

## Safeguarding Children Policy

Approval/Ratified by:	Karen Holden Jo Booth Owner Director
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Audience:	All Employees

### Policy Statement

#### **‘Safeguarding Children is Everyone’s Responsibility’**

Lighthouse Collaborative Care is committed to safeguarding and promoting the welfare of children and young people and expects all adults, external workers, and volunteers to share this commitment.

We believe in providing safe and effective care and taking the right action at the right time in order to keep children safe. Our commitment to safeguarding the children we support and care for is informed by relevant legislation, statutory guidance and good practice guidance.

This policy has been developed in line with:

- [Children Act 2004](#)
- [Care Standards Act 2000](#)
- [The Children's Homes \(England\) Regulations 2015](#)
- [The Guide to the Children's Homes Regulations 2015](#)
- [Working together to safeguard children 2023: statutory guidance](#)
- [Oldham's Safeguarding Children Partnership \(OSCP\)](#)

We will work closely with all those involved in the care of children/ young people and will liaise with the Police, Children's Social Care, Oldham's 'Safeguarding Children Partnership' and the Local Authority Designated Officer (LADO).

A core function of OSCP is developing policies and procedures for safeguarding and promoting the welfare of children, see [Policies and Procedures | Oldham Safeguarding Children Partnership](#) and they have adopted the [Greater Manchester Safeguarding Children Procedures](#) that we expect our adults to follow.

This policy will be available on the Lighthouse Collaborative Cares website.

### Roles and Responsibilities

#### **All Adults**

- Understand that it is everyone's responsibility to safeguard and promote the welfare of children and that they have a role to play in identifying concerns, sharing information and taking prompt action
- Consider, at all times, what is in the best interests of the child.
- Know how to respond to a child/young person who discloses abuse.
- Will refer any safeguarding or child protection concerns to the DSL or if necessary, where the child/young person is at immediate risk to the Police or Children's Social Care.

- Will provide a safe and secure environment in which children can live and learn.
- Should support children to be aware of and manage their safety both inside and outside the home to the extent that any good parent would.
- Should help children understand how to protect themselves, feel protected and be protected from significant harm.
- Should strive to build positive relationships with children in the home and develop a culture of openness and trust that encourages them to be able to tell someone if they have concerns or worries about their safety.
- Should support children to understand what abuse is. They should be given information about how to report abuse or any concerns about possible abuse. They should be able to access private, relevant websites or helplines such as Childline16 to seek advice and help.

Working Together (2023) states that

***“Anyone working with children should see and speak to the child, listen to what they say, observe their behaviour, take their views seriously, and work with them and their families and the people who know them well when deciding how to support their needs”***

And that

***“Children are clear about what they want from an effective safeguarding system”***

Children have said that they need:

**Vigilance:** to have adults notice when things are troubling them

**Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon

**Stability:** to be able to develop an ongoing stable relationship of trust with those helping them

**Respect:** to be treated with the expectation that they are competent rather than not.

**Information and engagement:** to be informed about, and involved in procedures, decisions, concerns and plans

**Explanation:** to be informed of the outcome of assessments, and decisions and reasons when their views have not met with a positive response

**Support:** to be provided with support in their own right as well as a member of their family

**Advocacy:** to be provided with advocacy to assist them in putting forward their views

**Protection:** to be protected against all forms of abuse, exploitation, and discrimination, and the right to special protection and help if a refugee

## Designated Safeguarding Leads

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

- Holds ultimate responsibility for safeguarding and child protection in the home.
- Creates a safeguarding culture and ethos: build a strong safeguarding culture in the home where children are listened to, respected and involved in both the development of the home and decisions about the home.
- Acts as a source of support and expertise in carrying out safeguarding duties for the organisation.
- Encourages a culture of listening to children and young people and taking account of their wishes and feelings.
- Are appropriately trained with updates every two years and will refresh their knowledge and skills at regular intervals but at least annually.
- Will refer a child if there are concerns about possible abuse, to the appropriate local authority team and act as a focal point for adults to discuss concerns.
- Will keep detailed, accurate records of all concerns about a child even if there is no need to make an immediate referral.
- Will ensure that all such records are kept confidential, stored securely
- Will liaise with the Local Authority and work with other agencies and professionals in line with Working Together to Safeguard Children.
- Has a working knowledge of OSCB procedures
- Will ensure that either they or another adult member attend multi-agency meetings, contribute to assessments, and provide a report where required which has been shared with the parents
- Will organise child protection and safeguarding induction, regularly updated training and a minimum of annual updates (including online safety) for all adults, keep a record of attendance and address any absences
- Will undertake a Safeguarding Audit annually and as required
- Will ensure that the name of the Designated Safeguarding Leads is advertised with a statement explaining the responsibility of the home and organisation.

