

| | |
|---------------|---|
| Title: | SAFEGUARDING POLICY: PART 1 – CHILD PROTECTION |
| Type: | POLICY |
| Group: | SAFEGUARDING |
| For: | CHAILEY HERITAGE FOUNDATION |

| VERSION CONTROL: | | | |
|-------------------------|--|-------------------|---------------|
| Version No | New document or reasons for revision | Agreed by | Date |
| 1.1 | Added link to Safeguarding Information Sheets and name changes (CCS) | Sarah Healey/OM3 | July 2016 |
| 2.0 | Reviewed and updated | S&W/FGB | December 2016 |
| 3.0 | Amended as per Ofsted Children's Home Inspection March 2017 and to include all updates | S&W/FGB | April 2017 |
| 3.1 | Minor amendment as per Ofsted requirement | SH/OM3 | January 2018 |
| 3.2 | Allegations Against Staff and Volunteers' Policy added under 'Linked Documents' | RG | February 2018 |
| 4.0 | Updated in line with KCSIE 2018, Working Together to Safeguard Children 2018 and amended bruising protocol | Governors | October 2018 |
| 5.0 | Reviewed and updated | Governors | 10/01/2020 |
| 5.1 | Extra guidance on bruising added – see 2.5 | Safeguarding Team | 22/05/2020 |

| | |
|---------------|--|
| Leads: | Headteacher Director of Social Care Deputy Head Social Care Quality Improvement Manager (Clinical) Staff and Pupil Support Manager Head of Residential Operations |
|---------------|--|

| | |
|--|---|
| | Head of Community Services Social Care Quality Improvement Manager CQC Registered Manager Teacher (LB) Safeguarding and Whistleblowing Governor Online Safety Governor |
|--|---|

| | |
|--------------------------|--------|
| Review Frequency: | 1 year |
|--------------------------|--------|

| | |
|--------------------------------------|-------------|
| Next Review Process to Start: | Autumn 2020 |
|--------------------------------------|-------------|

This document will remain valid during the review process

LINKED DOCUMENTS:

Key documents including related policies:

External

- **Keeping Children Safe in Education – September 2019** (Department for Education)
- **Safeguarding Disabled Children: Practice Guidance** (*HM Government – Department for Children, Schools and Families*)
- **Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children – 2018** (*HM Government*)
- **Children and Social Work Act 2019**
- **Sussex Child Protection & Safeguarding Procedures**
- **West Sussex Bruising in Children who are Not Independently Mobile (NIM) Guidance for Professionals** (*part of Pan Sussex Child Protection Procedures*)
- **Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk.**
- **What to do if you're worried a child is being abused – Practice Guidelines & Summary** (*HM Government*)
- **Children's Home: National Minimum Standards – Children's Home Regulations** (*HM Government – Department of Health*)
- **Children's Act 1989, 2004– Chapter 41 – Section 22: General duty of local authority in relation to children looked after by them** (*HM Government*)
- **Mental Capacity Act 2005 Code of Practice**
- **Mental Capacity Act 2005: Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice**
- **Care Act 2014**

Chailey Heritage Foundation link documents include:

- **Safeguarding Children – Governance** (*Sussex Community NHS Foundation Trust, Clinical Services and Chailey Heritage School*)
- **Online Safety Policy** (*Chailey Heritage Foundation*)
- **Whistleblowing Procedure** (*Chailey Heritage Foundation*)
- **Mobile Phone and Smart Device Policy** (*Chailey Heritage Foundation*)
- **Internet Policy** (*Chailey Heritage Foundation*)
- **Anti-Bullying Policy** (*Chailey Heritage Foundation*)
- **Good Practice Guidelines for Intimate Care** (*Chailey Heritage Foundation*)
- **Safeguarding Information Sheets** (*Chailey Heritage Foundation*)
- **Allegations Against Staff and Volunteers' Policy** (*Chailey Heritage Foundation*)

- *For other useful documents, see Appendix 1*

All Policies, Procedures, Guidelines, Protocols for Chailey Heritage Foundation

CHILD PROTECTION POLICY

Sections:

- 1. Key principles**
- 2. Legal definitions**
- 3. Key procedures – National Guidance**
- 4. Key procedures – children**
- 5. Key training**
- 6. Key people**
- 7. Key meetings**
- 8. Key partners and agencies**

All adult clients at Chailey Heritage are 'Adults at Risk', and all children at Chailey Heritage are 'Children in Need'. Throughout this document, the term 'Young People' (YP) will be used to encompass children and young adults who access services at or from Chailey Heritage Foundation (CHF).

In consideration of the fact that staff and volunteers at Chailey Heritage Foundation might work across both children's and adult services, any safeguarding incidents must follow the checklist in Appendix 2

1. KEY PRINCIPLES

- 1.1 All children and vulnerable adults, disabled and non-disabled, have the human rights to be safe from abuse and neglect, to be protected from harm, including bullying, and to achieve the Every Child Matters outcomes, including Staying Safe.
- 1.2 In order to ensure that the welfare of disabled children and vulnerable adults is safeguarded and promoted, it needs to be recognised that additional action is required. Research and inspection indicate that disabled children and vulnerable adults face an increased risk of abuse or neglect. Disabled children and vulnerable adults can be abused and neglected in ways that others cannot.
- 1.3 At CHF, the client group is specifically children and young adults who are disabled, and vulnerable to harm. Therefore, all who are employed to work at CHF must be committed to safeguarding, must undergo safeguarding training and must be highly aware of safeguarding issues around disabled children and vulnerable young adults. All staff must be aware of the different requirements and procedures in relation to children and those aged 18 years and over. The Safeguarding Adults procedures apply to all young people aged 18 years and over, both in the school and social care provision. CHF has a fundamental duty to ensure that this is the case.
- 1.4 This policy outlines CHF's key safeguarding principles, policies & procedures, documents, training, people, meetings, and involved partners & agencies.

