

Safeguarding and Child Protection Policy

Description	This policy explains what One-Eighty will do to keep the children and young people who use our services safe from harm.
Policy audience	Staff, Volunteers and Students
Organisation contact:	Charlie Lewis-Pryde
Other related policies and procedures:	Whistleblowing Policy; Lone Working Policy; Recording Storing, and Sharing Information; Code of Conduct for Staff and Volunteers; Social Media & Digital Safeguarding; Anti-harassment and Bullying Policy; Safe Touch & Positive Handling Policy, Transporting Clients Policy
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Safeguarding and Child Protection Policy

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Safeguarding Statement

One-Eighty is committed to safeguarding and promoting the welfare of young people and expects all staff, trustees and volunteers to share this commitment.

At One-Eighty, safeguarding is at the core of everything we do. We are deeply committed to creating a safe and supportive environment for everyone involved, ensuring that all service users and professionals are treated with respect and care. All staff and volunteers are recruited through a safer-recruitment process followed by training in safeguarding procedures and understand their responsibilities in protecting individuals from harm. We understand that safeguarding is not just about responding to major concerns but also about addressing even the smallest of worries. If you have any concerns, no matter how minor they may seem, we encourage you to reach out. The Safeguarding team is always here to offer guidance and support, ensuring that every voice is heard and that every individual feels protected and valued.

We have a number of policies and procedures in place that contribute to our safeguarding commitment. These are available to view on our website; www.One-Eighty.org.uk.

All concerns regarding the safety or welfare of children, young people, or vulnerable adults will be taken seriously and acted upon promptly, following our clear reporting procedures.

Risk assessments are conducted regularly to identify and address any potential risks to individuals' safety. We may need to share information and work in partnership with other agencies when there are concerns about a person's welfare. We will ensure that our concerns about young people are discussed with parents/carers first, unless we have reason to believe that such a move would be contrary to the child's welfare.

We actively support the Government's Prevent Agenda to counter radicalism and extremism.

Our Organisational Safeguarding lead and Designated Safeguarding Lead (DSL) is, Charlie Lewis-Pryde (Director of Services) alongside fellow DSL's Alice Foreman (Team Leader) and Jade Noonan (Lead Practitioner). The Trustee with responsibility for safeguarding at One-Eighty is Jonathan Fisher. Susie Besant (CEO) is representing the voluntary sector on the Oxfordshire Safeguarding Children Partnership. We maintain close links with local safeguarding agencies and authorities, ensuring that appropriate support is offered when needed.

Part 1

Purpose

One-Eighty works with children and young people to provide a range of intervention services to increase engagement with learning including one-to-one interventions, and preventative mental health group-based projects. The purpose of this policy is to:

- Set out what One-Eighty will do to keep children and young people, who use our services, safe from harm.
- Provide parents/carers, staff, students, trustees, and volunteers with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of One-Eighty, including managers and the board of trustees, paid staff, volunteers, sessional workers, and students (for the purpose of this document these groups of people will be referred to as 'staff'). This is also extended to independent contractors who are undertaking direct work with children on behalf of the charity.

Legal Framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation and guidance is available from www.nspcc.org.uk/childprotection. The OSCP VCS (Oxfordshire Safeguarding Children Partnership Voluntary Community Sector) Safeguarding & Child Protection Policy (May 2023) template has also informed this policy.

A child is defined as a person under the age of 18 (The Children Act 1989).

We believe that:

- Children and young people should never experience abuse, neglect or exploitation of any kind.
- We have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.
- The welfare of the child is paramount.
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Working in partnership with children, young people, their parents, carers and other agencies is essential to promote young people's welfare.

We recognise that:

- One-Eighty has a duty of care to safeguard children as detailed under the Children Acts' 1989 and 2004 and Working Together to Safeguard Children 2023.
- One-Eighty is fully committed to safeguarding and protecting the welfare of all children and taking all reasonable steps to promote safe practice and protect children from harm, abuse and neglect.

- One-Eighty acknowledges its duty to act appropriately with regards to any allegations towards anyone working on its behalf, or towards any disclosures or suspicion of abuse, neglect and exploitation.

We seek to keep children and young people safe by:

- Valuing, listening to and respecting them.
- Appointing nominated Designated Safeguarding Lead's (DSL's) available during all working hours.
- Developing Safeguarding and Child Protection policies and procedures that reflect best practice.
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately.
- Sharing information about Safeguarding and Child Protection best practice with children, their families, staff and volunteers through publicity, project work and one-to-one discussions.
- Recruiting staff and volunteers safely, ensuring all necessary checks are made.
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures.
- Implementing a code of conduct for staff and volunteers.
- Using our procedures to manage any allegations against staff and volunteers appropriately.
- Ensuring that we have effective complaints and whistleblowing measures in place. Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.
- Recording and storing information professionally and securely.