The Registered Manager is the first point of contact as the DSL. In their absence, and where a safeguarding allegation concerns the Registered Manager, the Responsible Individual automatically takes on the role of the DSL.

The Owner Directors, named as DSLs, will support and provide oversight for the Registered Manager and Responsible Individual and where necessary (where there are safeguarding allegations concerning the Responsible Individual and/or in the absence of the Registered Manager and Responsible Individual) take on the DSL role operationally.

#### **Designated Safeguarding Leads are:**

**Registered Manager;** Ashley Magness  
Email: [ashley@lighthousecollaborativecare.co.uk](mailto:ashley@lighthousecollaborativecare.co.uk)  
Mobile: 07926478834

**Responsible Individual;** Zoe Charnock  
Email: [zoe@lighthousecollaborativecare.co.uk](mailto:zoe@lighthousecollaborativecare.co.uk)  
Mobile: 07926478833

**Owner Director;** Joanne Booth  
Email: [joanne@lighthousecollaborativecare.co.uk](mailto:joanne@lighthousecollaborativecare.co.uk)  
Mobile: 07793798409

**Owner Director;** Karen Holden  
Email: [karen@lighthousecollaborative.co.uk](mailto:karen@lighthousecollaborative.co.uk)  
Mobile: 07855527859

## **Children's Home Regulations 2015-The Protection of Children Standard – Regulation 12**

The Protection of Children Standard (The Children's Home Regulations 2015 Regulation 12) is that children are protected from harm and enabled to keep themselves safe.

In particular, we will ensure that adults:

- Complete an impact risk assessment on every child or young person referred to us to identify that we can meet the young person's needs and also to identify any safeguarding issues we need to be aware of.
- Assess whether the young person is at risk of harm, taking into account information in the young person's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child.
- Help each child to understand how to keep safe.
- Have the skills to identify and act upon signs that a child is at risk of harm.
- Understand the roles and responsibilities of protecting children that they care for.
- Take effective action whenever there is a serious concern about a child's welfare, and are familiar with, and act per, the home safeguarding policies.
- Arrange and deliver the home's day-to-day care to keep each child safe and to protect each child effectively from harm.
- Locate the premises used for the home are located so that children are effectively safeguarded.
- Use the premises for the purposes they are designed, furnished and maintained to protect each child from avoidable hazards to the child's health; and that the effectiveness of the home's child protection policies is monitored regularly.

Safeguarding will remain the single most important overarching principle to which adults adhere. All adults have a responsibility to follow the guidance laid out in this policy and related policies and to pass on any welfare concerns using the required procedures. We expect all adults to promote good practice by being excellent role models, contributing to discussions about safeguarding and positively involving people in developing safe practices.

## **Definitions**

### **Safeguarding**

It is defined in the statutory guidance Working Together to Safeguard Children 2023 as:

- Providing help and support to meet the needs of children as soon as problems emerge Protecting children from maltreatment
- Preventing impairment of children's mental and physical health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

### **Child protection**

It is part of safeguarding and is defined by the guidance as an activity that is undertaken to protect children who are suspected of suffering, or likely to suffer, significant harm.

### **Significant Harm**

The Children Act 1989 introduced the concept of 'significant harm' and defined "harm" as the "ill-treatment or the impairment of the health or development of the child". This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "... impairment

suffered from seeing or hearing the ill-treatment of another" (for example in the case of a child who witnesses domestic abuse).

Harm can be perpetrated by any person, including:

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

## Types of Abuse

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

**Appendix 1** provides definitions for the four main types of abuse, and the signs and symptoms that indicate abuse may be taking place.

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

**Appendix 2** provides definitions for other specific safeguarding issues, and the signs and symptoms that indicate they may be taking place; the list is not meant to be definitive but as a guide to assist you. It is important to remember that many children will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring:

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

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

Adults must understand the definitions of each to ensure they are clear on how to respond.