2. LEGAL DEFINITIONS

2.1 Definition of Child in Need

- 2.1.1 Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

- 2.1.1.1 He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- 2.1.1.2 His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- 2.1.1.3 He/she has a disability
- 2.2 **Safeguarding**
- 2.2.1 Safeguarding children is the action we take to promote the welfare of children and protect them from harm. Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children: July 2018 as:
 - 2.2.1.1 protect from maltreatment
 - 2.2.1.2 prevent impairment of child's health or development
 - 2.2.1.3 ensure that the child grows up in circumstances consistent with the provision of safe and effective care
 - 2.2.1.4 take action to enable all children to have the best outcomes
- 2.3 **Definition of child abuse**
- 2.3.1 "Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children. (Keeping Children Safe in Education Oct 2019)
- 2.4 **Types of Child Abuse** (Keeping Children Safe in Education, Oct 2019)
 - 2.4.1 **Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
 - 2.4.2 **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
 - 2.4.3 **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault

by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation is also sexual abuse; it involves children and young people receiving something, for example accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. It could take the form of grooming of children, e.g. to take part in sexual activities or to post sexual images of themselves on the internet.

Sexual abuse is not solely perpetrated by adult males. Women can also collude with and commit acts of sexual abuse, as can other children.

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

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

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

2.5 **Bruising in children and young people who are not independently mobile (NIM)**

2.5.1 It is recognised that children and young people who are not independently mobile will sometimes suffer bruising that has an innocent explanation. This will often be due to the equipment and aids that are required to support them, and their inability to take control of their limbs.

2.5.2 However, serious case reviews have shown that professionals have sometimes underestimated the significance of the presence of bruising. As a result, NICE guidelines 'When to Suspect Child Maltreatment (Clinical Guideline 89, 2009) states bruising in a child or young person who is not independently mobile should prompt suspicion of maltreatment. **Please read Appendix 6 in relation to bruising.**

2.5.3 Therefore, if a staff member observes bruising or any skin mark, the following process needs to be followed in line with Pan Sussex Bruising in Children who are Not Independently Mobile (NIM) Guidance for Professionals:

2.5.3.1 Whenever a bruise or blemish is discovered, a body map form must be completed. The site of the bruise/blemish must be indicated on the body map, and relevant boxes on the form completed.

2.5.3.2 In cases where the mark is unusual and/ or concerning, a nurse must be called to acknowledge a new mark has been found, and where necessary check the bruise/skin mark

and note whether any treatment is required. **CHF staff are not authorised to take photographs of bruising or skin marks. Should nursing staff require a photograph for medical monitoring this must be organised via Chailey Clinical Services.**

2.5.3.3 **SCHOOL PROCESS**

CHF staff must complete the first part of the form in regard to a possible cause, **the incident must be passed to a member of the Safeguarding Team immediately if there is a cause for concern** – as per safeguarding posters. If there is no immediate cause for concern then please give the completed body map to the Headteacher for review.

2.5.3.4 **SOCIAL CARE PROCESS**

CHF staff must complete the first part of the form in regard to a possible cause, **the incident must be passed to a member of the Safeguarding Team immediately if there is a cause for concern** – as per safeguarding posters. If there is no immediate cause for concern then please give the completed body map to the relevant Registered Manager for your department to review at the end of your shift. If this is at a weekend/overnight and there are **NO** concerns then this can be the next working day.

2.5.3.5 The Headteacher or Registered Manager will use the body map database to look for patterns and trends to support their decision making.

2.5.3.6 Should a referral be required, the usual referral protocol as in '4' below should be followed.

2.6 **SPECIFIC SAFEGUARDING ISSUES:** staff members need to be aware of specific safeguarding issues and be alert to any risks. Chapter 8 of the *Pan-Sussex Child Protection and Safeguarding Procedures* - <https://sussexchildprotection.procedures.org.uk/page/contents> has detailed information about specific issues such as child sexual exploitation, fabricated or induced illness, female genital mutilation, children who harm other children, private fostering, etc, and the local procedures to respond to risks.

There is guidance on specific safeguarding issues which staff must be aware of at WWW.GOV.UK and other government websites more information is included in Appendix 7:

- Bullying including cyberbullying
- Children and the court system
- Children missing education
- Children missing from home or care
- Children with family members in prison
- Child sexual exploitation (also see CHF guidance sheets)
- Child criminal exploitation: county lines
- Domestic abuse
- Drugs
- Fabricated or induced illness (also see CHF guidance sheets)
- Faith abuse
- Female genital mutilation (also see CHF guidance sheets)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls (VAWG)
- Hate
- Homelessness
- So Called "Honour-based" violence, inc Female Genital Mutilation (also see CHF guidance sheets)
- Mental health
- Missing children and adults strategy

- Peer on peer abuse
- Private fostering
- Preventing radicalisation (also see CHF guidance sheets)
- Sexual violence and sexual harassment between children in school
- Trafficking
- Upskirting

