

SAFEGUARDING CHILDREN, YOUNG PEOPLE AND ADULTS AT WILD MIND WELL-BEING Policy Statement

At Wild Mind Well-Being we recognise safeguarding and promoting the welfare of children and adults 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 Wild Mind Well-Being staff should make sure their approach is child centred. This means that they should consider, always, what is in the best interests of the child.

No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who meets them has a role to play in identifying concerns, sharing information and taking prompt action. We endeavour to provide a safe and welcoming environment where everyone is respected and valued.

Key Personnel

The designated Safeguarding Lead (DSL) is: Camilla China

Contact details: email: camilla@wildmindwellbeing.co.uk

Telephone: 07403 015891

The deputy DSL is: Amber China

Telephone: 07516 031655

The Company Directors are: Amber China and Camilla China

Contact details: as above.

Buckinghamshire Council's First Response Team: 01296 383962

Email: secure-cypfirstresponse@buckinghamshire.gov.uk

Policy principles

- Welfare of the child/adult is paramount.
- All clients, regardless of age, gender, ability, culture, race, language, religion, or sexual identity, have equal rights to protection.
- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm.
- Clients, students, and staff involved in child protection issues will receive appropriate support.

Policy aims.

- To provide all staff with the necessary information to enable them to meet their child protection responsibilities.
- To ensure consistent good practice.
- To demonstrate Wild Mind Well-Being's commitment regarding child protection to students, clients, parents and other partners.

Terminology

Safeguarding and promoting the welfare of children and vulnerable adults refers to the process of protecting children and vulnerable adults from abuse or neglect, preventing the

impairment of health or development, ensuring that they grow up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable them to have optimum life chances and to enter adulthood and beyond successfully.

(Further information on specific safeguarding issues are to be found in appendix A)

Child protection refers to the processes undertaken to protect children who have been identified as suffering or being at risk of suffering significant harm.

Staff refers to all those working for or on behalf of Wild Mind Well-Being, full time, or part time, in either a paid or voluntary capacity.

Client refers to all those referred to or accessing programmes at Wild Mind Well-Being regardless of age.

Role of the Designated Safeguarding Lead

- Act as a support and expertise in carrying out safeguarding duties at Wild Mind Well-Being
- Is appropriately trained updating their own training in line with Buckinghamshire County Council's

advice for educational provisions, refreshing their knowledge and skills at regular intervals but at least annually.

- Will make contact with the host school or agencies DSL(s) if there are concerns about possible abuse for a young person or adult in our care. If they aren't available or child/adult is at immediate risk they will contact the Police or MASH
- Will keep detailed, accurate records, either written or using appropriate software, of all concerns about a child even if there is no need to make an immediate referral and will pass on said information to host school or agencies DSL and key contact
- Will ensure that such records are kept confidential and stored securely.
- Will ensure that they, or another member of staff, attend core groups or other multi agency meetings if invited and provide a report if necessary.
- Will ensure that all staff have read the KCSiE 2018 Part 1 and Annex A annually and sign to say they have read and understood it.
- Will organise child protection and safeguarding induction for all staff and volunteers, updating annually.

Recruitment and training of staff and volunteers

Wild Mind Well-Being understand that it is everyone's responsibility to safeguard and promote the welfare of children and vulnerable adults and that they have a role to play in identifying concerns, sharing information, and taking prompt action. We require all staff and volunteers to complete a child protection and safeguarding induction upon starting work here and read all relevant policies and procedures especially Wild Mind Well-Being Behaviour Policy and KCSiE Part 1 and Annex A annually and sign to say they have read and understood it. Any new information will be made available to all staff promptly with the main training updated and reviewed annually.

Pre selection checks include the following;

- References will be obtained for all potential new staff
- DBS checks in line with Buckinghamshire County Council's advice for educational provisions will be obtained for all staff if appointed
- Any qualifications held will be verified by seeing the original certificate.

Staff Training should enable everyone to;

- Know the names and roles of the Designated Safeguarding Lead and their deputy(ies). This information will also be clearly visible on site and within the safeguarding folder.
- Reflect upon their own practice against established good practice and ensure that this is likely to protect them from false allegations
- Recognise their roles and responsibilities and how to report any concerns about poor practice or suspected abuse
- Respond appropriately to concerns expressed by a child, young person, or adult

- Work safely and effectively with all individuals and recognising what boundaries should be set in place to keep staff to pupil relationships appropriate
- Recognise the risks they may pose to themselves or others via the use of social media – further reference to this is in the behaviour policy which staff are able to access and should read annually.
- Understand Wild Mind Well-Being policies on use of mobile phones both for staff and students whilst on site – further reference to this is in the behaviour policy which staff are able to access and should read annually

