

Safeguarding Policy, Procedure and Guidance



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Operations Manager signature:	Steve Maloney
Chair of Trustees signature:	Nicola Horsey

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Any links to local or national advice and guidance can be accessed via the safeguarding in education webpages:

www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance

Links to online specific advice and guidance can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/onlinesafety>

Links to other pages from the local authority on safeguarding can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren>

The procedures of the Hampshire Safeguarding Children Partnership can be accessed at <http://hipsprocedures.org.uk/page/contents>

The Carroll Centre Safeguarding Policy

This policy should be read in conjunction with the centre's Child Protection Policy and Staff Handbook.

Policy Statement

Safeguarding determines the actions that we take to keep children safe and protect them from harm in all aspects of their life. As a centre, we are committed to safeguarding and promoting the welfare of all children.

The actions that we take to prevent harm; to promote wellbeing; to create safe environments; to educate on rights, respect and responsibilities; to respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of The Carroll Centre. As such, this overarching policy will link to other policies which will provide more information and greater detail.

Aims

- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the Carroll Centre.
- To demonstrate our commitment to protecting children.

Principles and Values

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all staff should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

Safeguarding measures are put in place to minimise harm to children. There may be occasions where gaps or deficiencies in our policies and processes will be highlighted. In these situations, a review will be carried out in order to identify learning and inform the policy, practice and culture of the setting.

All children that use our centre can talk to any member of staff about situations, or to share concerns, which are causing them worries. The staff will listen to the child, take their worries seriously and share the information with the safeguarding lead.

In addition, we provide children with information about who they can talk to outside of the centre, both within the community and with local or national organisations that can provide support or help.

As a centre, we review this policy at least annually in line with DfE, HSCP, HCC and any other relevant guidance.

Date Approved by Governing Body: September 2024

Areas of Safeguarding

Keeping Children Safe in Education (2023) and the Ofsted inspection guidance (2021), have highlighted and separated a number of safeguarding areas:- Emerging or high-risk issues (part 1); Those related to the pupils as an individual (part 2); other safeguarding issues affecting pupils (part 3); and those related to the running of the centre (part 4).

Definitions

Within this document:

'Safeguarding' is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

The term **Staff** applies to all those working for The Carroll Centre, full time or part time, in either a paid or voluntary capacity. This also includes parent volunteers and trustees.

Child refers to all young people who have not yet reached their 18th birthday.

Parent refers to birth parents and other adults in a parenting role for example adoptive parents, guardians, stepparents, and foster carers.

The Carroll Centre and 'the centre' are used interchangeably throughout the document – both refer to The Carroll Centre Ltd.

Key personnel

The designated safeguarding lead for the Carroll Centre is:

Steve Maloney (Centre Operations Manager)

The deputy designated safeguarding leads are:

Georgie Newton (Executive Officer)

Lauren Sylvester (Head of Nursery)

Sonia Staples (Deputy Head of Nursery)

Marianne Foster (Safeguarding Trustee)

Part 1 – High risk and emerging safeguarding issues

Contextual Safeguarding

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the centre and/or can occur between children outside of the setting. All staff, but especially the designated and deputy safeguarding leads should consider whether children are at risk of abuse or exploitation in situations outside their families.

Risk and harm outside of the family can take a variety of different forms and children can be vulnerable to sexual exploitation and criminal exploitation in addition to other risks.

As a centre, we will consider the various factors that can impact the life of any child about whom we have concerns. We will consider the level of influence that these factors have on their ability to be protected and remain free from harm, particularly around child exploitation or criminal activity.

What life is like for a child outside the setting, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks include, but are not limited to, political, environmental, animal rights, or faith-based extremism that may lead to a child becoming radicalised. All staff have received prevent training/undertaken e-learning/received awareness training in order that they can identify the signs of children being radicalised.

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

Staff should read Annex 4 of the setting's child protection policy for further guidance around disclosures. Consideration of sharing with parents or carers around radicalisation or extremism concerns should always be governed by the need to protect the child.

Any child who is considered vulnerable to radicalisation will be referred by the DSL to Hampshire children's social care, where the concerns will be considered in the MASH process. If the police prevent officer considers the information to be indicating a level of risk a "channel panel" will be convened and the setting will attend and support this process.

Gender based violence / Violence against women and girls

<https://www.gov.uk/government/policies/violence-against-women-and-girls>

The government has a strategy looking at specific issues faced by women and girls. Within the context of this safeguarding policy the following sections are how we respond to violence against girls: female genital mutilation, forced marriage and honour-based violence all fall under this strategy.

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 for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

FGM is illegal in the UK.

On the 31 October 2015, it became mandatory for teachers to report known cases of FGM to the police. 'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act. In these situations, the DSL will be informed and the member of staff must call the police to report suspicion that FGM has happened. At no time will staff examine pupils to confirm concerns.

For cases where it is believed that a girl may be vulnerable to FGM or there is a concern that she may be about to be genitally mutilated, the staff will inform the DSL who will report it as with any other child protection concern.

While FGM has a specific definition, there are other abusive cultural practices which can be considered harmful to women and girls. Breast ironing is one of five UN defined 'forgotten crimes against women'. It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay the appearance of puberty. This practice is considered to be abusive and should be referred to children's social care.