3. KEY PROCEDURES - NATIONAL GUIDANCE

- 3.1 Disabled young people should be seen as children and adults first. Having a disability should not and must not mask or deter an appropriate enquiry where there are child protection concerns.
- 3.2 CHF follows national and local guidelines. **Keeping Children Safe in Education (October 2019)**. Procedures are set out in the **Pan Sussex Child Protection and Safeguarding Procedures**, which in turn adhere to legislation set out in The Children's Act 1989 & 2004 and The Education Act 2002 and the **Sussex Multi-Agency Policy & Procedures Safeguarding Adults at Risk**, which in turn adhere to the statutory guidance set out in 'No Secrets' 2000 and Safeguarding Adults – A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work 2005. Copies of both Procedures can be found via the following hyperlinks:
- <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
 "Keeping Children Safe in Education: Statutory guidance for schools and colleges", October 2019
- <http://sussexchildprotection.procedures.org.uk/>
- <http://pansussexadultsafeguarding.proceduresonline.com/index.htm>
- 3.3 All staff must be familiar with the most recent DfE's Keeping Children Safe in Education. All teachers and teaching assistants must sign that they have read, understood and will comply with section 1 and Annexe A of KCSIE

4. RAISING CONCERNS / REFERRAL PROCEDURE

- 4.1 Joint work between CHF and Chailey Clinical Services (CCS) was undertaken on the Sussex Area Child Protection and Safeguarding Procedures, to produce guidelines specific to the structure of the two organisations.
- 4.2 If you have observed any of the symptoms of abuse as in 2.4 or 2.5 above, or have any concerns about the health, safety or wellbeing of a child or young person, you have a duty to report your concerns. By not doing so, you may have colluded in the abuse of a young person and as such could be held accountable.
- 4.3 You should report your concerns immediately to a member of the safeguarding team. The names and contact details are on safeguarding posters throughout the site. During office hours there will always be a member of the team on site. During evenings, weekends, and bank holidays, there will be a member of the team available 24/7 as part of the on-call procedure. The residential 24 hour bag will contain the on-call rota.

- 4.4 These posters also include information on Whistleblowing for staff who feel they cannot raise or discuss their concerns with a CHF Manager or one of the Safeguarding Team. This information gives contact information for **Children’s Services, East Sussex Single Point of Advice (SPOA) during office hours Monday to Thursday, 8.30am to 5.00pm, Friday, 8.30am to 4.30pm (01323 464 222); and for out-of-hours contact, the Emergency Duty Service for East Sussex and Brighton and Hove (01273 335 905 or 01273 335 906).**
- 4.5 **If a child is in immediate danger or is at risk of harm**, a referral should be made to children’s social care using the numbers above and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead should be informed as soon as possible that a referral has been made
- 4.6 Where a concern has been raised to a member of the safeguarding team, this will be recorded onto CPOMS (Safeguarding and Child Protection Software). The concern will then be allocated a lead person, who will be responsible for ensuring all actions are followed up / completed. All members of the safeguarding team are trained in using CPOMS
- 4.7 Where a safeguarding concern involves a staff allegation, advice will be sought from the East Sussex Local Authority Designated Officer. An immediate decision will need to be made to assess whether the concern is safeguarding and if so, a referral to Children’s Service must be made with 24 hours. Ofsted notifications must also be completed where relevant.
- 4.8 At all points in all dealings regarding a safeguarding concern, staff must write notes and sign and date them. These are logged and filed onto CPOMS and are available to other authorities as appropriate.
- 4.9 The flowchart in Fig 1 shows the actions taken once a concern is raised, and was taken from the most recent DfE’s Keeping Children Safe in Education.