Physical intervention

- Wild Mind Well-Being acknowledge that staff must only ever use physical intervention as a last resort, when a client is endangering themselves or others and that at all times it must be the minimal force necessary to prevent injury to another person.
 - Such events should be recorded and signed by a witness
 - We understand that physical intervention of a nature which causes injury or distress to a client may be considered under child protection or disciplinary procedures.
 - We recognise that touch is sometimes appropriate in the context of working with our clients,
- and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

PROCEDURES FOR STAFF

It is everyone's responsibility to safeguard and promote the welfare of children and adults who attend Wild Mind Well-Being, and everyone has a role to play in identifying concerns, sharing information and taking prompt action. All staff and volunteers are encouraged to demonstrate exemplary behaviour and create a positive and safe environment for the clients who attend.

Communication is paramount and if staff ever have any questions or concerns they are encouraged to talk to a senior member of staff and/or the DSL. We aim to encourage a culture of listening and taking account of our clients wishes and feelings.

All Staff

- Refer any safeguarding or child protection concerns to the DSL, their deputy or if neither are available then the host school or agency for that client.
- Although Wild Mind Well-Being isn't a school and staff aren't employed as teachers, we do follow the Mandatory reporting of female genital mutilation procedural information and guidance is given to staff to be able to identify signs of FGM through induction safeguarding training. If a disclosure is made or FGM suspected staff will report back to the DSL and/or

the designated school DSL or health agency who has referred/is attached to the young person concerned.

- Consider at all times what is in the best interest of the child
- Where possible try and work in an open environment avoiding private or unobserved situations and encourage open communication
- Treat all young people/ adults equally, with respect and dignity.

- Ensure that if manual/ physical support is required that this is done openly and with the consent of the person(s) involved before this commences.
- Staff should be an excellent role model - no smoking is allowed on site
- Staff will provide a safe environment in which all clients can engage, learn, and thrive.

Confidentiality

- All staff need to be aware that they have a professional responsibility to share information with other agencies to safeguard the clients working with us especially where failure to do so would place a person at risk of harm
- All staff are aware that they cannot promise a client to keep secrets which might compromise their safety or wellbeing
- We also recognise that all matters relating to safeguarding can be personal to the client and their families and in this respect, they are confidential, and the DSL will only disclose information about a client to other staff members on a need-to-know basis
- We will always undertake to pass information back to the host school or agencies DSL and contact parents/carers if we are going to refer a child to MASH, unless this will put the client at risk of greater harm or impede a criminal investigation. If in doubt we will contact MASH for advice.

Action to take if a child discloses information.

It is a privilege not a burden that someone trusts you enough to make a disclosure. How you respond to a disclosure or attempts at a disclosure has important consequences. Not responding may leave the person feeling abandoned or unprotected whilst being overly emotional or intrusive may hinder the disclosure. In some cases, the client may not be aware that what is happening is abuse.

During their conversation with the pupil staff will;

- Listen to what the child has to say and allow them to speak freely
- Remain calm and not overreact or act shocked or disgusted – the pupil may stop talking if they feel they are upsetting the listener
- Reassure the child that it is not their fault and that they have done the right thing in telling someone
- Not be afraid of silences – staff must remember how difficult it is for the pupil and allow them time to talk
- Take what the child is disclosing seriously
- Ask open questions and avoid asking leading questions
- Avoid jumping to conclusions, speculation or make accusations
- Not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused.
- Avoid admonishing the child for not disclosing sooner. Saying things such as 'I do wish

you had told me about it when it started' may be the staff member's way of being supportive but may be interpreted by the child to mean they have done something wrong.

- Tell the child what will happen next.

- If a pupil talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on – staff are not allowed to keep secrets.

The member of staff should write up their conversation as soon as possible on the Safeguarding Concern form - in the child's own words. Staff should make this a matter of priority. Any paper record should be signed and dated, the member of staff's name should be printed. All disclosure records must detail where the disclosure was made and who else was present. Paper records should be handed directly to the DSL.

Responding to allegations or suspicions

It is not the responsibility of any Wild Mind Well-Being staff to decide whether or not child abuse has taken place, however there is a responsibility to act on any concerns through correctly reporting and contacting the DSL, deputy DSL or DSL at host school or agency.

- Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in the family or in an institutional or community setting by those known to them or, more rarely, by others (e.g., via the internet). They may be abused by an adult or adults or by another child or children.

- Further information about the four categories of abuse; physical, emotional, sexual and neglect, and indicators that a child may be being abused can be found in appendices 1 and 3.

- Staff should always maintain an attitude of "it could happen here".