- Allegation – a claim or assertion that someone has done something illegal or wrong, typically one made without proof.
- Disclosure - the act of making something previously unknown or known.

When there is suspicion that a child has been harmed by a person working with them, or a child discloses abuse, adults must ensure this is passed on to the right person. This policy will guide adults in how to record and pass information quickly to protect the child from the risk of further harm.

## Planning and Prevention

Lighthouse Collaborative Care endeavours to build a strong safeguarding culture in the home where children/ young people are listened to, respected, and involved in decision-making.

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

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

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

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

A child/ young person-friendly guide to Working Together to Safeguard Children 2023 will be provided to children/ young people on their arrival at the home.

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

As children/ young people will spend significant periods away from the home, for example in education or training, at appointments with the YOS or for engagement in leisure activities, any assessed risks should be shared with the education provider or service the child/ young person is attending if appropriate, so that the service is clear on the action they must take if the child/ young person is at risk while using their service.

This Safeguarding Policy will be available and explained to children/ young people and their families as well as relevant others.

The Registered Manager must make sure that all adults responsible for the care and support of the children and young people are familiar with this policy and act by it, in particular, how to use it to report a concern.

## Reporting Concerns

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

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

When an adult working in or visiting the home sees, hears, or is told anything that causes them to become concerned that a child or young person is suffering or likely to suffer significant harm, they must report it immediately to the appropriate DSL. This can be reported verbally in the first instance; however, it must always be recorded in writing within 24 hours.



**NOTE:** If the concern implies both the Registered Manager and the Responsible Individual, the adult should use their professional judgment and notify the Owner Director DSL and relevant external bodies:

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

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

Once notified, the DSL will be responsible for making a safeguarding referral to the child/ young person's Placing Authority and, if different, the Local Authority Children's Social Care Services of which the home is located.

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

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

## **Receiving Concerns about Abuse or Harm**

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

Adults should not:

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

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

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

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

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

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

## **Management of Allegations/Disclosures**

Working Together to Safeguard Children 2023 is clear that: 'Organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice, or a complaint.

An allegation may relate to a person who works with children who have:

- 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
- Behave towards a child or children in a way that indicates they may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

### **They should:**

- Protect the confidentiality of the process
- Follow up on your concerns after raising them.
- Ask safety questions (ted – tell, explain, describe) – use open questions
- Make a written record of the information (using where possible, the child's / adult's own words), including the time, date and place where the alleged incident took place, what was said and anyone else present
- Sign and date the written record
- Immediately report the matter to the registered manager, or deputy in their absence
- Where the registered manager is the subject of the allegation, the information should be reported to the Responsible Individual.

### **They should not:**

- Investigate or ask leading questions
- Make assumptions or offer alternative explanations
- Promise confidentiality - the child/ young person should be advised that the concern will be shared on a 'need to know' basis
- Share this outside of the reporting process

## **Action by the Designated Safeguarding Lead**

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

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

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



- If necessary, the Regulatory Authority (Ofsted).

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

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

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

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

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

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

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

## **Allegations Made Against Children or Young People**

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

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

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

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

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

## Allegations Made Against Adult Professionals

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

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

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

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

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

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

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

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

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

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

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

## Freedom to Speak Up

We have a culture of openness and transparency where all people are valued, feel safe and are openly encouraged to speak up and critically challenge one another with practice and are routinely embedded in our staff meetings, handovers, supervision, debriefs etc.

Any concerns must be raised at the earliest point of identification to prevent poor practice manifesting, prevent any wrongdoing and minimise risk to children and young people, their families and staff.

All staff should have the “Freedom to speak up” (Francis Report), in the first instance any concerns should be raised with the manager however in some circumstances it may be appropriate to raise this with the Registered Manager.

If staff feel that they require independent advice facilitated outside immediate line-management structures, the following options are available: -:

- Contact Union Representative
- Ofsted
- Whistle Blowing

Whichever route staff choose to raise their concerns, Lighthouse Collaborative Care will value their actions and integrity, it is important for staff to feel supported throughout the process, whether or not the concern is substantiated.