Forced Marriage

[An alternative and fuller summary about the risk and impact of forced marriage on children can be found in the [multi-agency guidance of the forced marriage unit](#) page 32 - 36]

In the case of children: 'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. Duress can include physical, *psychological, financial, sexual and emotional pressure.*' In developing countries 11% of girls are married before the age of 15. One in 3 victims of forced marriage in the U.K. is under 18.

It is important that all members of staff recognise the presenting symptoms, how to respond if there are concerns and where to turn for advice.

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police safeguarding team or children's social care. Policies and practices in this setting reflect the fact that while all members of staff have important responsibilities with regard to pupils who may be at risk of forced marriage, staff should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

Characteristics that may indicate forced marriage

While individual cases of forced marriage, and attempted forced marriage, are often very particular, they are likely to share a number of common and important characteristics, including:

- an extended absence including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;
- a history of siblings leaving education to marry early;
- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

On their own, these characteristics may not indicate forced marriage. However, it is important to be satisfied that where these behaviours occur, they are not linked to forced marriage. It is also important to avoid making assumptions about an individual child's circumstances or act on the basis of stereotyping. For example, an extended holiday may be taken for entirely legitimate reasons and may not necessarily represent a pretext for forced marriage.

Honour-Based Abuse

So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct. For example, honour-based abuse might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion.
- want to get out of an arranged marriage.
- want to get out of a forced marriage.
- wear clothes or take part in activities that might not be considered traditional within a particular culture.
- convert to a different faith from the family.
- are exploring their sexuality or identity.

Women and girls are the most common victims of honour-based abuse however, it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage.
- being held against your will or taken somewhere you don't want to go.
- assault

All forms of honour-based abuse are abusive (regardless of the motivation) and should be handled and escalated as such. If staff believe that a child is at risk or has already suffered from honour-based abuse, they will report to the DSL who will follow the usual safeguarding referral process; however, if it is clear that a crime has been committed or the child is at immediate risk, the police will be contacted in the first instance. It is important that, if honour-based abuse is known or suspected, communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

Teenage Relationship Abuse

Relationship abuse can take place at any age and describes unacceptable behaviour between two people who are in a relationship.

Research has shown that teenagers do not always understand what may constitute abusive and controlling behaviours, e.g. checking someone's 'phone, telling them what to wear, who they can/can't see or speak to or coercing them to engage in activities they are not

comfortable with. The government campaign “disrespect nobody” provides other examples of abusive behaviour within a relationship.

This lack of understanding can lead to these abusive behaviours feeling ‘normal’ and therefore left unchallenged, as they are not recognised as being abusive.

If staff have concerns about a child in respect of relationship abuse, it will report those concerns in line with safeguarding procedures to the appropriate authorities as a safeguarding concern, a crime or both. In these circumstances, the centre DSL or DDSL may wish to contact the child’s school DSL, if known.

Sexual Violence and Sexual Harassment Between Children

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

Within our setting all staff receive training about sexual violence and sexual harassment and what to do if they have a concern or receive a report. Whilst any report of sexual violence or sexual harassment should be taken seriously, staff are aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. This pattern of prevalence will not, however, be an obstacle to ALL concerns being treated seriously.

Our centre has a zero-tolerance approach to SVSH. We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up. It cannot be described as ‘banter’, ‘having a laugh’ or ‘boys being boys’.

We will also take seriously any sharing of sexual images (photos, pictures or drawings) and videos; sexual jokes, comments or taunting either in person or on social media; or on-line sexual harassment.

The child protection policy has a clear procedure dealing with SVSH.

We will follow Part five in KCSiE 2023 Child-on child sexual violence and sexual harassment.

‘Making it clear that there is a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated. It should never be passed off as “banter”, “just having a laugh”, “a part of growing up” or “boys being boys”. Failure to do so can lead to a culture of unacceptable behaviour, an unsafe environment and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it.

In addition, recognising, acknowledging, and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported.

Also challenging physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.'

All staff will maintain the attitude that "It could happen here".

Upskirting

In 2019 the Voyeurism Offences Act came into force and made the practice of upskirting illegal.

Upskirting is defined as someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks, with or without underwear. The intent of upskirting is to gain sexual gratification or to cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.

If staff become aware that upskirting has occurred, this will be treated as a sexual offence and reported accordingly to the DSL and onwards to the police.

Behaviours that would be considered as sexual harassment which may be pre-cursors to upskirting, such as the use of reflective surfaces or mirrors to view underwear or genitals, will not be tolerated and the setting will respond to these with appropriate disciplinary action and education.

Children who place themselves in positions that could allow them to view underwear, genitals or buttocks, will be moved on. Repeat offenders will be disciplined. These locations could include stairwells, under upper floor walkways, outside changing areas and toilets or sitting on the floor or laying down in corridors.

The Trigger Trio

The term 'Trigger Trio' has replaced the previous phrase 'Toxic Trio' which was used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to adults and children has occurred.

The Trigger Trio are viewed as indicators of increased risk of harm to children and young people. In an analysis of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the triggers were present.

These factors will have a contextual impact on the safeguarding of children and young people.

Domestic Abuse

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. 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”.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home. The government will issue statutory guidance to provide further information for those working with domestic abuse victims and perpetrators, including the impact on children.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing 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.

