, in a non-judgmental environment, and have them listened to; and
	17. Responding to cases of child-on-child abuse promptly and appropriately.
	18. **Multi-agency working**
	19. The school actively engages with its local partners in relation to child-on-child abuse, and works closely with: TSCP, MASH, Children’s Social care, Early Help and/or other relevant agencies, other schools, and the community in general, including our young people and their families. The relationships the school has built with these partners are essential to ensuring that the school is able to prevent, identify early and appropriately handle cases of child-on-child abuse.
	20. **They help the school:**
	21. To develop a good awareness and understanding of the different referral pathways that operate in its local area, as well as the preventative and support services which exist.
	22. To ensure that our pupils can access the range of services and support they need quickly.
	23. To support and help inform our local community's response to child-on-child abuse.
	24. To increase our awareness and understanding of any concerning trends and emerging risks in our local area to enable us to take preventative action to minimise the risk of these being experienced by our pupils. The school actively refers concerns/reports of child-on-child abuse where necessary to MASH and other safeguarding partners. Children resident out of county but attending our school will be reported to their home Children’s Services. In cases involving children who are subject to risk, harm, and abuse and who are cared for, the children’s social worker will be informed and a coordinated approach to address any incidents or concerns will be required.
	25. As well as having strategies for dealing with incidents we will consider what we can do to foster healthy and respectful relationships between all pupils including through RSE and PSHE education. The most effective preventative education programme will be through a whole school approach that prepares pupils for life. The school has a clear set of values and standards, and these will be upheld and demonstrated throughout all aspects of school life. This will be underpinned by the school’s behaviour policy and pastoral support system, and by a planned programme of evidence-based content delivered through the whole curriculum. Such a programme will be appropriate to the age and stage of development (especially when considering SEND children and their cognitive understanding), and may tackle such issues as:
* Healthy and respectful relationships.
* What respectful behaviour looks like.
* Consent.
* Gender roles, stereotyping, and equality.
* Body confidence and self-esteem.
* Prejudiced behaviour.
* That sexual violence and sexual harassment is always wrong; and
* Addressing cultures of sexual harassment
	1. **Some useful definitions:**
	2. Stop It Now offers a useful summary of definitions and consequences of sexual assault in addition to helpful resources. [Definition of child sexual abuse - Stop It Now](https://www.stopitnow.org.uk/concerned-about-your-own-thoughts-or-behaviour/help-with-inappropriate-thoughts-or-behaviour/uk-law/definition-of-child-sexual-abuse/)
	3. All staff, but especially the DSL (or deputy) should be considering the context within which incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child’s life that are a threat to their safety and/or welfare. Additional considerations for schools When considering harmful sexual behaviour, ages, and the stages of development of the children are critical factors to consider. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years’ difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature. Schools and colleges should ensure that their response to sexual violence and sexual harassment between children of the same sex is equally robust as it is for sexual violence and sexual harassment between children of the opposite sex.

# Appendix 7 Recognising signs of child abuse

* 1. **Categories of Abuse:**
* Physical Abuse
* Emotional Abuse (including Domestic Abuse)
* Sexual Abuse (including child sexual exploitation)
* Neglect
	1. **Signs of Abuse in Children:**
	2. The following non-specific signs may indicate something is wrong:
* Significant change in behaviour
* Extreme anger or sadness
* Aggressive and attention-needing behaviour
* Suspicious bruises with unsatisfactory explanations
* Lack of self-esteem
* Self-injury
* Depression and/or anxiousness
* Age-inappropriate sexual behaviour
* Child Sexual Exploitation
* Criminality
* Substance abuse
* Mental health problems
* Poor attendance
	1. **Risk Indicators:**
	2. The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:
* Must be regarded as indicators of the possibility of significant harm
* Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
* May require consultation with and / or referral to Children’s Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