Organisational Policies & Procedures

This policy should be read alongside the following organisational policies and guidance:

- Recruitment, induction and training
- Safer recruitment
- Recording, storing and sharing information
- Confidentiality
- Code of conduct for staff and volunteers
- ICT, social media and E-safety
- UK General Data Protection Regulations
- Photography and use of images of children
- Health and safety
- Anti-bullying
- Whistleblowing
- Training, supervision and support
- Equality, diversity and inclusion
- Disciplinary and grievance
- Transporting Clients Policy

Safeguarding Procedures

Dealing with Disclosures

If a young person asks to speak to you about a problem, do not promise confidentiality but explain that it may be necessary to consult a colleague.

Receive

Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse. Listen quietly and actively, giving your undivided attention. Allow silences when needed. Do not show shock or disbelief and take what is said seriously.

Reassure

Stay calm, make no judgements, empathise. **Never make a promise that you can keep what a young person has said a secret.** Give reassurance that only those who need to know will be told.

Reassure the young person that they were right to tell you.

React

React to the young person only as far as is necessary for you to establish whether or not you need to refer this matter, but don't interrogate for full details.

Do not ask leading questions – keep the questions open, e.g. 'is there anything else you want to say?'

Do not criticize the perpetrator; the young person may have affection for them.

Explain what you will do next – inform designated staff member, keep in contact.

Record

If possible, make brief notes about what they are actually telling you at the time. Keep these notes, however rough they are. If you are unable to make notes at the time write down what was said as soon as you can.

Try to record what was actually said by the young person rather than your interpretation of what they are telling you.

Record the date, time, place and any noticeable nonverbal behaviour.

Report

Report the incident to the DSL and do not tell any other adults or children what you have been told until given further advice to.

Never attempt to carry out an investigation of suspected abuse by interviewing the young person or any others involved. This is a highly skilled role and any attempts by yourself could affect possible criminal proceedings.

What to do if you have concerns about a child or young person:

If staff members have any concerns about a child (as opposed to a child being in immediate danger) they will need to decide what action to take. Where possible, there should be a conversation with the DSL to agree a course of action, although any staff member can make a referral to children's social care. Other options could include a referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Oxfordshire or Buckinghamshire Safeguarding Children Partnership (OSCP/BSCP).

If anyone other than the DSL makes the referral, they should inform the DSL as soon as possible.

If after a referral the child's situation does not appear to be improving, the DSL (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

If early help is appropriate the DSL should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate. If early help and or other support is appropriate the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation doesn't appear to be improving.

If a disclosure is made to you (or something in the session has given you cause for concern about the child) whilst in a school setting you must inform the DSL in the school as soon as possible and before leaving the school, then contact One-Eighty's DSL as well. Take down the contact details for the DSL at the school so One-Eighty can liaise with them about next steps.

If you discover that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 you should speak to the DSL immediately who will activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with the police and local authority 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

What to do if a child or young person is in immediate danger or is at risk of harm:

If a child is in immediate danger or is at risk of harm a referral should be made to children's social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the DSL, the DSL should be informed, as soon as possible, that a referral has been made.

What to do if you have concerns about another member of staff:

If our staff members have concerns about another staff member then this must be referred to the Organisational Safeguarding Lead (**Charlie Lewis-Pryde**). Where there are concerns about the Organisational Safeguarding Lead this should be referred to the Chief Executive Officer (CEO; **Susie Besant**), Chair of the Trustee Board (**Tina Elder**) or the nominated Safeguarding Trustee (**Jonathan Fisher**) if inappropriate to raise with the Organisational Safeguarding Lead first.

What to do if you have concerns about safeguarding practices at One-Eighty:

All our staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in One-Eighty's safeguarding procedures and that such concerns will be taken seriously by the Senior Leadership Team (SLT).

Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, are in place for such concerns to be raised with One-Eighty's SLT.

Where a staff member feels unable to raise an issue with management or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- General guidance can be found at- Advice on whistleblowing

- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

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Part 2

Key Responsibilities

Key Contacts at One-Eighty

Lead Trustee for Safeguarding on the Trustee Board Jonathan Fisher

One-Eighty's CEO and Strategic Safeguarding Lead Susie Besant; OSCP VCS Representative

The Organisational Safeguarding Lead and DSL Charlie Lewis-Pryde; Director of Services

Deputy Organisational Safeguarding Lead and DSL Alice Foreman; Team Leader

DSL Jade Noonan; Lead Practitioner

Additional DSL's are; Imran Mirza (Lead Practitioner) Kieren Smith (Service Manager), Gemma Lund-Yates (Mental Health Project Lead), Michelle Willmott (Team Leader), Abbie Palmer (Team Leader), Phoebe Thomas (Team Leader) and Laura Bramley (Intervention Specialist).