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.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Indicators that a child is living within a relationship with domestic abuse may include:

- being withdrawn
- suddenly behaving differently
- anxiety
- being clingy
- depression
- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
- changes in eating habits
- obsessive behaviour
- experiencing nightmares
- taking drugs

- use of alcohol
- self-harm
- thoughts about suicide

These behaviours themselves do not indicate that a child is living with domestic abuse but should be considered as indicators that this may be the case.

If staff believe that a child is living with domestic abuse, this will be reported to the DSL for referral, to be considered by children's social care.

Parental mental health

The term 'mental ill health' is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent's/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children, the impact of poor parental mental health can include:

- The parent's/carer's needs or illnesses taking precedence over the child's needs.
- The child's physical and emotional needs being neglected.
- The child acting as a young carer for a parent or a sibling.
- The child having restricted social and recreational activities.
- The child finding it difficult to concentrate, potentially having an impact on educational achievement.
- The child missing education regularly as (s)he is being kept home as a companion for a parent/carer.
- The child adopting paranoid or suspicious behaviour as they believe their parent's delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child.

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

Parental Substance misuse

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.

For children, the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency).
- Lack of engagement or interest from parents in their development, education or wellbeing.
- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour.
- Bullying (including due to poor physical appearance)
- Isolation – finding it hard to socialise, make friends or invite them home.
- Tiredness or lack of concentration
- Child talking of or bringing into the setting drugs or related paraphernalia.
- Injuries /accidents (due to inadequate adult supervision)
- Taking on a caring role
- Poor attendance or late arrival.

These behaviours themselves do not indicate that a child's parent is misusing substances but should be considered as indicators that this may be the case.

If staff believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to children's social care to be considered.

Young Carers

As many as 1 in 12 children and young people provide care for another person. This could be a parent, a relative or a sibling and for different reasons such as disability, chronic illness, mental health needs, or adults who are misusing drugs or alcohol.

Pupils who provide care for another are Young Carers. These young people can miss out on opportunities, and the requirement to provide care can impact on their wellbeing.

As a setting, we may refer a young carer to children's social care for a carers assessment to be carried out. We will consider support that can be offered and make use of the resources and guidance from Save the Children in their young carers work.

Missing, Exploited and Trafficked Children (MET)

Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or are being exploited; or who are at risk of or are being trafficked. Given the close links between all these issues, there has been a considered response to view them as potentially linked, so that cross over of risk is not missed.

Children Missing from Home or Care

Various categories of risk should be considered and Hampshire Local Safeguarding Children's Partnership provides further guidance:

Local authorities have safeguarding duties in relation to children missing from home and should work with the police to risk assess and analyse data for patterns that indicate particular concerns and risks.

The police will prioritise all incidents of missing children as medium or high risk. Where a child is recorded as being absent, the details will be recorded by the police, who will also agree review times and any on-going actions with person reporting.

A missing child incident would be prioritised as 'high risk' where:

- the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or
- the child may have been the victim of a serious crime; or
- the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

The high-risk category requires the immediate deployment of police resources.

Authorities need to be alert to the risk of sexual exploitation or involvement in drugs, gangs or criminal activity, trafficking and to be aware of local "hot spots", as well as concerns about any individuals with whom children might runaway.

Child protection procedures must be initiated in collaboration with children's social care services whenever there are concerns that a child who is missing may be suffering, or likely to suffer, significant harm.

Within any case of children who are missing both push and pull factors will need to be considered.

Push factors include:

- Conflict with parents/carers
- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- The Trigger Trio (domestic abuse, parental mental ill health and parental substance misuse)

Pull factors include:

- Wanting to be with family/friends
- Drugs, money and any exchangeable item
- Peer pressure
- For those who have been trafficked into the United Kingdom as unaccompanied asylum-seeking children, there will be pressure to make contact with their trafficker.

We will inform all parents of children who are expected to be at an event or service at the Carroll Centre but are absent (unless the parent has informed us). If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to contact the police to inform them or do so ourselves with urgency.

Uncollected child

If a child is left at the centre or not collected by a parent and there has been no contact from the parent, or there are concerns about the child's welfare then this procedure is followed.

The Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL) is informed of the uncollected child as soon as possible and attempts are made to contact the parents/carers by phone.

If the parents/carers cannot be contacted, the DSL uses any known emergency contacts to inform a known carer of the situation and arrange collection of the child.

After one hour, the designated person contacts the local social care out-of-hours duty officer if the parents or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents.

The DSL should arrange for the collection of the child by social care. Where appropriate the DSL should also notify police. Where possible, two members of staff (with one being a senior member of staff) should stay at the setting until the child is collected either by the parent/carer, emergency contact or social care.

Members of staff do not:

- Go off the premises to look for the parents.
- Leave the premises to take the child home or to a carer.
- Offer to take the child home with them to care for them in their own home until contact with the parent is made.

DSLs/DDSLs make a record of the incident on Cpoms.

If there are recurring incidents of late collection, a meeting is arranged with the parents to agree a plan to improve time-keeping and identify any further support that may be required.

Incapacitated parent

Incapacitated refers to a condition which renders a parent unable to take responsibility for their child; this could be whilst being with their child using a service in the centre, at the time of collecting their child from the centre or on arrival.

Concerns may include:

- Appearing drunk
- Appearing under the influence of drugs
- Demonstrating angry and threatening behaviour to the child, members of staff or others

- Appearing erratic or manic

If a member of staff is concerned that a parent displays any of the above characteristics, they inform the designated safeguarding lead as soon as possible.