* 1. **In an abusive relationship the child may:**
* Appear frightened of the parent/s
* Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)
	1. **The parent or carer may:**
* Persistently avoid child health promotion services and treatment of the child’s episodic illnesses
* Have unrealistic expectations of the child
* Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
* Be absent or misusing substances
* Persistently refuse to allow access on home visits
* Be involved in domestic abuse
	1. Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.
	2. **Recognising Physical Abuse**
	3. The following are often regarded as indicators of concern:
* An explanation which is inconsistent with an injury
* Several different explanations provided for an injury
* Unexplained delay in seeking treatment
* The parents/carers are uninterested or undisturbed by an accident or injury
* Parents are absent without good reason when their child is presented for treatment
* Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
* Family use of different doctors and A&E departments
* Reluctance to give information or mention previous injuries
	1. **Bruising**
	2. Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:
* Any bruising to a pre-crawling or pre-walking baby
* Bruising in or around the mouth, particularly in small babies which may indicate force feeding
* Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
* Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
* Variation in colour possibly indicating injuries caused at different times
* The outline of an object used e.g., belt marks, handprints or a hairbrush
* Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
* Bruising around the face
* Grasp marks on small children
* Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse
	1. **Bite Marks**
	2. Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.
	3. A medical opinion should be sought where there is any doubt over the origin of the bite.
	4. **Burns and Scalds**
	5. It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g:
* Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
* Linear burns from hot metal rods or electrical fire elements
* Burns of uniform depth over a large area
* Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
* Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
	1. Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.
	2. **Fractures**
	3. Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.
	4. There are grounds for concern if:
* The history provided is vague, non-existent, or inconsistent with the fracture type
* There are associated old fractures
* Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
* There is an unexplained fracture in the first year of life
	1. **Scars**
	2. Many scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.
	3. **Recognising Emotional Abuse**
	4. Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.
	5. The following may be indicators of emotional abuse:
* Developmental delay
* Abnormal attachment between a child and parent/carer e.g., anxious, indiscriminate, or no attachment
* Indiscriminate attachment or failure to attach
* Aggressive behaviour towards others
* Scapegoated within the family
* Frozen watchfulness, particularly in pre-school children
* Low self-esteem and lack of confidence
* Withdrawn or seen as a “loner” – difficulty relating to others
	1. **Recognising Signs of Sexual Abuse**
	2. Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about, and full account should be taken of the cultural sensitivities of any individual child/family.
	3. Recognition can be difficult unless the child reports abuse and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.
	4. Some behavioural indicators associated with this form of abuse are:
* Inappropriate sexualised conduct
* Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
* Continual and inappropriate or excessive masturbation
* Self-harm (including eating disorder), self-mutilation and suicide attempts
* Involvement in prostitution or indiscriminate choice of sexual partners
* An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)
	1. **Some physical indicators associated with this form of abuse are:**
* Pain or itching of genital area
* Blood on underclothes
* Pregnancy in a younger girl where the father of the child is not identified
* Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia, or clothing
	1. It is rare for children to make false claims about sexual abuse and any reports should always be taken seriously.
	2. **Recognising Neglect**
	3. Evidence of neglect is built up over a period and can cover different aspects of parenting. Indicators include:
* Failure by parents or carers to meet the basic essential needs e.g., adequate food, clothes, warmth, hygiene and medical care
* A child seen to be listless, apathetic and irresponsive with no apparent medical cause
* Failure of child to grow within normal expected pattern, with accompanying weight loss
* Child thrives away from home environment
* Child frequently absent from school
* Child left with adults who are intoxicated or violent
* Child abandoned or left alone for excessive periods