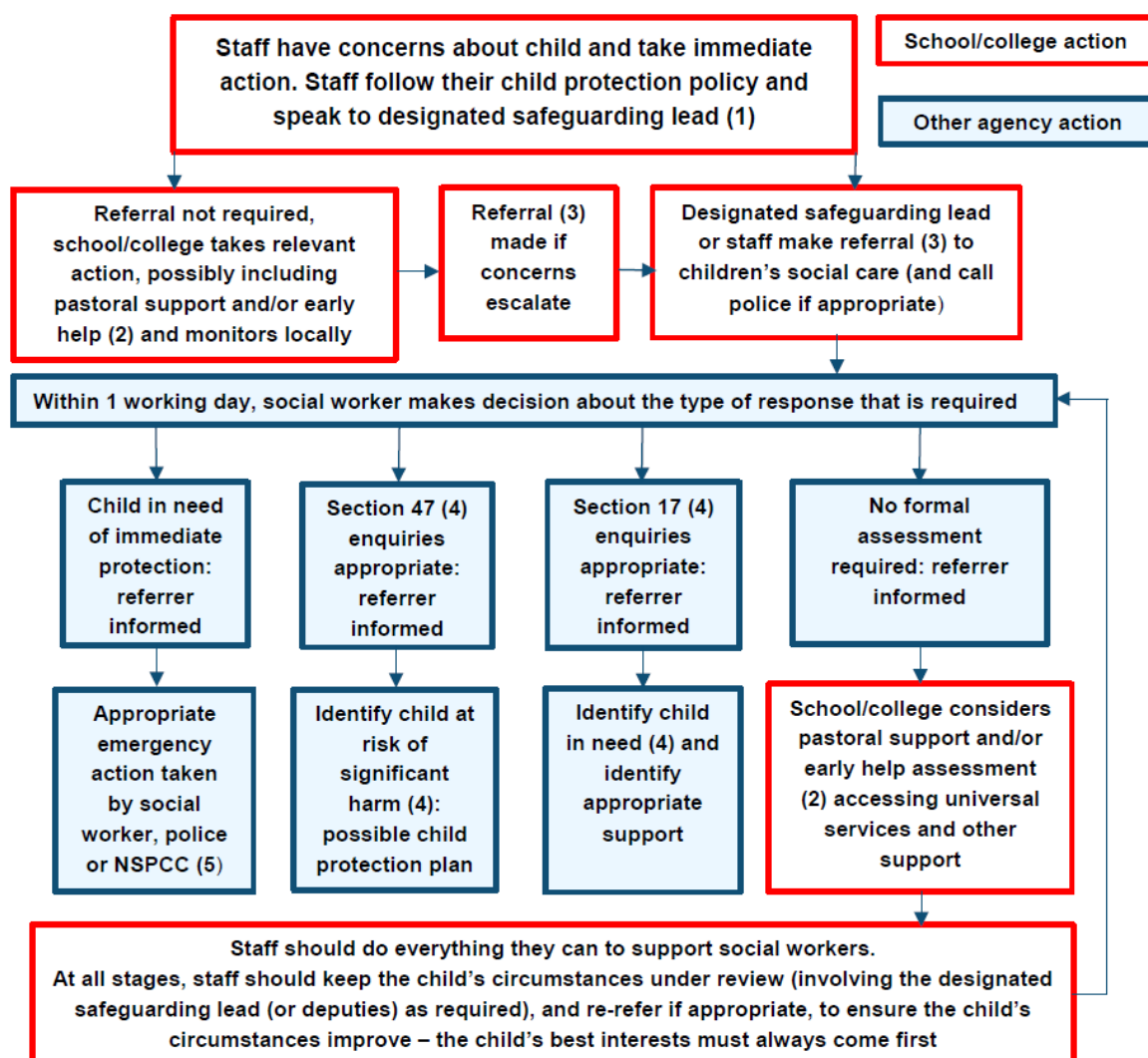
4.9 Involving the child in procedures - guidance for staff

- 4.9.1 If a child or young person has disclosed information (this does not have to be a verbal disclosure), to a member of staff or the advocate, at that point confidentiality is talked through with them.
- 4.9.2 DO NOT:
- 4.9.2.1 Promise the child that you can keep this secret
 - 4.9.2.2 Start to investigate the situation by asking leading questions
 - 4.9.2.3 Confront the person you think is responsible
 - 4.9.2.4 Destroy any evidence.
- 4.9.3 WHAT WILL BE REQUIRED FROM YOU?
- 4.9.3.1 When a concern is reported to children social care, the following details will be required, so write them down using the language used by the young person, if appropriate.
- 4.9.3.1.1 When the incident happened
 - 4.9.3.1.2 Where the incident happened
 - 4.9.3.1.3 Who was involved (names and relationships)
 - 4.9.3.1.4 The nature of the incident
 - 4.9.3.1.5 If you think there is any immediate or future risk

- 4.9.3.2 Once this information has been gathered immediately contact a member of the safeguarding team.
- 4.9.3.3 The Safeguarding Lead would contact the social worker who will advise on further contact with families.
- 4.9.3.4 You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why.
- 4.9.3.5 You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.
- 4.9.3.6 You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.
- 4.9.3.7 You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.
- 4.9.3.8 You should always record the reasons for your decision – whether it is to share information or not.
- 4.9.3.9 We use our specialist communication expertise to assist Children Protection investigations by social workers or police as required.

FLOWCHART - FIGURE 1
TAKEN FROM MOST RECENT DfE 'KEEPING CHILDREN SAFE IN EDUCATION 2019
Adapted to incorporate social care provision

Actions where there are concerns about a child



5. KEY TRAINING

- 5.1 All staff and volunteers, whether 'hands-on' with the YP or not, undergo mandatory safeguarding training:
- 5.1.1 Induction modules include:
- 5.1.1.1 'Rights, Responsibilities and Values' - Learning Outcomes:
- 5.1.1.2 Understand the principles in the Chailey Charter
- 5.1.1.3 What to do if you are concerned that the Charter is not being upheld
- 5.1.1.4 An understanding of practical examples that can occur whilst caring for disabled children and adults
- 5.1.1.5 An opportunity for you to raise queries questions or concerns that you might have about working with disabled children and adults
- 5.1.2 'Communication is a 2-way street' – Learning Outcomes:
- 5.1.2.1 Begin to distinguish between terminology that may or may not be acceptable to disabled children, young people, adults and families

- 5.1.2.2 Explain the criteria for acceptability
- 5.1.2.3 Discuss the influence of language on attitudes

5.1.3 'Mental Capacity Act' – Learning Outcomes:

- 5.1.3.1 Aim and purpose of the Act
- 5.1.3.2 The guiding principles
- 5.1.3.3 Assessing Capacity

5.2 Every year every member of staff is required to attend an update. This session is regularly updated.

5.3 Staff training requirements:

| CHF | Induction - Recognise and Respond | Induction - Online Safety | Child Protection and safeguarding adults – yearly update | Designated Lead training 2 yearly update |
|----------------------------------|-----------------------------------|-------------------------------|--|--|
| Education front line staff | Yes | Yes | Yes | No |
| Social Care front line staff | Yes | Yes | Yes | No |
| Administration and Estates staff | Yes | No | Yes | No |
| Safeguarding Leads | Yes | Yes (as part of DSL training) | Yes | Yes |

5.4 Induction

5.4.1 All new staff starting in CHF and CCS will receive information on Safeguarding Children and Adults as part of their induction programme and what their responsibilities include.