## Whistleblowing

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

- Adults can contact the National Society for the Prevention of Cruelty to Children’s whistleblowing helpline by calling 0800 028 0285, or by emailing [help@nspcc.org.uk](mailto:help@nspcc.org.uk).
- Whistle Blowing Helpline for NHS and Social Care Staff – 0800 7245 725
- They can also whistleblow directly to Ofsted by calling 0300 1233155, or by emailing [whistleblowing@ofsted.gov.uk](mailto:whistleblowing@ofsted.gov.uk).

## Recording

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

Such incidents must be recorded under the relevant tab on each child/ young person’s Clearcare – ‘Safeguarding Concern’ – within 24 hours and marked restricted access to protect confidentiality. The concern should also be expressed within the young people’s Daily Log with the relevant log number and a brief description of the concern, whilst maintaining confidentiality for the young person and any other people concerned.

The date and circumstances, including any information disclosed, any correspondence, and all action taken by The Old Parsonage, must be recorded in full. Records should be factual, accurate, concise, ethical, and relevant. All information should be legible and discussions with other professionals and agencies should be recorded chronologically.

All relevant attachments must be uploaded to the Clearcare tab i.e., associated with the Body Map, relevant screenshots/ photographs, or Regulation 40 notification as supporting evidence. Each document must be marked as restricted access to protect confidentiality.

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

## **Monitoring**

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

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

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

## **Notifications**

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

Any notifications to Ofsted must be made within 24 hours of the incident.

## **Training and Supervision**

The Adults Induction Checklist will ensure that all adults caring for children receive information regarding safeguarding on induction. This introduces the new adult to policy, procedure, and practice at Lighthouse Collaborative Care. Adults will be orientated on where to find information regarding safeguarding including relevant websites and resources.

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

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

The competence and support needs of adults in recognising and responding to safeguarding issues will be considered as part of their appraisal and supervision. Each adult will receive supervision every 2 weeks during their probation period, and 4 – 6 weeklies after that. Group supervision is also facilitated in the form of weekly team meetings, and this will often be used as a forum to deliver safeguarding workshops.

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

All adults working in the home undergo an extensive recruitment process aligned with our Safer Recruitment Policy.



All new adults working in the home who do not have their own updated DBS service are employed on the agreement that they join the updated service through Lighthouse Collaborative Care.

See Lighthouse Collaborative Care Safer Recruitment Policy for more information.

## Appendix 1

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



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

	Some level of emotional abuse is involved in all types of maltreatment of a child, though they may occur alone.	
<b>Sexual Abuse</b>	<p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening or not.</p> <p>The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing.</p> <p>They may also include non-contact activities, such as involving children in looking at, or in the production of, nude pictures, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.</p>	<p>Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers.</p> <p>Usually, in cases of sexual abuse, it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.</p> <p>The physical signs of sexual abuse may include:</p> <ul style="list-style-type: none"> <li>• pain or itching in the genital/anal areas</li> <li>• bruising or bleeding near genital/anal areas</li> <li>• sexually transmitted disease</li> <li>• vaginal discharge or infection</li> <li>• stomach pains</li> <li>• discomfort when walking or sitting down</li> <li>• pregnancy.</li> </ul> <p>Changes in behaviour which can also indicate sexual abuse include:</p> <ul style="list-style-type: none"> <li>• sudden or unexplained changes in behaviour, e.g., becoming aggressive or withdrawn</li> <li>• fear of being left with a specific person or group of people</li> <li>• having nightmares</li> <li>• running away from home</li> <li>• sexual knowledge which is beyond their age or developmental level</li> <li>• sexual drawings or language</li> <li>• bedwetting</li> <li>• eating problems such as overeating or anorexia</li> <li>• self-harm or mutilation, sometimes leading to suicide attempts</li> </ul>