The DSL Outlook calendar informs staff of the acting DSL for each day and their contact details. One-Eighty has a policy that at least 2 safeguarding leads will be available (working) on each day that One-Eighty is open. If you find the acting DSL for the day is unavailable, you can contact another DSL and if they are not available you may then contact any of the additional DSL's listed above.

The Strategic Board (Trustees)

The Strategic Board of Trustees at One-Eighty undertake regular reviews of safeguarding related policies and procedures that operate in our organisation. The Board have a crucial role in monitoring and challenging staff on the effectiveness of safeguarding arrangements.

Our Board ensures One-Eighty has the following in place:

- A DSL for safeguarding and child protection who is a member of the SLT and who has undertaken the approved DSL Training in addition to basic child protection training.
- Safeguarding and Child Protection policy and procedures that are consistent with OSCP requirements, reviewed annually and made available to parents/carers on request.
- A Safeguarding Statement is visible to the public on One-Eighty's website and entry to the office premises.

- Procedures for dealing with allegations of abuse made against members of staff including allegations made against the CEO or overall DSL.
- Safer Recruitment procedures that include the requirement for appropriate checks in line with national guidance.
- A training strategy that ensures all staff, including the CEO, receive Safeguarding and Child Protection training, with refresher training at three-yearly intervals. The DSL's should receive refresher training at two-yearly intervals.
- Regular update sessions for staff regarding safeguarding. Keeping staff up to date with any changes and ensuring that safeguarding remains a priority within the setting.
- Arrangements to ensure that all temporary staff and volunteers are made aware of One-Eighty's arrangements for safeguarding child protection.
- The Board nominates a Trustee member (Jonathan Fisher) to be responsible for liaising with the local authority and other agencies in the event of an allegation being made against the CEO.
- A Trustee with Safeguarding oversight (Jonathan Fisher) feeds relevant and necessary safeguarding updates into quarterly Strategic Board Trustee Meetings.
- The Organisational DSL (Charlie Lewis-Pryde) has 6-weekly meetings with a Trustee (Jonathan Fisher) responsible for safeguarding governance, to ensure strategic safeguarding matters are being considered, addressed, and updated regularly between the staff members within the infrastructure of One-Eighty.

The CEO

- Ensures that the safeguarding and child protection policy and procedures are implemented and followed by all staff.
- Allocates sufficient time and resources to enable the DSL and Deputy(s) to prioritise training, and to carry out their roles effectively.
- Ensures that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the One-Eighty's Whistle Blowing procedures.

One-Eighty has ensured that the Organisational DSL:

- Is appropriately trained, and suitably supported and mentored by the Trustee Safeguarding Lead.
- Acts as a source of support and expertise to the One-Eighty team.
- Has an understanding of OSCP procedures, and BSCP procedures and contact information.
- Actions all DSL calls and DSL reports made on CPOMS (Child Protection Online Management System) and reported by staff or when disclosed by a child, ensuring that such records are stored securely and reported onward in accordance with this policy guidance (using the safeguarding system CPOMS)
- Refers cases of suspected neglect and/or abuse to children's social care or police in accordance with this guidance and local procedure.
- Attends and/or contributes to child protection conferences in accordance with local procedure and guidance.
- Develops effective links with relevant statutory and voluntary agencies.
- Ensures that all staff sign to indicate that they have read and understood this policy.
- Ensures that the Safeguarding Policy is reviewed and updated annually.
- Liaises with the nominated Trustee and CEO (where the role is not carried out by the CEO) as appropriate.
- Keeps a record of staff attendance at safeguarding training (SCR).

- Carries out an annual Safeguarding Audit for best practice and to determine necessary updates to training or procedures.
- Makes this policy available to parents/carers.

Deputy DSL(s):

Are appropriately trained and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long-term absence of the designated person, a nominated deputy will assume all of the functions above.

All staff will:

Follow the OSCP and BSCP Multi-Agency Procedures/Local Authority guidance in all cases of abuse, or suspected abuse (these can be found at www.oscp.org.uk and www.buckssafeguarding.org.uk). They will understand who to contact, and the procedures to follow, when safeguarding children within the local authority of which the young person lives.