The DSL (or DDSL) assesses the risk and decides if further intervention is required. If it is decided that no further action is required, a record of the incident is made on Cpoms. **If the child's school is known to the DSL every effort should be made to pass on the concern to their school's DSL.**

If intervention is required, the DSL speaks to the parent in an appropriate, confidential manner. **The DSL will, in agreement with the parent, use an emergency contact for the child to ask an alternative adult to collect the child.**

The emergency contact is informed of the situation by the DSL.

The safeguarding trustee is informed of the situation as soon as possible and provides advice and assistance as appropriate.

If there is no one suitable to collect the child social care are informed.

If violence is threatened towards anybody, the police are called immediately.

If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

Intruders on the premises

Intruder

An intruder is an individual who has no legitimate business to be in the centre; he or she may or may not be a hazard to the setting.

An individual who appears to have no business in the centre or an area of the centre will be asked for their name and purpose for being there.

The staff member identifies any risk posed by the intruder.

If there are concerns for the safety of children, staff will either advise parents or carers to leave the site with their children or evacuate children who are using the centre facilities without parents or carers to a safe place in the building or assemble at the fire meeting point outside the park and contact police. In some circumstances this could lead to 'lock-down' of the setting and will be managed by the responding emergency service.

In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the Designated Safeguarding Lead will meet with the safeguarding trustee and chair of trustees to ensure a robust organisational response and ensure that learning is shared.

Child Sexual Exploitation (CSE)

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. (from KCSiE)

- Exploitation can be isolated (one-on-one) or organised group/criminal activity
- There can be a big age gap between victim and perpetrator, but it can also be child on child
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted.

Indicators a child may be at risk of CSE include:

- going missing for periods of time or regularly coming home late.
- appearing with unexplained gifts or new possessions.
- associating with other young people involved in exploitation.
- having older boyfriends or girlfriends.
- suffering from sexually transmitted infections or becomes pregnant.
- mood swings or changes in emotional wellbeing.
- drug and alcohol misuse.
- displaying inappropriate sexualised behaviour.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim.

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.

We educate all staff in the signs and indicators of sexual exploitation. We use the child exploitation risk assessment form (CERAF) and associated guidance from the Hampshire Safeguarding Children Partnership to identify pupils who are at risk; the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form which can be downloaded from <https://www.safe4me.co.uk/portfolio/sharing-information/>

Child Criminal Exploitation (including county lines)

Child Criminal Exploitation (CCE) is defined as:- '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 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 occur through the use of technology'.

The exploitation of children and young people for crime is not a new phenomenon as evidenced by Fagan's gang in Charles Dickens book, Oliver Twist. Children under the age of criminal responsibility, or young people who have increased vulnerability due to push: pull factors who are manipulated, coerced or forced into criminal activity provide opportunity for criminals to distance themselves from crime.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

A current trend in criminal exploitation of children and young people is 'county lines' which refer to a 'phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation, as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Indicators that a child may be criminally exploited include:

- Increase in **Missing episodes** – particular key as children can be missing for days and drug run in other counties.
- Having unexplained amounts of money, **new high-cost items** and multiple mobile phones
- Increased social media and phone/text use, almost always secretly.
- **Older males** in particular seen to be hanging around and driving.
- Having injuries that are unexplained and being unwilling to have them looked at
- Increase in aggression, violence and fighting.
- Carrying **weapons** – knives, baseball bats, hammers, acid
- Travel receipts that are unexplained
- **Significant missing** from education and disengaging from previous positive peer groups.
- Association with other young people involved in exploitation.
- Children who misuse drugs and alcohol
- Parent concerns and significant changes in behaviour that affect emotional wellbeing.

We will treat any child who may be criminally exploited as a victim in the first instance and using the CERAF form and guidance in our referral to children's social care. If a referral to the police is also required, as crimes have been committed on the setting premises, these will also be made. Children who have been exploited will need additional support to help maintain them in education.

If there is information or intelligence about child criminal exploitation, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

Serious Violence

Serious violence is becoming a factor for those who are involved in criminal exploitation. It can also be an indication of gang involvement and criminal activity.

All staff will be made aware of indicators, which may signal that children, or members of their families, are at risk from or involved with serious violent crime.

These indications can include but are not limited to increased absence from school; a change in friendships or relationships with older individuals or groups; a significant decline in performance; signs of self-harm; significant change in wellbeing; signs of assault; unexplained injuries; unexplained gifts and/or new possessions; possession of weapons.

Staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Advice for staff can be found in in the Home Office's [Preventing youth violence and gang involvement](#).

We have a duty to not only prevent the individual from engaging in criminal activity, but also to safeguard others who may be harmed by their actions.

We will report concerns of serious violence to police and social care.

If there is information or intelligence about potential serious violence, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

Trafficked Children and 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.

Human trafficking is defined by the UNHCR in respect of children as a process that is a combination of:

- Movement (including within the UK)
- Control, through harm / threat of harm or fraud
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

Staff at the centre will inform the DSL if they suspect that a child or family members/other children within the family are showing the indicators listed below.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy.
- Has a history of going missing and unexplained moves.
- Is required to earn a minimum amount of money every day.
- Works in various locations
- Has limited freedom of movement.
- Appears to be missing for periods.
- Is known to beg for money.
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good.
- Is one among a number of unrelated children found at one address.
- Has not been registered with or attended a GP practice.
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault)
- Prevalence of a sexually transmitted infection or unwanted pregnancy
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation/the child has been seen in places known to be used for sexual exploitation.