		<ul style="list-style-type: none"> <li>• saying they have secrets they cannot tell anyone about</li> <li>• substance or drug abuse</li> <li>• suddenly having unexplained sources of money</li> <li>• not being allowed to have friends (particularly in adolescence)</li> <li>• acting in a sexually explicit way towards adults</li> </ul>
<b>Neglect</b>	<p>The persistent failure to meet a child's basic physical and/or psychological needs is likely to result in serious impairment of the child's health or development.</p> <p>Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or adult failing to:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing, and shelter (including exclusion from home or abandonment)</li> <li>• protect a child from physical and emotional harm or danger</li> <li>• ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<p>Neglect can be a difficult form of abuse to recognise yet has some of the most lasting and damaging effects on children. The physical signs of neglect may include:</p> <ul style="list-style-type: none"> <li>• constant hunger, sometimes stealing food from other children</li> <li>• being constantly dirty or smelly</li> <li>• loss of weight, or being constantly underweight</li> <li>• Inappropriate dress for the conditions.</li> </ul> <p>Changes in behaviour which can also indicate neglect may include:</p> <ul style="list-style-type: none"> <li>• complaining of being tired all the time</li> <li>• not requesting medical assistance and/or failing to attend appointments</li> <li>• Having few friends</li> <li>• mentioning being left alone or unsupervised</li> </ul> <p>Although there is a likelihood of our children falling into the category of children who might become sexually exploited or suffer female genital mutilation, Adults must remain aware of the issues and signs which could suggest these forms of abuse.</p>

## Appendix 2

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

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

	<p>It's often difficult to tell if domestic abuse is happening because it usually takes place in the family home and abusers can act very differently when other people are around.</p> <p>Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.</p> <p>Domestic abuse affecting young people can also occur within their relationships, as well as in the context of their home life.</p> <p>Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.</p> <p>Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation intimidation or other abuse that is used to harm, punish, or frighten their victim.</p>	<ul style="list-style-type: none"> <li>• suddenly behaves differently</li> <li>• anxious</li> <li>• clingy</li> <li>• depressed</li> <li>• aggressive</li> <li>• problems sleeping</li> <li>• eating disorders</li> <li>• wet the bed</li> <li>• soils clothes</li> <li>• takes risks</li> <li>• misses school</li> <li>• changes in eating habits</li> <li>• obsessive behaviour</li> <li>• nightmares</li> <li>• drugs</li> <li>• alcohol</li> <li>• self-harm</li> <li>• thoughts about suicide</li> </ul>
<b>Drug Misuse</b>	<p>Drugs refer to alcohol, tobacco, illegal drugs, medicines, new psychoactive substances ("legal highs") and volatile substances unless otherwise specified.</p>	<p>Indicators may include:</p> <ul style="list-style-type: none"> <li>• losing interest in hobbies, sports or other favourite activities</li> <li>• losing interest in their appearance or personal hygiene</li> <li>• dramatic changes in behaviour</li> <li>• suddenly forming an almost new group of friends</li> <li>• excessive tiredness and lack of appetite</li> <li>• playing truant from school</li> <li>• dilated pupils, red eyes, bad skin</li> <li>• spending an increased amount of money, coupled with a refusal to explain why</li> <li>• stealing money from you</li> </ul>



		<p>Finding any of the following items in their room or the house could indicate that they are using drugs:</p> <ul style="list-style-type: none"> <li>• pipes</li> <li>• rolling papers</li> <li>• small medicine bottles</li> <li>• eye drops</li> <li>• butane lighters</li> <li>• homemade 'bongs' (pipes that use water as a filter) made from tin cans or plastic drink bottles</li> <li>• scorched tinfoil</li> <li>• razor blades</li> <li>• syringes</li> </ul>
<b>Fabricated or induced illness</b>	<p>The following list is of behaviours exhibited by adults which can be associated with fabricating or inducing illness in a child. This list is not exhaustive and should be interpreted with an awareness of cultural behaviours and practices which can be mistakenly construed as abnormal behaviours:</p> <ul style="list-style-type: none"> <li>• deliberately inducing symptoms in children by administering medication or other substances, using intentional transient airway obstruction or interfering with the child's body to cause physical signs.</li> <li>• interfering with treatments by overdosing with medication, not administering them or interfering with medical equipment such as infusion lines</li> <li>• claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems</li> <li>• exaggerating symptoms which are unverifiable unless observed directly,</li> </ul>	<p>Doctors/paediatricians may be concerned about the possibility of a child suffering significant harm because of having an illness fabricated or induced by her/his carer. These concerns may arise when:</p> <ul style="list-style-type: none"> <li>• Reported symptoms and signs found in the examination are not explained by any medical condition from which the child may be suffering/correlate with any disease</li> <li>• Physical examination and results of investigations do not explain reported symptoms and signs</li> <li>• There is an inexplicably poor response to prescribed medication and treatment</li> <li>• New symptoms are reported on the resolution of previous ones</li> <li>• Reported symptoms and found signs are not observed to commence, in the absence of the adult</li> <li>• Over time the child repeatedly presents with a range of symptoms</li> <li>• The child's normal, daily life activities are being curtailed beyond that which might be expected from any known medical disorder from which the child is known to suffer.</li> </ul>