We will therefore:

- Understand that our responsibility to safeguard children requires that we all appropriately share any concerns that we may have about children.
- Support the child's development in ways that will foster security, confidence and resilience. Encouraging the development of self-esteem in every aspect of life.
- Provide and promote an environment in which children and young people feel safe, secure, valued and respected, feel confident and know how to approach adults if they are in difficulties.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we contribute to assessments of need and support plans for those children where appropriate.
- Liaise and work together with all other support services and those agencies involved in the safeguarding of children. Notifying the relevant agency, such as MASH or Social Care as soon as there is a significant concern.
- Ensure that detailed and accurate written records of concerns about a child are kept even if there is no need to make an immediate referral. See guidance on record keeping; http://portal.oxfordshire.gov.uk/content/public/CYPF/schools/behaviour_attendance/safeguarding_child_protection/Keeping_Child_Protection_Records.doc
- We recognise that a child who is abused, who witnesses violence or who lives in a violent environment may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Safer Recruitment

Safe recruitment is central to the safeguarding of children and young people. All organisations which employ people to work with children in a position of trust have a duty to safeguard and promote their welfare. This includes ensuring that One-Eighty adopts safe recruitment and selection procedures which prevent unsuitable persons from gaining access to children.

Please see One-Eighty's Safer Recruitment Policy for further information.

Confidentiality

- We recognise that all matters relating to child protection are confidential.
- Staff will disclose personal information about a child or young person to other members of staff on a need to know basis only.
- However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being or that of another.
- We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the OSCP/BSCP or Social Care on this point.
- We will take named consultations to our linked locality worker within LCSS (Local Community Support Service) / make appropriate referrals to MASH teams to discuss concerns we may have.

Record Keeping

The Designated Leads for child protection are responsible for ensuring that the necessary paperwork is completed and sent to the relevant people and stored in a safe and confidential place. This means that the records will be a coherent factual record of the concerns that are stored on individual children in a clear chronological order.

Supporting Staff

- We recognise that staff working at One-Eighty who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support. This is likely to be with their Line Manager or a Lead Practitioner - Mental & Emotional Health.
- In consultation with all staff, we have adopted a Code of Conduct for staff at our setting. This forms part of staff induction and forms an annexe to all contracts as well as being in the employee handbook. We understand that staff should have access to advice on the boundaries of appropriate behaviour.
- We recognise that our DSL's should have access to support and appropriate workshops, courses or meetings as organised by the Local Authority.

Allegations against staff

- All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for one-to-one work with children or parents to be conducted in view of other adults.
- We understand that a child or young person may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the overall DSL or the most senior member of staff available.

- The manager on all such occasions will discuss the content of the allegation with the Designated Officer for the Local Authority (LADO), **before taking any action.**
 - In Oxfordshire contact should be made with
LADO team:
Jo Lloyd, Designated Officer
Donna Crozier, Assistant Designated Officer
01865 810603 or
Lado.safeguardingchildren@oxfordshire.gov.uk
 - In Buckinghamshire contact should be made with
LADO Team:
Mark Balckwell- Senior LADO
Ruth Bowen
Ingrid Deris
01296 382070 or
secure-LADO@buckinghamshire.gov.uk
- If the allegation made to a member of staff concerns the manager themselves, the person receiving the allegation will immediately inform the Chair of the Trustees or nominated trustee for safeguarding who will consult with LADO, without notifying the manager first.
- One-Eighty will follow the procedures for managing allegations against staff, as outlined in Keeping Children Safe in Education 2024.
- Suspension of the member of staff against whom an allegation has been made needs careful consideration, and we will consult with LADO and HR support (HR representative on the trustee board).

Whistleblowing

- We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues, may that be dangerous or illegal activity, or any wrongdoing within their organisation.
- Appropriate advice will be sought from the LADO or Safeguarding Team where necessary.
- Please refer to our **Whistleblowing Policy** for more information.

Physical Intervention/Positive Handling

- Our policy on physical intervention/positive handling by staff is set out separately, as part of our Safe Touch and Positive Handling Policy.
- Such events should be recorded and signed by a witness.
- We recommend that staff who are likely to need to use physical intervention should be appropriately trained (Team Teach).
- We understand that physical intervention of a nature which is both unreasonable and disproportionate to the circumstances and or causes injury or distress to a child may be considered under child protection or disciplinary procedures.
- Please refer to our **Safe Touch and Positive Handling Policy** for more information.

Children with Special Educational Needs

At One-Eighty we recognise that children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. This policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEND can be disproportionately impacted by things like bullying- without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

Safeguarding Adults

At One-Eighty we recognise that we may also have access to vulnerable adults in our work, this may include working with a vulnerable parent or carer or any other vulnerable adult in the homes which we visit.