5.5 Online Safety

5.5.1 The Safeguarding Children Online safety course covers how to stay safe on line, what threats there are from social media and from electronic devices. See separate Online safety policy.

5.6 Child Protection and Safeguarding Adults; recognise and respond

5.6.1 This course covers the competencies for front line staff who have regular contact with parents, children and young people in their role. This training also includes the main elements of the Sussex Safeguarding Vulnerable Adults Basic Awareness Training in relation to people at CHF/CCS who are over 18 years old.

5.6.2 All staff must attend Child protection and Safeguarding Adults; recognise and respond within 3 months of joining the service and then attend yearly updates.

6. KEY PEOPLE FOR CHF

6.1 Named persons - these should consist of at least two senior staff from school and two from residences – these are currently:

- Simon Yates – Headteacher & Designated lead for the Foundation - please see App 4 for the role description
- Jackie Hall– Director of Social Care, Designated lead for Adults
- Richard Green – **DHT &** Designated lead for School
- Lauren Boal - Teacher
- Mandy Mason – Staff and Pupil Support Manager
- Claire Bailey - Quality Improvement Manager (Clinical)
- Karen Bailey – Quality Improvement Manager (Social Care)
- Rob Hambrook – Head of Community Operations
- Karen Hopkins – CQC Registered Manager
- Andrew Lewis – Head of Residential Operations
- Helen Hewitt – Chief Executive
- Claire Hall – Safeguarding Administrator

6.2 The named persons undertake all child protection casework.

6.2.1 Safeguarding Children – CHF has a named governor for safeguarding, currently this is Sarah Healey. Please see App 5 for the role description. CHF has a named governor for online safety, this is currently Peter Griffiths.

6.2.2 All governors undergo induction training including safeguarding training.

6.3 Key people for Chailey Clinical Services (Sussex Community NHS Foundation Trust)

6.3.1 These currently consist of:

- Consultant Paediatrician
- RSNT Team Lead Matron
- Deputy Medical Team Lead

7. KEY MEETINGS (MEMBERSHIP & KEY FUNCTIONS)

7.1 Governors' Safeguarding Committee

7.2 Joint Safeguarding Steering Group (JSSG)

7.2.1 This is made up of Sussex Head of Community Children's Nursing, LADO, named key people (as above) for CHF, & **SCFT** and Safeguarding Children named Governor.

7.2.2 Overall purpose of the Group –

- To keep all DSLs and safeguarding governor up to date with safeguarding guidance and legislation, and local and national SG issues including serious case reviews.
- To provide an expert forum to discuss casework issues.

7.3 CHF's Safeguarding Leads monthly peer group meeting:

7.3.1 The purpose of this group is to discuss and cause for concerns, update the whole team on any live cases that are still on going, or agree cases to be forwarded to OM3 for closure

sign off, and identify any peer group support that may be required. There is feedback from any CQC **DBS LADO OFSTED** notifications along with any training that the safeguarding leads have attended. The group reviews any issues that have arisen from the residential visits or any entries onto the restraints or sanctions log. Any updates on policy or practice **and training** are discussed and any breakaway working groups are agreed.

7.3.2 Key DSL from CCS attends to discuss joint issues/casework as part of joint meeting.

8. KEY PARTNERS AND AGENCIES

- 8.1 Chailey Clinical Services (CCS)
Local Authority Designated Officer (LADO)
Designated Adult Safeguarding Manager (DASM)
East Sussex Disability Team
Local Police Authority
Advocacy services (Triangle)
Adult Social Care
East Sussex Safeguarding Children Partnership
- 8.2 The DSLs are responsible for liaising with outside agencies and support services in accordance with the Pan-Sussex Safeguarding Procedures and the Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk.
- 8.3 It is the responsibility of the safeguarding leads led by the Headteacher, where available, to decide whether to initiate an investigation. If there is risk of significant harm to a pupil or a reportable criminal offence has taken place one of the above will always make a referral to social services or to the police. A lead for the case will be identified, and the case will be signed off by OM3 when agreed.
- 8.4 The usual levels will be updating CPOMs, an internal investigation, contacting social services or police, who will advise whether an external investigation would take place. If a staff member is involved the LADO would be notified.
- 8.5 If at any point during the course of an incident, or after a referral, the child's situation does not appear to be improving then the safeguarding leads will consult and make a decision whether to escalate the referral using the East Sussex Safeguarding Children Partnership escalation procedures to ensure concerns have been addressed.
If at any point a member of staff is still concerned about a child's welfare and do not feel it is being addressed by the member of the safeguarding team to whom they have referred then they must escalate the concern themselves within the Foundation first; if concerns continue then a referral should be made directly to SPOA and contacted details can be found on all safeguarding posters.

Monitoring

The CHF Safeguarding Policy – Part 1 - Child Protection will be reviewed every year unless legislation is revised.