	<p>causing professionals to undertake investigations and treatments which may be invasive, unnecessary and therefore harmful and possibly dangerous</p> <ul style="list-style-type: none"> <li>• obtaining specialist treatments or equipment for children who do not require them</li> <li>• alleging psychological illness in a child.</li> </ul>	
Faith-related harmful practice	<p>Faith-related harmful practice is child abuse linked to belief in concepts such as witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.</p> <p>This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.</p>	<p>Indicators of abuse can include:</p> <ul style="list-style-type: none"> <li>• A child's body showing signs or marks, such as bruises or burns, from physical abuse</li> <li>• A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children</li> <li>• A child's care deteriorates, for example through a loss of weight, being hungry, being to school without food or money or being unkempt with dirty clothes and even facials smeared onto them</li> <li>• It may also be directly evident that the child's parent does not show concern for or a close bond with them</li> <li>• A child's attendance at school becomes irregular or is taken out of school altogether without another school place having been organised</li> <li>• A child reporting that they are or have been accused of being evil, and/or that they are having the devil beaten out of them</li> </ul>
<b>Female Genital Mutilation</b>	<p>FGM is a form of abuse that could potentially be present within any child or young person's family or community context. The predominance of FGM is in African countries but it has also been documented in communities in Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan. Any child or young person from one of these ethnic backgrounds could be at risk.</p>	<p>There can also be clear signs when FGM could be imminent:</p> <ul style="list-style-type: none"> <li>• It may be possible that families will practice FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.</li> <li>• A professional may hear references to FGM in conversation, for example, a girl may tell other children about it.</li> <li>• A girl may confide that she is to have a 'special procedure' or to</li> </ul>

	<p>FGM has been classified by the World Health Organization into four types:</p> <ol style="list-style-type: none"> <li>1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin around the clitoris)</li> <li>2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).</li> <li>3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without the removal of the clitoris.</li> <li>4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping, and cauterising the genital area.</li> </ol>	<p>attend a special occasion to 'become a woman'.</p> <ul style="list-style-type: none"> <li>• A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.</li> <li>• Parents state that they or a relative will take the child out of the country for a prolonged period.</li> <li>• A girl may talk about a long holiday in her country of origin or another country where the practice is prevalent.</li> </ul>
<b>Forced marriage</b>	<p>A 'forced' marriage (as distinct from a consensual 'arranged' marriage) is defined as one conducted without the valid consent of at least one of the parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds.</p> <p>Forced marriages of children may involve non-consensual and/or underage sex, and emotional and possibly physical abuse and should be regarded as a child protection issue and referred to Children's Social Care.</p> <p>Although there is no specific criminal offence of forced marriage, the forced marriages of children (and vulnerable adults) may involve one or more criminal offences e.g., common assault, cruelty to persons</p>	<p>Victims of existing or prospective forced marriages may be fearful of discussing their worries with friends and teachers but may come to the attention of professionals for various behaviours or circumstances consistent with distress. These may include:</p> <ul style="list-style-type: none"> <li>• A family history of siblings being forced to marry or to marry early</li> <li>• A sibling who suddenly disappeared or went abroad</li> <li>• Frequent unauthorised absences or truancy from school/lessons</li> <li>• Social isolation</li> <li>• A sudden decline in education performance, aspirations or motivation</li> <li>• Unreasonable restrictions on the child's liberty e.g., accompanied</li> </ul>