- There are also a number of specific safeguarding concerns that we recognise our clients may experience;

- o child missing from education

- o child missing from home or care

- o child sexual exploitation (CSE)

- o bullying including cyberbullying

- o domestic abuse

- o drugs

- o fabricated or induced illness

- o faith abuse

- o female genital mutilation (FGM)

- o forced marriage

- o gangs and youth violence

- o gender-based violence/violence against women and girls (VAWG) o mental health

- o private fostering

- o radicalisation

- o youth produced sexual imagery (sexting)

- o teenage relationship abuse

- o trafficking

o peer on peer abuse

- Staff are aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children in danger and that safeguarding issues can manifest themselves via peer on peer abuse

- Our staff must be aware that safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Staff are aware that in most cases issues will overlap one another.

- Staff are aware of the safeguarding folder at the farm and have a concern form to complete and pass back to the DSL if they are worried about a client

- Wild Mind Well-Being recognises that a member of staff may have no 'real' evidence but a pupil's behaviour may have changed, their work or approach to the farm may be different

- Wild Mind Well-Being recognise that this behaviour change may be due to a variety of factors however they may also indicate a client is being abused or is in need of safeguarding.

- Staff will try to give the client the opportunity to talk and will use our concerns form to record these concerns and pass to the DSL once completed.

- If concerns continue further discussion will be had with the DSL and a written record will be kept

- If a client does disclose information regarding them being harmed staff will follow the guidance below

Making a referral

- Concerns about a child or a disclosure should be immediately raised with the DSL who will help decide whether a referral to children's MASH or other support is appropriate

- If a referral is needed then the DSL should make this rapidly and contact the designated schools and or referrers. However, anyone can make a referral and if for any reason a staff member thinks a referral is appropriate and one hasn't been made they can and should consider making a referral themselves.

- The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

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

- If a child is in immediate danger or is at risk of harm a referral should be made to children's MASH and/or the police immediately. Anybody can make a referral.

- Where referrals are not made by the DSL, the DSL should be informed as soon as possible. Notifying parents

Wild Mind Well-Being will normally seek to discuss any concerns about a client primarily with the host school and or agencies as we may not be aware of the full picture.

If we work closely/solely with the family, we will endeavour to discuss any concerns with the parents or carers. This must be handled carefully, and the

DSL will make contact with them in the event of a concern, suspicion or disclosure

If Wild Mind Well-Being believes that notifying parents/carers could increase the risk to the client or exacerbate the problem, advice will be sought from MASH

Supporting Staff

Wild Mind Well-Being recognises that staff who have become involved with a client 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 as appropriate.

Allegations against staff

All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction and is available in our behaviour policy.

We understand that a pupil may make an allegation against a member of staff or staff may have concerns about another staff member.

If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the DSL.

The DSL on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO)¹⁷ at the earliest opportunity and before taking any further action.

If the allegation made to a member of staff concerns the DSL, the person receiving the allegation will immediately inform the LADO as above, without notifying the DSL first.

Wild Mind Well-Being will follow the Buckinghamshire procedures for managing allegations against staff, procedures set out in Keeping Children Safe in Education.

Suspension of the member of staff, against whom an allegation has been made, needs careful consideration, and the DSL and directors will seek the advice of the LADO in making this decision.

Staff, parents and governors are reminded that publication of material that may lead to the identification of a member of staff who is the subject of an allegation is prohibited by law.

Publication includes verbal conversations or writing including content placed on social media sites.

Whistle-blowing

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, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in Wild Mind Well-Being's safeguarding arrangements. If it becomes necessary to consult outside the company, they should speak in the first instance, to the LADO following the Whistleblowing Policy.

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
Children who are particularly vulnerable

Wild Mind Well-Being recognises that some children are more vulnerable to abuse and neglect and that additional barriers exist when recognising abuse for some children. We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment or circumstances. In some cases possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse. Any child may benefit from early help, but all Wild Mind Well-Being staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

Radicalisation and Extremism

The Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act 2015 places a duty on education and other children's services to have due regard to the need to prevent people from being drawn into terrorism.

Extremism is defined as 'as 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs'. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Some children are at risk of being radicalised; adopting beliefs and engaging in activities which are harmful, criminal or dangerous.

Wild Mind Well-Being is clear that exploitation of vulnerable children and radicalisation should be viewed as a safeguarding concern and follows the Department for Education guidance for schools and childcare providers on preventing children and young people from being drawn into terrorism

Wild Mind Well-Being seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

All staff receive training to help identify early signs of radicalisation and extremism.