# Appendix 8 Exploitation (including Child Sex Exploitation, Child Criminal Exploitation and County Lines)

* 1. The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual or criminal exploitation.
	2. **Signs include:**
* going missing from home or school
* regular school absence/truanting
* underage sexual activity
* inappropriate sexual or sexualised behaviour
* sexually risky behaviour, 'swapping' sex
* repeat sexually transmitted infections
* in girls, repeat pregnancy, abortions, miscarriage
* receiving unexplained gifts or gifts from unknown sources
* having multiple mobile phones and worrying about losing contact via mobile
* online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images.
* having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
* changes in the way they dress
* going to hotels or other unusual locations to meet friends
* seen at known places of concern
* moving around the country, appearing in new towns or cities, not knowing where they are
* getting in/out of different cars driven by unknown adults
* having older boyfriends or girlfriends
* contact with known perpetrators
* involved in abusive relationships, intimidated and fearful of certain people or situations
* hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
* associating with other young people involved in sexual exploitation
* recruiting other young people to exploitative situations
* truancy, exclusion, disengagement with school, opting out of education altogether
* unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
* mood swings, volatile behaviour, emotional distress
* self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
* drug or alcohol misuse
* getting involved in crime
* police involvement, police records
* involved in gangs, gang fights, gang membership
* injuries from physical assault, physical restraint, sexual assault.
	1. **Consent**
	2. Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. When practitioners are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'. Although the two terms are frequently used together and originate from the same legal case, there are distinct differences between them but often refer to children in relation to health issues [NSPCC Gillick Competent Frasier Guidelines](https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines)
	3. In relation to children who are exploited consideration should be given to if a child is consenting but:
* the structure of grooming by their abuser means they do not understand the power differential, and they will often side with their abuser (coerced abused consent)
* they believe that their own and or families survival depends on them and therefore they are exploited for money, food, drugs and or accommodation (survival abused consent)
* normalising violent non – consenting sex (given access to pornography, sexting, music lyrics, gang culture, peer pressure) other young people sometimes groom others to get out of being abused or assaulted themselves. (abused normalised consent)
* professionals unconsciously normalise the abuse i.e. “all 14 year olds have sex” (professional condoned abused consent)
	1. County lines is a term used to describe gangs and organised criminal networks involved in the exporting of illegal drugs (primarily crack cocaine and heroin) into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of ‘deal line.’
	2. Exploitation is an integral part of the county lines offending model with children and vulnerable adults being exploited to move (and store) drugs and money. The same grooming models used to coerce, intimidate, and abuse individuals for sexual and criminal exploitation are also used for grooming vulnerable individuals for county lines.

# Appendix 9 Exploitation (including Child Sex Exploitation, Child Criminal Exploitation and County Lines)

* 1. The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual or criminal exploitation.
	2. Signs include:
* going missing from home or setting
* regular setting absence/truanting
* underage sexual activity
* inappropriate sexual or sexualised behaviour
* sexually risky behaviour, 'swapping' sex
* repeat sexually transmitted infections
* in girls, repeat pregnancy, abortions, miscarriage
* receiving unexplained gifts or gifts from unknown sources
* having multiple mobile phones and worrying about losing contact via mobile
* online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images
* having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
* changes in the way they dress
* going to hotels or other unusual locations to meet friends
* seen at known places of concern
* moving around the country, appearing in new towns or cities, not knowing where they are
* getting in/out of different cars driven by unknown adults
* having older boyfriends or girlfriends
* contact with known perpetrators
* involved in abusive relationships, intimidated and fearful of certain people or situations
* hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
* associating with other young people involved in sexual exploitation
* recruiting other young people to exploitative situations
* truancy, exclusion, disengagement with setting, opting out of education altogether
* unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
* mood swings, volatile behaviour, emotional distress
* self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
* drug or alcohol misuse
* getting involved in crime
* police involvement, police records
* involved in gangs, gang fights, gang membership
* injuries from physical assault, physical restraint, sexual assault
	1. **Consent**
	2. Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. When practitioners are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'. Although the two terms are frequently used together and originate from the same legal case, there are distinct differences between them but often refer to children in relation to health issues [NSPCC Gillick Competent Frasier Guidelines](https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines)
	3. In relation to children who are exploited consideration should be given to if a child is consenting but;
* the structure of grooming by their abuser means they do not understand the power differential, and they will often side with their abuser (coerced abused consent)
* they believe that their own and or families survival depends on them and therefore they are exploited for money, food, drugs and or accommodation (survival abused consent)
* normalising violent non – consenting sex (given access to pornography, sexting, music lyrics, gang culture, peer pressure) other young people sometimes groom others to get out of being abused or assaulted themselves. (abused normalised consent)
* professionals unconsciously normalise the abuse i.e. “all 14 year olds have sex” (professional condoned abused consent)
	1. County lines is a term used to describe gangs and organised criminal networks involved in the exporting of illegal drugs (primarily crack cocaine and heroin) into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of ‘deal line.’
	2. Exploitation is an integral part of the county lines offending model with children and vulnerable adults being exploited to move (and store) drugs and money. The same grooming models used to coerce, intimidate, and abuse individuals for sexual and criminal exploitation are also used for grooming vulnerable individuals for county lines.