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

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

		ability to build healthy sexual relationships.
<b>So-called 'Honour Based' Violence.</b>	<p>'Honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators.</p> <p>Honour-based violence is normally associated with cultures and communities from Asia, the Middle East and Africa as well as Gypsies and Travellers, it also occurs in communities in parts of Europe and Eastern Europe. Honour-based violence can be found across all cultures, nationalities, faith groups and communities and transcends national and international boundaries.</p> <p>There is no statutory definition of HBV.</p> <p>There is no specific offence of "honour-based" crime". It is an umbrella term to encompass various offences covered by existing legislation. HBV can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.</p> <p>Forms of HBV include practices performed by perpetrators on victims for cultural or socio-conventional motives which have harmful consequences.</p>	<p>Abuse and violence because of 'dishonour' and shame may include:</p> <ul style="list-style-type: none"> <li>• Self-harm, suicide, or attempted suicide because of controls and abuse</li> <li>• Forced suicide/ attempted suicide as an inflicted act or punishment</li> <li>• Controlling sexual activity e.g., forcing or withholding sexual activity</li> <li>• Child abuse</li> <li>• Rape</li> <li>• Kidnapping or false imprisonment</li> <li>• Threats to kill</li> <li>• Assault</li> <li>• Harassment/ stalking</li> <li>• Bullying</li> <li>• Forced abortion</li> <li>• Being forced into marriage</li> <li>• Pressure to return home</li> <li>• Pressure to go abroad</li> <li>• House 'arrest' and restriction of movement within and outside the home</li> <li>• Excessive restrictions on life (not allowed a phone, internet or developing friendships outside of wider family/friend's circle etc.)</li> <li>• Honour killings</li> </ul> <p>This list is not exhaustive but highlights abuse of human rights and/or criminal offences over and above the disapproval by family/ community.</p>



	Honour killings are another form of Honour-based violence. Honour killings are an extreme example of a violation of human rights of mainly women who are perceived to have brought shame or dishonour.	
<b>Missing from home, school or care</b>	<p>The National College of Policing definitions are as follows:</p> <ul style="list-style-type: none"> <li>• <b>Missing:</b> Anyone whose whereabouts cannot be established and where the circumstance is out of character, or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.</li> <li>• <b>Absent without permission:</b> A person not at a place where they are expected or required to be.</li> </ul>	<p>A child going missing from home, school or care, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.</p> <p>There are many circumstances where a child may become missing from education home or care, but some children are particularly at risk. These include children who:</p> <ul style="list-style-type: none"> <li>• Are at risk of harm or neglect</li> <li>• Are at risk of forced marriage or FGM Come from Gypsy, Roma, or Traveller families</li> <li>• Come from the families of service personnel</li> <li>• Go missing or running away from home or care</li> <li>• Are supervised by the youth justice system</li> <li>• Cease attending a school</li> <li>• Come from new migrant families</li> </ul>
<b>Online abuse</b>	<p>The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm.</p> <p>The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:</p> <ul style="list-style-type: none"> <li>• content: being exposed to illegal, inappropriate, or harmful material; for example, pornography, fake news, racist or radical and extremist views</li> <li>• contact being subjected to harmful online interaction</li> </ul>	<p>Many of the signs that a child is being abused are the same no matter how the abuse happens.</p> <p>A child may be experiencing abuse online if they:</p> <ul style="list-style-type: none"> <li>• spend lots, much more or much less time online, texting, gaming, or using social media</li> <li>• are withdrawn, upset, or outraged after using the internet or texting</li> <li>• are secretive about who they're talking to and what they're doing online or on their mobile phone</li> <li>• have lots of new phone numbers, texts or e-mail</li> </ul>

	<p>with other users; for example, commercial advertising as well as adults posing as children or young adults</p> <ul style="list-style-type: none"> <li>conduct personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending, and receiving explicit images, or online bullying.</li> </ul>	<p>addresses on their mobile phone, laptop, or tablet.</p> <p><a href="https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/online-abuse/signs-symptoms-effects/">https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/online-abuse/signs-symptoms-effects/</a></p>
<b>Organised/ contextual crime:</b>	<p>As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise recruitment and promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.</p> <p>Organised crime can be defined as serious crime planned, coordinated, and conducted by people working together continuously. Their motivation is often, but not always, financial gain. Organised criminals working together for a criminal activity or activities are called an organised crime group.</p> <p>Organised crime group structures vary. Successfully organised crime groups often consist of a durable core of key individuals. Around</p>	<p>All the above signs and symptoms may apply if someone is subject to organised/contextual crime.</p>