- Evidence of drug, alcohol or substance misuse
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people.
- Relationship with a significantly older partner
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding
- Persistently missing, staying out overnight or returning late with no plausible explanation.
- Returning after having been missing, looking well cared for despite having not been at home.
- Having keys to premises other than those known about
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity.
- Truancy / disengagement with education
- Entering or leaving vehicles driven by unknown adults
- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked but should be considered as indicators that this may be the case.

When considering modern slavery, there is a perception that this is taking place overseas. The government estimates that tens of thousands of slaves are in the UK today.

Young people being forced to work in restaurants, nail bars, car washes and harvesting fruit, vegetables or other foods may have all been slaves 'hiding in plain sight' within the U.K and rescued from slavery. Other forms of slavery such as sex slaves or household slaves are more hidden but have also been rescued within the UK.

If staff believe that a child is being trafficked or is a slave, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

Child abduction

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Further information is available at:

www.actionagainstabduction.org

When we consider who is abducted and who abducts –

- Nearly three-quarters of children abducted abroad by a parent are aged between 0 and 6 years-old.
- Roughly equal numbers are boys and girls.
- Two-thirds of children are from minority ethnic groups.

- 70% of abductors are mothers. The vast majority have primary care or joint primary care for the child abducted.
- Many abductions occur during holidays when a child is not returned following a visit to the parent's home country (so-called 'wrongful retentions').

If we become aware of an abduction, we will follow the HIPS procedure and contact the police and children's social care (if they are not already aware).

If we are made aware of a potential risk of abduction, we will seek advice and support from police and children's social care to confirm that they are aware and seek clarity on what actions we are able to take.

Death of a child on site

If it is suspected that a child has died in the setting, emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.

Only a medical practitioner can confirm a child has died.

Informing

The Designated Safeguarding Lead ensures emergency services have been contacted; ambulance and police.

If parents are not with the child, they are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.

The DSL calls the chair of trustees and safeguarding trustee and informs them of what has happened.

Staff will then close the centre to all users. The reason given must be agreed by the DSL and the information given should be the same to each parent.

The decision on how long the setting will remain closed will be based on police advice.

Ofsted are informed of the incident by the nominated person and a RIDDOR report is made.

<https://www.hse.gov.uk/riddor/report.htm>

Staff will not discuss the death of a child with the press.

Returning home from care

When children are taken into care, consideration may be given in the future to those children being returned to the care of their parents, or one of their parents. Other children are placed in care on a voluntary basis by the parents and they are able to remove their voluntary consent.

While this is a positive experience for many children who have returned to their families, for some there are different challenges and stresses in this process.

As a setting, if we are aware of one of our children who is looked after returning to their home, we will consider what support we can offer and ensure as a minimum that the child has a person, that they trust, who they can talk to or share their concerns with.

Technologies

Technological hardware and software is developing continuously with an increase in functionality of devices that people use. The majority of children use online tools to communicate with others locally, nationally and internationally. Access to the Internet and other tools that technology provides is an invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children vulnerable and to abuse them.

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes’.
- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

Online Safety and Social Media

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

- unwanted contact
- grooming

- online bullying including sexting.
- digital footprint
- accessing and generating inappropriate content

As a centre, we can signpost parents to information and resources to support them with managing their child's online safety. Organisations such as the NSPCC have resources to inform and advise parents on online safety. Any concerns around a child's use of the internet, through accessing inappropriate or harmful material whilst at the Carroll Centre or behaviour or conversation around materials that have been accessed outside the centre, will be reported to the DSL.

Cyberbullying

Central to the settings ethos and behaviour policy is the principle that '*bullying is always unacceptable*' and that '*all children have a right not to be bullied*'.

Cyber-bullying is defined as 'an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself/herself.'

By cyber-bullying, we mean bullying by electronic media:

- Bullying by texts or messages or calls on mobile 'phones.
- The use of mobile 'phone cameras to cause distress, fear or humiliation.
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites.
- Using e-mail to message others
- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums

Cyber-bullying may be at a level where it is criminal in character. It is unlawful to disseminate defamatory information in any media including internet sites.

Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character.

The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

If we become aware of any incidents of cyberbullying, we will need to consider each case individually as to any criminal act that may have been committed. The setting will pass on information to the police if it feels that it is appropriate or is required to do so.

Sexting

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and/or the internet. It also includes underwear shots, sexual poses and explicit text messaging is it sometimes referred to as youth produced sexual imagery.

While sexting often takes place in a consensual relationship between two young people, the use of sexted images in revenge following a relationship breakdown is becoming more

commonplace. Sexting can also be used as a form of sexual exploitation and take place between strangers.

As the average age of first smartphone or camera enabled tablet usage for a child is 6 years old, sexting is an issue that requires awareness raising across all ages.

Staff will report any known cases of sexting between two children or between an adult and child to the DSL.

On-line sexual abuse

As a setting we will:

- **Report** to the police, CEOP or any other relevant body any on-line sexual abuse or harmful content we are made aware of. This could include sending abusive, harassing and misogynistic messages; sharing nude and semi-nude images and videos; and coercing others to make and share sexual imagery. We will seek guidance from the NPCC '[when to call the police](#)' document and the internet watch foundations '[report harmful content](#)' website.
- **Educate** to raise awareness of what on-line sexual abuse is, how it can happen, how to limit the impact and what to do if you become aware of it.
- **Support** victims of on-line abuse within the setting community.