# Appendix 10 Police and Criminal Evidence Act (1984) – Code C

* 1. The Designated Safeguarding Lead (and deputy) are aware of the requirement for children to have an appropriate adult when in contact with Police officers who suspect them of an offence.
	2. PACE states that anyone who appears to be under 18, shall, in the absence of clear evidence that they are older, be treated as a child for the purposes of this Code and any other Code.
	3. PACE also states that If at any time an officer has any reason to suspect that a person of any age may be vulnerable, then that person is entitled to be accompanied by an appropriate adult at any point.
	4. The Designated Safeguarding (or deputy) will communicate any vulnerabilities known by the setting to any police officer who wishes to speak to a child about an offence they may suspect. This communication will be recorded **[state where, for example, on CPOMS]**.
	5. If having been informed of the vulnerabilities, the designated safeguarding lead (or deputy) does not feel that the officer is acting in accordance with PACE, they should ask to speak with a supervisor or contact 101 to escalate their concerns.
	6. A person whom there are grounds to suspect of an offence must be cautioned[[1]](#footnote-1) before questioned about an offence[[2]](#footnote-2), or asked further questions if the answers they provide the grounds for suspicion, or when put to them the suspect’s answers or silence, (i.e. failure or refusal to answer or answer satisfactorily) may be given in evidence to a court in a prosecution.
	7. A Police Officer must not caution a juvenile or a vulnerable person unless the appropriate adult is present. If a child or a vulnerable person is cautioned in the absence of the appropriate adult, the caution must be repeated in the appropriate adult’s presence.
	8. **The appropriate adult’ means, in the case of a child**:
	9. the parent, guardian or, if the juvenile is in the care of a local authority or voluntary organisation, a person representing that authority or organisation.
	10. a social worker of a local authority
	11. **Failing these, some other responsible adult aged 18 or over who is not:**
	12. a police officer
	13. employed by the police
	14. under the direction or control of the chief officer of a police force; or
	15. a person who provides services under contractual arrangements (but without being employed by the chief officer of a police force), to assist that force in relation to the discharge of its chief officer’s functions.
	16. Further information can be found in the Statutory guidance - [[[PACE Code C 2019.](https://www.gov.uk/government/publications/pace-code-c-2019/pace-code-c-2019-accessible)](https://www.gov.uk/government/publications/pace-code-c-2019/pace-code-c-2019-accessible)](https://www.gov.uk/government/publications/pace-code-c-2019/pace-code-c-2019-accessible)
	17. **Related Setting Policies**
	18. Safeguarding covers more than the contribution made to child protection in relation to individual children. It also encompasses issues such as child health and safety, bullying and a range of other issues, for example, arrangements for meeting the medical needs of children, providing first aid, setting security, drugs and substance misuse, etc.
	19. This policy will cross reference to related setting policies and other protocol: ***(Suggested list of policies please amend as appropriate to the setting)***

|  |  |
| --- | --- |
| Behaviour(Including guidance on positive handling) | Adopted: |
| Staff Behaviour Policy |  |
| Anti-bullying |  |
| Confidentiality |  |
| Drugs and substances |  |
| Attendance |  |
| E-Safety Policy |  |
| Camera & Image |  |
| Mobile Phone Policy |  |
| Acceptable Use Policy |  |
| Health and Safety |  |
| Racial Discrimination |  |
| Equality and Diversity |  |
| Educational Visits |  |
| Code of Conduct |  |
| Whistle Blowing |  |
| Managing Allegations |  |
| Physical Restraint |  |
| Safe Recruitment |  |
| Information Sharing |  |