Section 42 of the Care Act 2014 states that the safeguarding of adults does not refer to all adults but:

- a person who has needs for care and support
- is experiencing or at risk abuse, and or neglect and
- as a result of their care and support needs, is unable to protect him or herself the abuse or neglect or risk of it

They may be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or sensory impairment
- has mental needs, including dementia
- has a long-term illness or condition
- misuses substances or alcohol
- is a carer (family member/friend) and is subject to abuse
- does not have capacity to make a decision and is in need of care

In adult safeguarding there are 10 types of abuse and neglect:

Domestic abuse, physical abuse, self-neglect, neglect, financial abuse, sexual abuse, psychological/emotional abuse, modern slavery, organisational abuse, discriminatory abuse

For professionals who have concerns about abuse and neglect you should:

In Oxfordshire:

- if you are unsure if it is a safeguarding concern, contact the Adult Safeguarding Team on 01865 328232 for a consultation and advise.
- If you are sure, follow the 'Concerned about an adult' page on the OSAB (Oxfordshire Safeguarding Adults Board) website

In Buckinghamshire:

- Call the Safeguarding Adults Team on 0800 137 915
- Following the 'report a concern' page on the BSAB (Buckinghamshire Safeguarding Adults Board) website
- Out of hours: 0800 999 7677
- Email: ascfirstresponse@buckinghamshire.gov.uk

Unless there are serious risks to the adult as to why you cannot gain consent, you must first gain consent before making an OSAB safeguarding referral or a BSAB referral.

Appendices – Appendix A- Safeguarding and Child Protection Procedures

All staff have a responsibility to report concerns to Children's social care under section 11 of the Children Act 2004, if they believe or suspect that the child;

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of service.

If there is immediate risk of harm to a child or adult that you are working with CALL 999

Immediate concerns about a child

The Multi-Agency Safeguarding Hub (MASH) is the front door to Children's Social Care for all child protection and immediate safeguarding concerns. If there is an immediate safeguarding concern, for example:

- * Allegations/concerns that the child has been sexually/physically abused
- * Concerns that the child is suffering from severe neglect or other severe health risks
- * Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
- * The child is frightened to return home
- * The child has been abandoned or parent is absent

In **Oxfordshire** you should call the MASH immediately Tel: 0345 050 7666

The Oxfordshire MASH Referral Form (MASH Enquiry online referral form) may be used by professionals only to refer children to social services. Or you can email a report to MASH on the secure email on: mash-childrens@oxfordshire.gov.uk

In **Buckinghamshire** you should call the MASH immediately by contacting the First Response and connecting to the MASH team on Tel: 01296 383 962

The Buckinghamshire MASH Referral Form (MARF Enquiry online referral form) may be used by professionals only to refer children to social services.

Concerns about a child/family but it is not an immediate safeguarding concern

If you have a concern about a child/family but it is not an immediate safeguarding concern, in Oxfordshire you should refer to the Threshold of Needs matrix.

This tool is designed to support professionals to make decisions as to whether contact should be made with Children's Social Care.

If after consulting the Threshold of Need, you still have concerns that do not require an immediate safeguarding response, you should contact the Locality and Community Support Service (LCSS). This service is for 'named conversations' and therefore you will need permission from the parent/carers to make this contact and you will be encouraged to support in writing a 'Strengths and Needs' form with the school, professional network, family, carers and child.

You can do this by contacting:

- **One-Eighty LCSS Link Worker**
Ernella Meade - Ernella.meade@oxfordshire.gov.uk
- **LCSS**
Tel: 0345 241705 or LCSS@Oxfordshire.gov.uk. Available 8.30am – 5pm (Mon – Thurs)
8.30am – 4pm (Fri)

You can then discuss the situation with them and they will advise you on what to do next. If a referral needs to be made, they will advise you of this.

What to do if you have a concern or a child is at risk of harm outside office hours call:
Oxfordshire Emergency Duty Team on 0800 833 408

If you have a concern about a child/family but it is not an immediate safeguarding concern, in Buckinghamshire you should follow the 'Continuum of Need'.

This tool is designed to support professionals to make decisions as to whether contact should be made with Children's Social Care.

If after consulting the Continuum of Need, you still have concerns that do not require an immediate safeguarding response contact:

- the 'First Response Team' on 01296 383 962 calls can be anonymous and therefore you can make this call without permission from the parents/carers however most calls are made named and with permission.