Online reputation

Online reputation is the opinion others get of a person when they encounter them on-line. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that children and staff are aware that anything that is posted could influence their future professional reputation. The majority of organisations and work establishments now check digital footprint before considering applications for positions or places on courses.

Grooming

On-line grooming is the process by which one person with an inappropriate sexual interest in children will approach a child on-line, with the intention of developing a relationship with that child, to be able to meet them in person and intentionally cause harm.

The setting is able to support and advise concerned families by signposting parents and children to information about how they can be safeguarded against grooming.

Additionally, to being targeted for sexual motivations, some young people are also groomed online for exploitation or radicalisation. While the drivers and objectives are different, the actual process is broadly similar to radicalisation, with the exploitation of a person's

vulnerability usually being the critical factor. Those who are targeted are often offered something ideological, such as an eternal spiritual reward, or sometimes something physical, such as an economic incentive, that will make them 'feel better' about themselves or their situation.

Anyone can be at risk. Age, social standing and education do not necessarily matter as much as we previously thought, and we have seen all kinds of people become radicalised, from young men and women with learning difficulties to adults in well-respected professions. What is clear is that the more vulnerable the person, the easier it is to influence their way of thinking.

Signs of grooming can include:

- isolating themselves from family and friends.
- becoming secretive and not wanting to talk or discuss their views.
- closing computers down when others are around.
- refusing to say who they are talking to; using technology such as anonymous browsing to hide their activity; and
- sudden changes in mood, such as becoming angry or disrespectful.

Of course, none of these behaviours necessarily mean someone is being radicalised and, when displayed, could be a symptom of bullying or other emotional issues.

Part 2 – Safeguarding issues relating to individual children’s needs

Homelessness

We recognise that being homeless or being at risk of becoming homeless presents a real risk to a child’s welfare. The impact of losing a place of safety and security can affect a child’s behaviour and attachments.

In line with the Homelessness Reduction Act 2017, this setting will promote links into the Local Housing Authority for the parent or care giver in order to raise/progress concerns at the earliest opportunity.

We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children’s social care where a child has been harmed or is at risk of harm.

Children and the Court System

We recognise that children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. We know that this can be a stressful experience. We can use age-appropriate materials published by HM Courts and Tribunals Services (2017) that explain to children what it means to be a witness, how to give evidence and the help they can access. [Improving support for children going to court as well as witnesses](#)

We recognise that making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children.

Alongside pastoral support this setting will use online materials published by The Ministry of Justice (2018) which offers children information & advice on the dispute resolution service.

These materials will also be offered to parents and carers if appropriate.

Children with family members in prison

Children who have a family member in prison are at greater risk of poor outcomes including poverty, stigma, isolation and poor mental health.

This setting aims to:

- understand and respect the child’s wishes. We will respect the child’s wishes about sharing information. If other children or families become aware, we will be vigilant to potential bullying or harassment.

We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems.

- Provide extra support. We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and serious.

The centre can use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances.

Special educational needs and disabilities

Children who have special educational needs and/or disabilities can have additional vulnerabilities when recognising abuse and neglect. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
- The potential for a disproportionate impact on children with SEND, for example by behaviours such as bullying, without outwardly showing any signs.
- Communication barriers and difficulties in overcoming these barriers.
- Having fewer outside contacts than other children.
- Receiving intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.
- Having an impaired capacity to resist or avoid abuse.
- Having communication difficulties that may make it difficult to tell others what is happening.
- Being inhibited about complaining for fear of losing services.
- Being especially vulnerable to bullying and intimidation.
- Being more vulnerable than other children to abuse by their peers.

We will respond to this by:

- Making it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment.
- Ensuring that disabled children receive appropriate personal, health and social education.
- Ensuring disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication, training in Makaton etc.

- Recognising and utilising key sources of support including staff in the setting, friends and family members where appropriate.
- Developing the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services.
- Ensuring that guidance on good practice is in place and being followed in relation to: intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies.

Nappy changing and intimate and personal care

Within the Carroll Centre there are facilities available for parents and carers to change nappies or carry out any personal care needed in a private space. Any departments or users of the Carroll Centre that deliver personal care or change nappies, such as the nursery, need to have their own policies and procedures in place.

Members of staff working in the Qube soft play area, café, food pantry or meeting rooms would not be expected to support or participate in any intimate or personal care and this should be explained to any service users who ask for support with personal care.

This is different from delivering medical care or supporting a service user in a medical emergency. First aiders should follow first aid procedures and advise where medical intervention is needed.

Anyone administering personal care or nappy changing in open areas of the Carroll Centre will be directed by members of staff to either the children's bathroom or the changing facilities in the centre toilet.

Intimate and personal care

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. The Intimate Care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet.
- Changing continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

'Personal Care' involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Further information from the DfE around personal and intimate care can be found:

[SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Hampshire SENDIASS: [Hampshire \(councilfordisabledchildren.org.uk\)](http://councilfordisabledchildren.org.uk)

[Mencap](http://www.mencap.org.uk) - Represents people with learning disabilities, with specific advice and information for people who work with children and young people.