Approved (Chair of Trustee/Committee/proprietor signature)

Adopted on (Insert date)

Review Date (Insert date should be annually)

(Insert name of provider) Safeguarding Policy

The above list is not exhaustive and as new policy, guidance and legislation develops within the remit of Safeguarding we will review and update our policies and procedures as appropriate and in line with the Torbay Safeguarding Children Partnership and Local Authority.

# Useful Local Contacts:

* **Early Help co-ordination centre** 0345 155 1071 (ask for Early Help) [Early Help information](https://www.dcfp.org.uk/early-help/)
* **Devon and Cornwall Police Website** [Home | Devon and Cornwall Police (devon-cornwall.police.uk)](https://www.devon-cornwall.police.uk/)
* Torbay Early Years Advisory Team (EYAT) EYAT Office: 01803 207895
* **Torbay Domestic Abuse Helpline** Torbay Business Park, Paignton 0800 916 1474
* In a non-emergency, call 101. Alternatively, call the Women’s Aid 24-hour helpline: 0808 2000 247. In an emergency, call 999. [Torbay Domestic Abuse Service (TDAS) - Domestic abuse services | Sanctuary Supported Living (sanctuary-supported-living.co.uk)](https://www.sanctuary-supported-living.co.uk/find-services/domestic-abuse/devon/torbay-domestic-abuse-service-tdas)
* **Torbay safeguarding children’s partnership website** [Professionals - Torbay Safeguarding Children Partnership](http://www.torbaysafeguarding.org.uk/professionals/)
* **Torbay Safer Communities** [Safer Communities Torbay - Torbay Council](http://safercommunitiestorbay.org.uk/)
* **Are you OK? Website** Help and support for Women, Men and children in Torbay who need protection from domestic abuse and or sexual violence [Home - Are you OK?](https://www.areyouok.co.uk/)
* **0-19 website** 0-19 services available to families and children in Torbay [0 to 19 Torbay](https://0to19torbay.co.uk/)
* **Southwest Child Protection Procedures** [Torbay Safeguarding Children Partnership Procedures (proceduresonline.com)](https://www.proceduresonline.com/swcpp/torbay/index.html)
* **Torbay PREVENT** [Preventing violent extremism and terrorism - Torbay Council](https://www.torbay.gov.uk/prevent)

**Further advice on child protection is available from:**

* CEOP [Report to CEOP](https://www.ceop.police.uk/ceop-reporting/)
* NSPCC: [NSPCC](https://www.nspcc.org.uk/preventing-abuse/safeguarding/)
* Childline: <http://www.childline.org.uk/pages/home.aspx>
* Anti-Bullying Alliance: <http://anti-bullyingalliance.org.uk/>
* Beat Bullying: <http://www.beatbullying.org/>
* Childnet International - making the internet a great and safe place for children. Includes resources for professionals and parents <http://www.childnet.com/>
* Thinkuknow (includes resources for professionals and parents) <https://www.thinkuknow.co.uk/>
* Safer Internet Centre <http://www.saferinternet.org.uk/>
* [Keeping children safe online - NSPCC](https://www.nspcc.org.uk/keeping-children-safe/online-safety/)
1. The police caution is: “You do not have to say anything. But it may harm your defence if you do not mention when questioned something which you later rely on in Court. Anything you do say may be given in evidence.” [↑](#footnote-ref-1)
2. A person need not be cautioned if questions are for other necessary purposes, e.g.: (a) solely to establish their identity or ownership of any vehicle; to obtain information in accordance with any relevant statutory requirement; in furtherance of the proper and effective conduct of a search, e.g. to determine the need to search in the exercise of powers of stop and search or to seek co-operation while carrying out a search; or to seek verification of a written record. [↑](#footnote-ref-2)