What to do if you have a concern or a child is at risk of harm outside office hours call:
Buckinghamshire Emergency Duty Team on 08009997677

Referrals for children open to Children's Social Care

If you want to speak to someone about a child whose case is open to Children's Social Care, contact the relevant Children's Social Care Team. If you do not have the name and contact details for the relevant Social Worker, contact Oxfordshire MASH Team on 0345 050 7666 or the Buckinghamshire MASH Team on 01296 383 962

Making a referral

Where possible, the referrer should provide information about their concerns and any information they may have gathered prior to referral. They will be asked for the following:

- Full names, dates of birth and gender of all child/ren in the household
- Family address and (where relevant) school / nursery attended
- Identity of those with parental responsibility and any other significant adults/household members, such as grandparents
- Ethnicity, first language and religion of children and parents
- Any special needs of children or parents
- Any significant/important recent or historical events/incidents
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of alleged perpetrator, if relevant
- Referrer's relationship and knowledge of child and parents
- Known involvement of other agencies / professionals (e.g., GP)
- Information regarding parental knowledge of, and agreement to, the referral

- The child's views and wishes, if known

Other information may be relevant, and some information may not be available at the time of making the referral. However, the report should not be delayed in order to collect information, if the delay may place the child at risk of significant harm.

Parents/carers must be informed about any referral unless to do so would place the child at an increased risk of harm.

Allegations against others working with children

All allegations of abuse by those who work with children must be taken seriously, whether they are in a paid or unpaid capacity. This procedure should be applied when there is an allegation or concern that a person who works with children, has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children

To report an allegation or concern about a person in a position of trust, please contact the LADO and Education Safeguarding Advisory Team:

- In Oxfordshire: on 01865 810603 or email: LADO.safeguardingchildren@oxfordshire.gov.uk
- In Buckinghamshire: 01296 382070 or email: secure-LADO@buckinghamshire.gov.uk

Supporting children

If/when a child reports they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns
- Offer re-assurance about how the child will be kept safe
- Explain what action will be taken and within what timeframe

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children

If a child is presenting with signs of abuse or neglect, you should record and discuss your concerns with a DSL and follow the relevant internal and external procedures.

Confidentiality

Children have a right to confidentiality under Article 8 of the European Convention on Human Rights. It's important to respect the wishes of a child or any person who doesn't consent to share confidential information. Children and young person's data should be recorded in accordance with the UK General Data Protection Regulations (GDPR).

If you're not given consent to share information, you may still lawfully go ahead if the child is experiencing, or is at risk of, significant harm.

Child protection concerns, disclosures from children or safeguarding allegations made against a person in a position of trust must not be discussed across the workforce as a whole. This information should be shared solely with DSL's, Children's Social Care and/or the Local Area Designated Officer (LADO) as appropriate.

Personal information which is shared by the child or young person on a 1:1 level, such as sexual orientation or gender identification, should not be disclosed to the workforce as a whole.

If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child and their family remaining strictly confidential.

Appendices – Appendix B- Seven Golden Rules for Information Sharing

Seven golden rules for information sharing

1. Remember that the Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendices – Appendix C- Glossary

All staff should be aware that abuse, neglect, exploitation and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. The definitions and descriptions below have been drawn from the Keeping Children Safe in Education 2024 and the Working together to Safeguarding Children 2023 statutory guidance.

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts 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 another child or children.

Child Criminal Exploitation (CCE)

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Child Sexual Exploitation (CSE)

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 in exchange for something the victim needs or wants, and/or 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.

We know that different forms of harm often overlap, and that perpetrators may subject children and young people to multiple forms of abuse, such as criminal exploitation (including county lines) and sexual exploitation. In some cases, the exploitation or abuse will be in exchange for something the victim needs or wants (for example, money, gifts or affection), and/or will be to the financial benefit or other advantage, such as increased status, of the perpetrator or facilitator. Children can be exploited by adult males or females, as individuals or groups. They may also be exploited by other children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim. Whilst the age of the child may be a contributing factor for an imbalance of power, there are a range of other factors that could make a child more vulnerable to exploitation, including, sexual identity, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources. Some of the following can be indicators of both child criminal and sexual exploitation where children:

- appear with unexplained gifts, money or new possessions
- associate with other children involved in exploitation
- suffer from changes in emotional well-being

- misuse alcohol and other drugs
- go missing for periods of time or regularly come home late,
- Regularly miss school or education or do not take part in education.

Children who have been exploited will need additional support to help keep them in education. CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

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

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

Further information on signs of a child's involvement in sexual exploitation is available in Home Office guidance: Child sexual exploitation: guide for practitioners.

Child Protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of "deal line". This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including any type of schools (including special schools), further and higher educational institutions, pupil referral units, children's homes and care homes. Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network. A number of the indicators for CCE and CSE as detailed above may be applicable to where children are involved in county lines.

Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing (from school or home) and are subsequently found in areas away from their home
- have been the victim, perpetrator or alleged perpetrator of serious violence (e.g. knife crime)
- are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs
- are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection
- are found in accommodation that they have no connection with, often called a 'trap house or cuckooing' or hotel room where there is drug activity • owe a 'debt bond' to their exploiters
- have their bank accounts used to facilitate drug dealing.

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

Domestic Abuse

The Domestic Abuse Act 2021 states the statutory definition is that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse. Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected” (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that different types of relationships are captured, including ex-partners and family members. All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse. Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as teenage relationship abuse. Depending on the age of the young people, this may not be recognised in law under the statutory definition of domestic abuse (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support. The ‘Domestic Abuse Act 2021: statutory guidance’ provides further advice for frontline professionals who have responsibility for safeguarding and supporting victims of domestic abuse, including children. This guidance provides further information about the different forms of domestic abuse (including teenage relationship abuse and child to parent abuse) and the impact of domestic abuse on children.

Controlling or Coercive Behaviour

Also known as coercive control, controlling or coercive behaviour is a form of domestic abuse. In 2015, the offence of controlling or coercive behaviour was introduced under Section 76 of the Serious Crime Act as a criminal offence. Controlling or coercive behaviour is included in the definition of domestic abuse in section 1(3)(c) of the Domestic Abuse Act 2021. Controlling or coercive behaviour is a pattern of abuse (on two or more occasions) that involves multiple behaviours and tactics used by a perpetrator to (but not limited to) hurt, humiliate, intimidate, exploit, isolate, and dominate the victim. It is an intentional pattern of behaviour used to exert power, control, or coercion over another person. Controlling or coercive behaviour is often committed in conjunction with other forms of abuse and is often part of a wider pattern of abuse, including violent, sexual, or economic abuse. Children can be used to control or coerce the victim, for example, by frustrating child contact and/or child arrangements, telling the children to call the victim derogatory names or to hit the victim, or by threatening to abduct the children. This pattern of abuse causes fear, serious alarm and/or distress which can lead to a substantial adverse effect on a victim’s day-to-day life. This can have a significant impact on children and young people. Section 68 of the Domestic Abuse Act 2021 came into force on 5 April 2023 and removed the ‘living together’ requirement for the controlling or coercive behaviour offence, which means that the offence applies to partners, ex-partners or family members, regardless of whether the victim and perpetrator live together. More information about controlling or coercive behaviour, including the impact on children can be found in the Controlling or coercive behaviour: statutory guidance and the Domestic Abuse Act 2021: statutory guidance. As set out in the Serious Crime Act 2015 Section 76, a child cannot be considered a victim of coercive or controlling behaviour if (see sub-section 3) “A” has parental responsibility for “B” (the child) and if “B” is under the age of 16. To note, children aged 16 to 17 can be considered victims of coercive or controlling behaviour in their own personal relationships.

Disordered Eating

While disordered eating can affect anyone of any age, young people are at particular risk. Through the COVID-19 pandemic, a lot of services have noticed an increase in children and young people requesting support in relation to eating problems. Controlling what they eat has been a way of managing anxiety during these difficult times. CAMHS Eating Disorders Service provides information for young people, families and professionals, where there is concern that a young person may have an eating disorder, and support for young people with eating disorders. To download a leaflet on the service, follow this link: [Information about the Eating Disorders Service for young people and their families](#), visit the [CAMHS website](#) or find information and resources on the [BEAT website](#).

Education, Health and Care (EHC) Plan

An education, health and care (EHC) plan details the education, health and social care support that is to be provided to a child or young person who has SEN. See the Special Educational Needs and Disability Code of Practice 0-25 (2015).

Elective Home Education

Parents are entitled to remove their children from school rolls for the purposes of elective home education (EHE). However, there is no professional oversight, funding or provision to support children and parents when this step is taken. There is also no guarantee that the child can return to the original school if parent cannot cope with the extent of the home educating commitment. Whilst parents who choose elective home education are no more likely to abuse their children than the general population, safeguarding reviews have highlighted the challenges facing professionals who may not have a full understanding of the rights of parents who choose this form of education. Reviews also identify, that in some cases, elective home education can lead to the isolation and invisibility of children, through parental avoidance of services which could monitor their children's health, development, and wellbeing. [This 1-minute guide to education](#) provides information and guidance for non-education professionals on children and parents right in relation to education and what to do should they have concerns that a child is not receiving their educational entitlement.

Emotional Abuse

The persistent emotional maltreatment of a child so as to cause severe and persistent 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 participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Family Group Conference

This is one model of family group decision-making. Family group decision making is the umbrella term for family-led decision-making forums, where a family network has all the resources, adequate preparation, relevant information, a safe and appropriate environment, and private family time to make a plan to response to concerns about a child's safety or wellbeing. At pre-proceedings stage, successful family group decision-making also includes having an independent coordinator.