Perplexing presentations (PP) / Fabricated or induced illness (FII)

The Royal College of Paediatrics and Child Health have added the term "Perplexing presentations" to the guidance around FII.

Perplexing Presentations (PP) has been introduced to describe those situations where there are indicators of possible FII which have not caused or brought on any actual significant harm.

It is important to highlight any potential discrepancies between reports, presentations of the child and independent observations of the child. What is key to note are implausible descriptions and/or unexplained findings and/or parental behaviour.

There are three main ways that a parent/carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history.
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents.
- induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness, we will follow the HIPS protocol and inform children's social care.

Mental Health

Staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

The balance between the risk and protective factors is most likely to be disrupted when difficult events happen in pupils' lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships, family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted.
- **life changes** – such as the birth of a sibling, moving house or changing settings.
- **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, staff can provide age-appropriate opportunities for the child to talk or receive support. Parents will be informed of the concerns and a shared way to support the child will be discussed.

Where the needs require additional professional support, referrals will be made to the appropriate team or service with the appropriate agreement.

If staff have a mental health concern about a child that is also a safeguarding concern, they will take immediate action, raising the issue with the designated safeguarding lead or a deputy.

Part 3 – Other safeguarding issues that may potentially have an impact on children.

Prejudice-based abuse

Prejudice-based abuse or hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice-based on a person's real or perceived:

- Disability
- Race
- Religion
- Gender identity
- Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender does not have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

- threatened or actual physical assault
- derogatory name calling, insults, for example racist jokes or homophobic language.
- hate graffiti (e.g. on furniture, walls or books)
- provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations
- distributing literature that may be offensive in relation to a protected characteristic.
- verbal abuse
- inciting hatred or bullying against people who share a protected characteristic.
- teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
- refusal to co-operate with others because of their protected characteristic, whether real or perceived.
- expressions of prejudice calculated to offend or influence the behaviour of others.
- attempts to recruit others to organisations and groups that sanction violence, terrorism or hatred.

We will respond by:

- clearly identifying prejudice-based incidents and hate crimes and monitor the frequency and nature of them within the centre.
- taking preventative action to reduce the likelihood of such incidents occurring.
- recognising the wider implications of such incidents for the local community
- providing regular any reports of these incidents to the Board of Trustees
- ensuring that staff are familiar with formal procedures for recording and dealing with prejudice-based incidents and hate crimes.

- dealing with perpetrators of prejudice-based abuse effectively
- supporting victims of prejudice-based incidents and hate crimes.

Staff can report any bullying or prejudice-based incidents to a DSL or DDSL. If they feel an incident constitutes a hate crime, they will report it to the police. Anyone exhibiting threatening or hostile behaviour or inciting hateful behaviour or language towards others in the centre may be asked to leave by staff and the police may be contacted.

Drugs and substance misuse

While the prevalence of drug and substance misuse decreases with younger children, early years settings have had under 5's bring in both packets of class A drugs and drug-based paraphernalia from home.

If a child is found in possession of a drug or substance which a member of staff suspects could be illegal or harmful, they will follow the procedure outlined below –

- The staff member will confiscate the drug or harmful substance.
- The staff member will inform the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead.
- The DSL will inform the police and make an interagency referral to the children's reception team.
- Staff will follow advice from the police and social services in relation to next steps to protect the child, whether to contact parents and the actions that need to be taken with the drugs or harmful substances.

In the eventuality that a member of staff suspected a child was in possession of drugs or harmful substances they can seek advice from 'DfE and ACPO drug advice for schools - Advice for local authorities, headteachers, school staff and governing bodies (September 2012)'

https://assets.publishing.service.gov.uk/media/5a75b67a40f0b67b3d5c8a26/drug_advice_for_schools.pdf

Working with the Police

A DSL or DDSL should liaise with the police and agree a shared approach to dealing with drug-related incidents. This approach should be updated as part of a regular review of the policy.

Faith Abuse

The number of known cases of child abuse linked to accusations of 'possession' or 'witchcraft' is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem.

Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft' and attempts to exorcise him or her.

A child could be viewed as 'different' for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress and/or a change in the family structure.

The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the setting becomes aware of a child who is being abused in this context, the DSL will follow the normal referral route to children's social care.

Private fostering

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility, for 28 days or more.

It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the Children's Services Department of any private fostering arrangement.

If the setting becomes aware that a pupil is being privately fostered, we will inform the Children's Services Department and inform both the parents and carers that we have done so.

Parenting

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren).

Some children have medical conditions and/or needs e.g. Tourette's Syndrome, some conditions associated with autism or ADHD that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the child(ren) in situations of risk or harm.

In situations where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the child(ren) without the requirement for a social work assessment or plan being in place.

We will support parents in understanding the parenting role and providing them with strategies that may assist:

- providing details of community-based parenting courses
- linking to web-based parenting resources
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence-based parenting programmes)
- signposting to support services
- Considering appropriate early help services

Part 4 –Safeguarding processes

Safer Recruitment

The setting operates a separate safer recruitment process as part of its Recruitment Policy. On all recruitment panels there is at least one member who has undertaken safer recruitment training.

The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

Staff Induction

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff handbook and part one of Keeping Children Safe in Education.

This induction may be covered within the annual training if this falls at the same time; otherwise, it will be carried out separately during the initial starting period.