When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL. They should then follow normal safeguarding procedures. If the matter is urgent then Thames Valley Police must be contacted by dialling 999. In non-urgent cases where police advice is sought then dial 101. The Department of Education has also set up a dedicated telephone helpline for staff and governors to raise concerns around Prevent (020 7340 7264).

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 (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology. CSE can happen online and offline and all staff should be aware of the link between online safety and vulnerability to CSE.

Any concerns that a child is being or is at risk of being sexually exploited should be passed without delay to the DSL. Wild Mind Well-Being is aware there is a clear link between regular absence/truancy and CSE. Staff should consider a child to be at potential CSE risk in the case of regular absence/truancy and make reasonable enquiries with the child and parents to assess this risk.

If a child is in immediate danger the police should be called on 999.

Wild Mind Well-Being is aware that a child often is not able to recognise the coercive nature of the abuse and does not see themselves as a victim. As a consequence the child may resent what they perceive as interference by staff. However, staff must act on their concerns as they would for any other type of abuse.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. A mandatory reporting duty requires teachers to report 'known' cases of FGM in under 18s, which are identified in the course of

their professional work, to the police. For Wild Mind Well-Being, staff must report concerns to the DSL who will inform the designated school and or referring agency. In the absence of the DSL staff can contact the designated school or referring agency directly.

The duty applies to any person in a school who is employed or engaged to carry out 'teaching work' in the school, whether or not they have qualified teacher status. The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the Designated Safeguarding Lead, however the DSL should be informed. If a teacher is informed by a girl under 18 that an act of FGM has been carried out on her or a teacher observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth, the teacher should personally make a report to the police force in which the girl resides by calling 101. The report should be made by the close of the next working day.

Staff should be particularly alert to suspicions or concerns expressed by female pupils about going on a long holiday during the summer vacation period. There should also be consideration of potential risk to other girls in the family and practicing community. Where there is a risk to life or likelihood of serious immediate harm the teacher should report the case immediately to the police, including dialling 999 if appropriate. There are no circumstances in which a teacher or other member of staff should examine a girl

Child on Child Sexual violence and sexual harassment

The DSL and directors will take due regard to Section 5, KCSiE 2018

Some allegations may be of such a serious nature that they may raise safeguarding concerns. Wild Mind Well-Being recognises that children are capable of abusing their peers. It will not be passed off as 'banter' or 'part of growing up'.

The forms of peer on peer abuse are outlined below.

- Domestic abuse – an incident or pattern of actual or threatened acts of physical, sexual, financial and/or emotional abuse, perpetrated by an adolescent against a current or former dating partner regardless of gender or sexuality.
- Child Sexual Exploitation – children under the age of 18 may be sexually abused in the context of exploitative relationships, contexts and situations by peers who are also under 18.
- Harmful Sexual Behaviour – Children and young people presenting with sexual behaviours that are outside of developmentally 'normative' parameters and harmful to themselves and others (For more information, please see Appendix 4).
- Serious Youth Violence – Any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19' i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'Youth violence' is defined in the same way, but also includes assault with injury offences.

The term peer-on-peer abuse can refer to all of these definitions and a child may experience one or multiple facets of abuse at any one time. Therefore, our response will cut across these definitions and capture the complex web of their experiences.

There are also different gender issues that can be prevalent when dealing with peer on peer abuse (i.e. girls being sexually touched/assaulted or boys being subjected to initiation/hazing type violence).

Wild Mind Well-Being aims to reduce the likelihood of peer on peer abuse through;

- the established ethos of respect, friendship, courtesy and kindness;
- high expectations of behaviour;
- clear consequences for unacceptable behaviour;
- opportunity for any pupil to raise concerns with staff, knowing that they will be listened to, valued and believed;
- robust risk assessments

Any concerns, disclosures or allegations of peer on peer abuse in any form should be referred to the DSL. Where a concern regarding peer on peer abuse has been disclosed to the DSL, advice and guidance will be sought from the designated school / referral agency and/or MASH and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.

Youth produced sexual imagery (sexting)

The practice of children sharing images and videos via text message, email, social media or mobile messaging apps has become commonplace. However, this online technology has also given children the opportunity to produce and distribute sexual imagery in the form of photos and videos. Such imagery involving anyone under the age of 18 is illegal.

Youth produced sexual imagery refers to both images and videos where;

- A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18.
- A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult.
- A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

All incidents of this nature should be treated as a safeguarding concern.

Cases where sexual imagery of people under 18 has been shared by adults and where sexual imagery of a person of any age has been shared by an adult to a child is child sexual abuse and should be responded to accordingly.

If a member of staff becomes aware of an incident involving youth produced sexual imagery they should follow the child protection procedures and refer to the DSL as soon as possible.