Family group decision-making can take different forms. The Department for Education does not prescribe a specific model, but a process which follows the steps set out above.

Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child safeguarding/protection structures, policies and procedures. (FGM), sometimes referred to as female circumcision or cutting, refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. There are no health benefits to FGM, it is carried out for cultural and social reasons within families and communities. The procedure is traditionally carried out by an older woman with no medical training. Anaesthetics and antiseptic treatment are not generally used and the practice is usually carried out using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades. The Oxford Rose Clinic is a specialised clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women should be referred to this clinic by emailing oxfordrose.clinic@nhs.net or calling 01865 222969.

Other than in the excepted circumstances, it is an offence for **any person (regardless of their nationality or residence status)** to:

- perform FGM in England, Wales or Northern Ireland (section 1 of the Act);
- assist a girl to carry out FGM on herself in England, Wales or Northern Ireland (section 2 of the Act); and
- Assist (from England, Wales or Northern Ireland) a non-UK person to carry out FGM outside the UK on a **UK national or permanent UK resident** (section 3 of the Act).

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 may face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils or students, 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 consider and discuss any such case with the school or college’s designated safeguarding lead (or a deputy) and involve local authority 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. The following is a useful summary of the FGM mandatory reporting duty: FGM Fact Sheet. Further information can be found in the Multi-agency statutory guidance on female genital mutilation and the FGM resource pack particularly section 13.

Financial exploitation

Financial exploitation can take many forms. In this context, we use the term to describe exploitation which takes place for the purpose of money laundering. This is when criminals target children and adults and take advantage of an imbalance of power to coerce, control, manipulate or

deceive them into facilitating the movement of illicit funds. This can include physical cash and/or payments through financial products, such as bank and cryptocurrency accounts.

Forced Marriages (FM)

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 perpetrators use perceived cultural practices to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage. In addition, since February 2023 it has also been a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. As with the existing forced marriage law, this applies to non-binding, unofficial 'marriages' as well as legal marriages.

Kinship Care

Kinship care is any situation in which a child is being raised in the care of a friend or family member who is not their parent. The arrangement may be temporary or longer term.

Local authority designated officer (LADO)

County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a coordinated manner.

Modern slavery

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs. A quarter of all victims are children. The Modern Slavery Act 2015 places a duty on specified public authorities to report details of suspected cases of modern slavery to the National Crime Agency. Indicators of Modern Slavery can include:

- Lack of access to legal documents (e.g., passports)
- Appearance (malnourished, unkempt, etc.)
- Untreated or unexplained injuries
- Attitude (withdrawn, frightened, unable to speak for themselves)
- Indebtedness or in a situation of dependence
- Frequent changes of location or restrictions on movement

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

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

- provide suitable education It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Peer on peer Abuse

Our staff recognise that children are capable of abusing their peers. In a situation where child abuse is alleged to have been carried out by another child, our child protection procedures should be adhered to for both the victim and the alleged abuser; this means it should be considered as a child care and protection issue for both children. Peer on peer abuse can take many forms, and gender issues can be prevalent when dealing with this type of abuse this could for example include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence. Peer on Peer abuse can be referred to as bullying. Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide.

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.

Radicalisation

The Counter Terrorism & Security Act 2015 places a Prevent duty on specified schools to have "due regard to the need to prevent people from being drawn into terrorism". Radicalisation is the process of a person legitimising support for, or use of, terrorist violence. Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause. Although there is no single way of identifying whether a child is likely to be susceptible to radicalisation into terrorism, there are factors that may indicate concern. It is possible to protect people from extremist ideology and intervene to prevent those at risk of radicalisation being drawn to terrorism. 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. Children may be susceptible to radicalisation into terrorism. Extremism is the vocal or active opposition to our fundamental values, including democracy, 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.

Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home, including online
- Preventing impairment of children's mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care

- Promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- Taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

Self-Harm

Deliberate self-harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act, (www.nice.org.uk). Self-harm is an expression of personal distress, not an illness.

Self-harm can involve:

- Cutting, burning, biting
- Head banging and hitting
- Picking and scratching
- Pulling out hair
- Overdosing and self-poisoning
- Substance misuse
- Taking personal risk
 - Self-neglect
- Disordered eating

Indicators of self-harm may include:

- Changing in eating/sleeping habits
- Changes in activity and mood
- Increased isolation from friends and family
- Talking about self-harming or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Lowering of academic grades
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Giving away possessions

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.

Young Carer

A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work). Young adult carers are aged 16 to 25 and may have different support needs as they transition to adulthood.