Health and Safety

There is a requirement that all settings must have a Health and Safety Policy that details the organisation, roles and responsibilities and arrangements in place at the premise for the managing and promoting of Health and Safety in accordance with the Health and Safety at Work act 1974 and regulations made under the act.

Settings must assess all their hazards and record any significant findings along with what control measures are required. The plans should wherever possible take a common sense and proportionate approach with the aim to allow activities to continue rather than preventing them from taking place.

Site Security

We aim to provide a safe site but recognise that the site is only as secure as the people who use it. The Carroll Centre is open to members of the public which does present some risks. Therefore, all people on the site have to adhere to the rules which govern it. These are:

- *That service users can use the facilities and different departments of the Carroll Centre for their intended purposes. Anyone found misusing equipment or resources or showing violence, aggression or disrespect to staff members will be asked to leave the premises. The police may be contacted.*
- *Service users are permitted to be in public areas during opening times. These include the café area, community garden or centre toilets. Those who have booked or signed up to other services in the centre such as the Qube soft play area, the food pantry or one of the tenant's services such as 'Music with Mummy'*

or Home Start are permitted to use their services for their intended purposes. Unless invited to do so by a member of staff for a specific purpose, members of the public should not be in the meeting rooms. Any member of the public found in the building or a part of the building without the knowledge or consent of a staff member will be considered an intruder. They will be asked to leave, and the police may be contacted.

First Aid

The centre's first aid procedures can be found in our health and safety policy and food and nutrition policies.

Taking and the use and storage of images

We will seek consent from the parent/carer of a child and from staff members before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in publications, printed media or on electronic publications.

We will not seek consent for photos where you would not be able to identify the individual.

Disqualification under the childcare act

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare.

We will check for disqualification under the Childcare Act as part of our safer recruitment processes for any offences committed by staff members or volunteers.

Community Safety Incidents

Other community safety incidents in the vicinity of the centre can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation, or gang related activity.

Staff will remain vigilant and report any community safety concerns to the DSL. Risk assessments may need to be adjusted accordingly.

Further information around community safety incidents is available at:
www.clevernevergoes.org.

Table of changes

Changes to grammar, punctuation, spelling and sentence structure have been made throughout the document. In addition to these minor changes the following have been made.

Page	Section	Changes
	Whole document	Changed reference from KCSiE 2022 to 2023
11	Child on child abuse	<p>Changed: We will follow the “Sexual violence and sexual harassment between children in schools and colleges” advice provided by the DfE.</p> <p>To: ‘We will follow Part five in KCSiE 2023 Child-on child sexual violence and sexual harassment.’</p>
11		<p>Changed: ‘We will challenge all contact behaviours that have a sexual nature to them such as pushing or rubbing against, grabbing bottoms, breasts or genitals, pinching or flicking bras, lifting skirts or pulling down trousers and impose appropriate levels of disciplinary action, to be clear that these behaviours are not tolerated or acceptable. Support will be provided to victims of sexual violence and sexual harassment, and we will ensure that they are kept safe.’</p> <p>To: ‘Making it clear that there is a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated. It should never be passed off as “banter”, “just having a laugh”, “a part of growing up” or “boys being boys”. Failure to do so can lead to a culture of unacceptable behaviour, an unsafe environment and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it. In addition, recognising, acknowledging, and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported. Also challenging physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.’</p>
11		<p>Removed: ‘It is clear from the 2021 Ofsted review into SVSH in schools and colleges that the prevalence of abusive and unwanted behaviour is widespread. As such staff in the school/college will remain vigilant and intervene</p>

		early to prevent low level behaviours from becoming abusive experiences.’
16	Children absent from Education	Changed from children missing in education to children absent from education in line with the changes in KCSiE 2023
16		<p>Changed: Patterns of children missing education can be an indicator of either abuse or safeguarding risks. A relatively short length of time a child is missing does not reduce risk of harm to that child, and all absence or non-attendance should be considered with other known factors or concerns.</p> <p>Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school’s or college’s unauthorised absence and children missing from education procedures.</p> <p><i>To: ‘All staff should be aware that children being absent from school or college, particularly repeatedly and/or for prolonged periods, and children missing education can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect such as sexual abuse or exploitation and can also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, so-called ‘honour’-based abuse or risk of forced marriage. Early intervention is essential to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. It is important that staff are aware of their school’s or college’s unauthorised absence procedures and children missing education procedures.’</i></p>
28	Children and the Court System	Added in the following link: Improving support for children going to court as well as witnesses
32	Children with SEND	Additional guidance from KCSiE: Further information from the DfE can be found: SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk) Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk) Hampshire SENDIASS: Hampshire (councilfordisabledchildren.org.uk) Mencap - Represents people with learning disabilities, with specific advice and information for people who work with children and young people

40	Use of school or college premises for non-school/ college activities	<p>Addition of: When services or activities are provided by the governing body or proprietor, under the direct supervision or management of their school or college staff, their arrangements for child protection will apply. However, where services or activities are provided separately by another body this is not necessarily the case. The governing body or proprietor should therefore seek assurance that the provider concerned has appropriate safeguarding and child protection policies and procedures in place (including inspecting these as needed); and ensure that there are arrangements in place for the provider to liaise with the school or college on these matters where appropriate. This applies regardless of whether or not the children who attend any of these services or activities are children on the school roll or attend the college.</p>
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