The member of staff should confiscate the device involved and set it to flight mode or, if this is not possible, turn it off. Staff should not view, copy or print the youth produced sexual imagery.

The DSL will inform the designated schools DSL and or referring agencies. Parents should be contacted by the designated schools or the DSL will contact them directly if the young person is a private referral. They will be informed at an early stage and involved in the process unless there is reason to believe that involving parents would put the child at risk of harm. At any point in the process if there is concern a young person has been harmed or is at risk of harm a referral should be made to MASH or the Police as appropriate

Immediate referral at the initial review stage should be made to MASH/Police if the designated school DSL or referring agency isn't available and

- The incident involves an adult;
- There is good reason to believe that a young person has been coerced, blackmailed or groomed or if there are concerns about their capacity to consent (for example, owing to special education needs);
- What you know about the imagery suggests the content depicts sexual acts which are unusual for the child's development stage or are violent;
- The imagery involves sexual acts;
- The imagery involves anyone aged 12 or under;
- There is reason to believe a child is at immediate risk of harm owing to the sharing of the imagery, for example the child is presenting as suicidal or self-harming.

If none of the above apply then the DSL will use their professional judgement to assess the risk to pupils involved and may decide, with input from the designated school or referral agency, to respond to the incident without escalation to MASH or the police. In applying judgement the DSL will consider if;

- there is a significant age difference between the sender/receiver;
 - there is any coercion or encouragement beyond the sender/receiver;
 - the imagery was shared and received with the knowledge of the child in the imagery;
 - the child is more vulnerable than usual i.e. at risk;
 - there is a significant impact on the children involved;
 - the image is of a severe or extreme nature;
 - the child involved understands consent;
 - the situation is isolated or if the image been more widely distributed;
 - there other circumstances relating to either the sender or recipient that may add cause for concern i.e. difficult home circumstances;
 - the children have been involved in incidents relating to youth produced imagery before.
- If any of these circumstances are present the situation will be escalated according to our child protection procedures, including reporting to the police or MASH.

Reviewed January 2023 Amber China _____

Camilla China _____

Appendix 1

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse (including child sexual exploitation)
- Neglect

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem

- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses · Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

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

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though

a single bruised eye can be accidental or abusive)

- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

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

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

Burns and Scalds

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

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

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

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay

- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

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

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Appendix 2

What Is MASH?

Buckinghamshire's Multi-Agency Safeguarding Hub (MASH) will provide information sharing across all organisations involved in safeguarding – encompassing statutory, nonstatutory and third sector sources. Essentially the hub will analyse information that is already known within separate organisations in a coherent format to inform all safeguarding decisions. All partners will work together to provide the highest level of knowledge and analysis to make sure that all safeguarding activity and intervention is timely, proportionate and necessary.

MASH focuses on three key functions:

1. Victim identification and early intervention - working with the Early Response Service to support children and young people whose needs do not meet the threshold for children's social care.
2. Harm identification and reduction - this will be done by identifying children and young people experiencing the highest levels of harm and making sure partners work together to support them with harm reduction strategies and services.
3. Co-ordinating partner agencies - working with vulnerable adults and vulnerable children.

How will it work?

All information within the MASH will be collected and decision-making will take place in a timely manner within agreed timescales depending on the priority criteria when a MASH enquiry is made to a Hub.

The MASH will:

- Manage contacts and referrals received from any source.
- Develop a document recording the concern information and all other available information in the Hubs within agreed timescales. A children's social care Manager will make an informed decision using all of the available information.
- Develop concern information into a children's social care referral if services are required under Section 17 or 47 of The Children Act 1989.

Liaise with the Early Response Service for children and young people who need services but do not meet The Children Act 1989 threshold.

- Provide consultation to agency referrers about thresholds, appropriate action to be undertaken and services.

The hub will contribute to improved outcomes for safeguarding children because it has the ability to swiftly collate and share information held by various organisations and to provide a multi-agency risk assessment of each case for 'actual or likely harm'

Appendix 3

Sexual Abuse & Sexual Harassment

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Staff should be vigilant to:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence and sexual harassment
- sexting (also known as youth produced sexual imagery)
- initiation/hazing type violence and rituals

Developmental Sexual Activity

Encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour

Can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. In order to more fully determine the nature of the incident the following factors should be given consideration.

The presence of exploitation in terms of:

Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies

Consent – agreement including all the following:

- Understanding that is proposed based on age, maturity, development level, functioning and experience
- Knowledge of society’s standards for what is being proposed
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Voluntary decision
- Mental competence

Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc.

Some may use physical force, brutality or the threat of these regardless of victim resistance. In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.