Other documents and information

- **Care standards Act 2000** (*HM Government*)
- **The Children Act Report 2002** (*HM Government*)
- **Protection of Children Act 1999** (*HM Government*)
- **Care Standards Act: Chapter 14** (*HM Government*)
- **Care Standards Act: Chapter 31** (*HM Government*)
- **Chailey Heritage Charter of Children's Rights** (*Chailey Clinical Services, part of Sussex Community NHS Foundation Trust, and Chailey Heritage Foundation*)
- **Protecting Children from Abuse: The Role of the Education Service** (*DfEE circular*)
- **Statement of Referral** (*East Sussex County Council*)
- **Children and Young Persons Act** (*HM Government*)
- **Working together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2018** (*HM Government*)
- **Safeguarding Vulnerable Adults Act** (*HM Government*)
- **The Staying Safe Action Plan**
- **Keeping our School Safe** (*Sir Roger Singleton*)
- **Sussex Multi-agency Policy and Procedures for safeguarding Vulnerable Adults** (*Safeguarding Adults Boards of Brighton and Hove, East Sussex and West Sussex*)
- **'It doesn't happen to disabled Children': Child protection and disabled children – Report of the National Working Group on Child Protection and Disability** (*NSPCC*)
- **Guidance for Safer Working Practice for Adults who work with Children and Young People** (*Allegations Management Advisers Network by Department for Children, Schools and Families*)
- **Statement of Purpose** (*Chailey Heritage Foundation*)
- **Children's and Young Person's Bill Policy Paper: Disabled Children and Young People**
- **Giving Disabled Children a Voice: Our case for independent Advocacy for those placed away from home** (*The Children's Society*)
- **Model Child Protection & Safeguarding Policy for Schools (2)** (*Cornwell County Council*)
- **Safeguarding children in whom illness is fabricated or induced** (*HM Government*)
- **Safeguarding Children and Young People: Roles and Competences for Health Care Staff** (*Royal College of Paediatrics and Child Health*)
- **When to suspect child maltreatment** (*NICE*)
- **Information sharing: Practitioners' guide** (*HM Government*)
- **Inspecting safeguarding in early years, education and skills settings** (*OFSTED 2015*)
- **Keeping Children Safe in Education** (*DFE September 2018*)

SAFEGUARDING ALLEGATIONS THAT INVOLVE A MEMBER OF CHF STAFF/VOLUNTEER

1. All safeguarding allegations must follow the procedures relevant to the young person's age:
 - 1.1 Children aged **17 years and under** up to their 18th birthday must follow the Child Protection Policy and procedures.
 - 1.2 Young people aged **18 years and older** must follow the Adult Safeguarding Policy and Procedure

2. If an allegation has been made against a staff member or volunteer who works across Chailey Heritage Foundation **children and adult provision**, notifications must be made in line with both the Children and the Adult's policies as indicated below:
 - 2.1 The Local Designated Officer
 - 2.2 OfSTED notification for Children's Homes
 - 2.3 The Designated Adult Safeguarding Manager
 - 2.4 Adult Social Care
 - 2.5 Care Quality Commission notification procedure

SAFEGUARDING ALLEGATIONS THAT INVOLVE A CHILD, YOUNG PERSON OR ADULT IN CHF CARE

All staff should be aware safeguarding issues can manifest themselves via peer on peer abuse. This may include, but not limited to: bullying (including the possibility of cyber bullying), gender based violence/sexual assaults and sexting. Staff should be clear that this constitutes abuse and follow CHF's policies and procedures.

1. All safeguarding allegations must follow the procedures relevant to the young person's age:
 - 1.1 Children aged **17 years and under** up to their 18th birthday must follow the Child Protection Policy and procedure
 - 1.2 Young people aged **18 years and older** must follow the Adult Safeguarding Policy and Procedure

2. If an allegation has been made against a pupil or young person who attends Chailey Heritage Foundation, then the correct policy should be followed and an individual risk assessment will have to be carried out immediately and advice sought from either the Single Point of Advice (SPOA) or the Designated Adult Safeguarding Manager



Chailey Heritage Foundation Designated Safeguarding Lead

Job Description

Chairs the Joint Safeguarding Peer Group meeting which takes place 6 times a year, reviewing casework and casework recording.

Attends Joint Safeguarding Steering Group, ensuring there is strategic thinking around safeguarding, and that the CHF team are up to date with the national safeguarding agenda.

Attends Safeguarding & Wellbeing Governors' Committee ensuring governors understand CHF's safeguarding agenda and issues.

Is a member of the team of safeguarding named persons and is therefore a point of first contact for safeguarding concerns.

Supervises and quality assures the safeguarding work of the team of named persons for safeguarding across the Foundation. Through direct action, and the use of safeguarding systems, and colleagues' and external agencies' particular areas of skill and expertise, ensures that:

- Casework - ensures that:
 - All cases of suspected abuse are reported to the local authority children's or adults' social care and:
 - The designated officer(s) for child protection concerns (all cases which concern a staff member),
 - Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
 - Police (cases where a crime may have been committed).

- Referrals and notifications are made at the correct level, to the correct bodies and in good time:
 - Ofsted Social Care
 - Ofsted Schools
 - CQC
- Regular supervision meetings are held with casework leaders and recorded
- Casework is of excellent quality, and where this is not the case, lessons are learned
- Safeguarding casework recording is accurate and up to date and held securely
- Closure of cases is agreed with OM3 and signed off
- Policies and procedures - ensures that:
 - Relevant Local Safeguarding Children Partnerships and national information is disseminated and learnt from, with policies, procedures and training amended where necessary
 - Policies and procedures are kept up to date and accurate
 - The safeguarding policy is reviewed annually and agreed by governors
- Training - ensures that:
 - each member of staff has access to and understands the Foundation's safeguarding policy and procedures
 - There is a link with the local Safeguarding Children Partnerships to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
 - Training modules are quality assured
 - There is training coverage of all necessary areas of safeguarding
 - Safeguarding training for all staff and volunteers is monitored and on track
 - a culture of listening to children and young adults is encouraged
- Recruitment - ensures that:
 - HR are up to date and following safer recruitment practices
 - The single central record is accurate
 - Safeguarding issues regarding staff and volunteers are dealt with correctly and notified as relevant.