	<p>them is a cluster of subordinates, specialists, and other more transient members, plus an extended network of associates.</p> <p>Many groups often lose networks of criminals that come together for a specific criminal activity, acting in different roles depending on their skills and expertise. Collaboration is reinforced by shared experiences (such as prison), or recommendation from trusted individuals. Others are bonded by family or ethnic ties – some ‘crime families’ are precisely that.</p> <p>Organised crime includes drug trafficking, human trafficking, organised illegal immigration, child sexual exploitation, high-value fraud and other financial crimes, counterfeiting, organised acquisitive crime and cyber-crime.</p>	
<b>Racism</b>	<p>Racism does not constitute a separate category of abuse, although it can be a source of significant harm and can be an aggravating factor in other incidents of abuse. Children and their families from black and minority ethnic groups are more likely to have experienced harassment, racial discrimination and institutional racism.</p>	
<b>Radicalisation</b>	<p>Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups.</p>	<p>Children and young people can be drawn into violence, or they can be exposed to the messages of extremist groups by many means.</p> <p>These can include the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a child at risk of being drawn into criminal activity and has the potential to cause significant harm.</p> <p>The risk of radicalisation is the product of a number of factors and identifying this risk requires that Adults exercise their professional judgement, seeking further advice as necessary. It may be combined</p>

		<p>with other vulnerabilities or maybe the only risk identified.</p> <p>Potential indicators include:</p> <ul style="list-style-type: none"> <li>• Use of inappropriate language</li> <li>• Possession of violent extremist literature</li> <li>• Behavioural changes</li> <li>• Expression of Extremist Views</li> <li>• Advocating violent actions and means</li> <li>• Association with known extremists</li> <li>• Seeking to recruit others to an extremist ideology.</li> </ul>
<b>Sending or Receiving Nudes</b>	<p>Sending nudes is when a child takes a nude/ semi-nude image of themselves and sends this to their friends or boy/girlfriends via mobile phones.</p> <p>The problem is that once taken and sent, the sender has lost control of these images, and these images could end up anywhere. They could be seen by the child's future employers, their friends or even by paedophiles.</p> <p>By requesting, having in their possession, or distributing nudes of a person under 18 to someone else – young people could be breaking the law as these are offences under the Sexual Offences Act 2003.</p>	<p>The NSPCC warn that often children do not see sending/ receiving nudes as a problem and are reluctant to talk to adults about it because they are afraid of being judged or having their phones taken away. They advise that it is important to talk to children to explain the risks of sending or receiving nudes/ semi-nudes, how to stay safe and that they can talk to you if something ever makes them feel scared or uncomfortable.</p>
<b>(Child) Trafficking or Modern Slavery</b>	<p>Modern slavery' is a form of organised crime in which individuals, including children and young people, are treated as commodities and exploited for criminal and financial gain. It encompasses human trafficking, slavery, servitude and forced labour. Trafficking means the recruitment, transportation, transfer, harbouring or receipt of people, using the threat or use of force or other forms of coercion,</p>	<p>Grooming methods are often used to gain the trust of a child and their parents, e.g., the promise of a better life or education, which results in a life of abuse, servitude, and inhumane treatment. Trafficked victims are coerced or deceived by the person arranging their relocation, and are often subject to physical, sexual, and mental abuse. The trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered.</p>

	<p>abduction, deception, abuse of power or a position of vulnerability or giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for exploitation.</p> <p>'Exploitation' for modern slavery purposes is defined as a minimum, to include sexual exploitation, forced labour, domestic servitude, and organ trafficking.</p>	<p>Children are not considered able to give 'informed consent' to their exploitation (including criminal exploitation), so it is not necessary to consider the means used for the exploitation - whether they were forced, coerced, or deceived, i.e., a child's consent to being trafficked is irrelevant and it is not necessary to prove coercion or any other inducement.</p>
<b>Upskirting</b>	<p>Upskirting is defined as 'taking a picture under a person's clothing without them knowing, to view their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm' (DfE 2019) The Voyeurism Offences Act, which was commonly known as the Upskirting Bill, was introduced on 21 June 2018. It came into force on 12 April 2019. This states that upskirting, where committed to obtaining sexual gratification, can result in the most serious offenders being placed on the sex offenders' register. Additionally, perpetrators can now face up to two years in prison.</p>	<p>Upskirting is a distressing and humiliating violation of privacy for victims.</p>