Person Specification

The DSL must be appropriate senior member of staff who has the status and authority within the organisation to carry out the duties of the post, including committing resources and, where appropriate, supporting and directing other staff. They must:

have completed the appropriate designated safeguarding lead training

have completed all in-house mandatory training

have completed both adult and child safeguarding training

understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments

have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so

be alert to the specific needs of vulnerable adults and children in need, in particular regarding physical and cognitive difficulties

be able to keep detailed, accurate, secure written records of concerns and referrals



Responsibilities of Safeguarding Governor

1. Member of Safeguarding and Wellbeing Committee and attends Joint Safeguarding Strategy group.
2. Meet three times a year and as necessary with Designated Safeguarding Leads for Adults and Children working with them on any relevant Safeguarding issues.
3. Provides a written report to the Safeguarding and Wellbeing Committee three times per year reporting on the SCC and notes of the meeting with the designated leads.
4. Undertake at least three visits per year to the Foundation alternating between school and social care services.
5. Reviews the responses to the Safeguarding question on all the Governors focus visit and reports on these to the Safeguarding committee.
6. Undertake regular training on safeguarding attending the East Sussex Training for Safeguarding Governors every two years.
7. Liaise with the Governor for online safety.
8. Inform the Chair of Governors of any ongoing concerns regarding to safeguarding.



(NEW) APPENDIX 6

This guidance must be used to assist staff who discover bruising or blemishes on the skin of a young person. The information and advice has been taken from three sources:

1. Information and guidelines on bruising in children and young people who are not independently mobile (NIM) was developed by The National Institute for Health and Care Excellence (NICE) and known as Clinical Guideline 89, 2009. This guidance was incorporated into the NICE guidelines 'When to Suspect Child Maltreatment'. These were last updated in October 2017.
2. Following a systematic review on international information about bruising on children, the National Society for the Prevention of Cruelty to Children (NSPCC) produced a leaflet in 2012 – 'Core Info: Bruises on children'.
3. The Royal College of Paediatrics and Child Health (RCPCH) 'Systematic Review on Bruising' Feb 2016

IF YOU DISCOVER A BRUISE OR BLEMISH PLEASE CONSIDER THE FOLLOWING WHEN COMPLETING THE BODY MAP FORM:

- **Staff completing body map forms need to have read and be familiar with these guidelines, and must know and understand the process for completing the forms.**
- **An explanation for any bruise or blemish must always be sought and the explanation must fit with the bruise/blemish itself**
- **A bruise/blemish should never be interpreted in isolation and must always be assessed in the context of the person's medical and social history.**
- **Historical patterns should be explored by checking previous records with serious consideration given to the number of incidents**
- **Consideration will need to be given to any equipment and aids used by the person as well as any recent activities**
- **Consideration of recent activities will be particularly relevant for those young people who have some independent mobility**

- **Any young person prone to bruising will have an individual profile which should also be considered**

What is known about bruising:

- Bruising is strongly related to mobility – most children able to walk independently have bruises. Bruising in a child or young person who has no independent mobility is therefore unusual.
- Although increasing age and mobility clearly make a difference in the number of bruises a typically functioning child sustains, these factors are not relevant when evaluating bruises on a child with disabilities. Other factors such as muscle tone, cognition, and equipment should be considered when evaluating a child with significant disabilities who presents with bruises.
- **Accidental** bruising in children with a disability is related to the child's level of mobility, equipment used, muscle tone and learning ability.
- There are some patterns of bruising that may mean physical abuse has taken place. **Abusive** bruises often occur on soft parts of the body – such as the abdomen, back and buttocks.

Bruising in disabled children (review findings)

- Bruising patterns in disabled children showed the feet, knees and thighs as a frequent site of accidental bruising
- Lower legs, ears, neck, chin, anterior chest and genitalia were rarely bruised accidentally
- Bruising to the hands, arms and abdomen were significantly more common in disabled than able bodied children
- Causes of injury varied by mobility with falls predominating in the walkers in comparison to equipment usage and self-infliction for wheelchair users

When to be concerned

Most accidental bruises are seen over bony parts of the body – such as the knees and elbows – and are often seen on the front of the body. The following are some patterns of bruising that **may** mean physical abuse has taken place:

- Abusive bruises often occur on soft parts of the body –such as the abdomen, back and buttocks.
- The head is by far the commonest site of bruising in child abuse.
- Other common sites include the ear and the neck.
- As a result of defending themselves, abused children may have bruising on the forearm, upper arm, back of the leg, hands or feet.
- Clusters of bruises are a common feature in abused children. These are often on the upper arm, outside of the thigh, or on the body.
- Bruises which have petechiae (dots of blood under the skin) around them are found more commonly in children who have been abused than in those injured accidentally.
- Abusive bruises can often carry the imprint of the implement used or the hand.

- Non-accidental head injury or fractures can occur without bruising.
- Severe bruising to the scalp, with swelling around the eyes and no skull fracture, may occur if the child has been “scalped” – ie, had their hair pulled violently.
- Suspect maltreatment if a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement.

As per the policy, all bruises must be recorded, an explanation sought, and an assessment made in regard to potential safeguarding.



SPECIFIC SAFEGUARDING ISSUES

Foundation staff members need to be aware of specific safeguarding issues and be alert to any risks. Chapter 8 of the *Pan-Sussex Child Protection and Safeguarding Procedures* - <https://sussexchildprotection.procedures.org.uk/page/contents> has detailed information about specific issues such as child sexual exploitation, fabricated or induced illness, female genital mutilation, children who harm other children, private fostering, etc, and the local procedures to respond to risks.

- **Children and the court system**

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds. They explain each step of the process and support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained.

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

CHF need to be mindful of the stress of these situations and signposting parents to external resources where necessary. Equally the impact upon staff of managing these situations also needs to be considered.

- **Children missing from education**

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

The School must inform the local authority of any child who fails to attend regularly, or has been absent without the Foundation's permission for a continuous period of 10 School days or more, at such intervals as are agreed between the School and the local authority (or in default of such agreement, at intervals determined by the Secretary of State).

All staff should be aware of the Foundation's unauthorised absence and children missing from education procedures.

- **Children with family members in prison**

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

- **Child sexual exploitation**

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

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

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

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

- **Child criminal exploitation: county lines**

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

- can affect any child or young person (male or female) under the age of 18 years;

- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

- **Domestic abuse**

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

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

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

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

- **Homelessness**

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

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

In most cases Foundation staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young

people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances.

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

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

Actions

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

FGM

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

FGM mandatory reporting duty for teachers

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon **teachers** along with regulated **health and social care** professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should **not** be examining children, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: Mandatory reporting of female genital mutilation procedural information.

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

- **Forced marriage**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Foundations and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines, with pages 35-36 of which focus on the role of Foundations and colleges. Foundation and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fm@fco.gov.uk.

- **Further Information on Online Safety (use of ICT, the internet, mobile technology and social media)**

The Foundation has an Online Safety policy which includes guidance for children in relation to Online Safety and using the internet and social media. There are appropriate filtering and monitoring systems in place. Staff are encouraged to report their concerns if they believe that children are using the internet, mobile technology or social media inappropriately (e.g. sexting). In these instances the DSL will review the circumstances and speak with parents and make appropriate referrals as necessary. For further information see Keeping Children Safe in Education Annex C.

- **Preventing radicalisation**

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

Extremism is the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

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

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme.

The Prevent duty

All Schools and colleges are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have "due regard to the

need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

The Prevent duty should be seen as part of Foundations wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the Revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76 which are specifically concerned with Foundations (and also covers childcare). The guidance is set out in terms of four general themes: Risk assessment, working in partnership, staff training, and IT policies.

Additional support

The department has published advice for Foundations on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

There is additional guidance: Prevent duty guidance: for further education institutions in England and Wales that applies to colleges.

Educate Against Hate, a website launched by the Her Majesty's Government has been developed to support and equip Foundation and college leaders, teachers, and parents with information, tools and resources (including on the promotion of fundamental British values) to help recognise and address extremism and radicalisation in young people. The platform provides information on and access to training resources for teachers, staff and Foundation and college leaders, some of which are free such as Prevent e-learning, via the Prevent Training catalogue.

Channel

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for Foundations to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. Guidance on Channel is available at: Channel guidance, and a Channel awareness e-learning programme is available for staff at: Channel General Awareness.

The Foundation's Designated Safeguarding Lead (and any deputies) should be aware of local procedures for making a Channel referral. As a Channel partner, the Foundation or college may be asked to attend a Channel panel to discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required.

- **Peer on peer abuse**

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

Sexual violence and sexual harassment between children in Foundations and colleges

Context

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

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

Staff should be aware of the importance of:

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

Sexual violence

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

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

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

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

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

Sexual harassment

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

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

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

The response to a report of sexual violence or sexual harassment

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

Further Information on Self-harm and suicidal behaviour

Definition - Self harm, self-mutilation, eating disorders, suicide threats and gestures by a child must always be taken seriously and may be indicative of a serious mental or emotional disturbance.

Refer to the Pan-Sussex Child Protection and Safeguarding Procedures for guidance on recognition, reporting and a child presenting at educational establishment.

Pan-Sussex Child Protection and Safeguarding Procedures - <https://sussexchildprotection.procedures.org.uk/page/contents>

- **Further information on Private Fostering**

Parents and carers often fail to notify Foundations about private fostering arrangements even though they are legally required to notify Children's Services. Often this is because they are unaware of the requirements. They believe that this is a private family arrangement which does not concern anybody else.

Private Fostering definition

Private fostering occurs when a child under 16 (or 18 if the child is disabled) is cared for and lives with an adult who is not a relative for 28 days or more. This could be a step parent (by marriage or civil partnership), grandparent, step grandparent, brother, sister, uncle or aunt.

Private fostering is a private arrangement made by the parent(s), (or those with parental responsibility) for someone to care for their child because they are unable to do so (permanently or temporarily). This may be due to a number of reasons such as parental ill health, a parent going abroad or in to prison, a child being bought to the UK to study English or the relationship between the child and parent has broken down.

Foundation staff play an essential role in identifying privately fostered children. If you know a child is being privately fostered you should advise the parent/carer that they have a legal obligation to report the arrangement to Children Social Care at least six weeks before it happens or within 48 hours if the arrangement is current having been made in an emergency.

Alert your Designated Safeguarding Lead who will ensure this is followed up with Children Social Care and the arrangement is assessed, approved and monitored.