Safeguarding Children and Young People Policy & Procedure

Oasis Community Housing statement:

Oasis Community Housing (OCH) projects work predominately with adults, however all professionals working with adults who come across children need to be mindful that the needs and "**welfare of the child are paramount**", at all times and all steps will be taken to prevent harm to all children receiving support within Oasis Community Housing.

The Children Act 1989: A child is someone who has not yet reached their 18th birthday (the term 'child' or 'children' will be used to refer to children and young people throughout this document).

Oasis Community Housing is committed to working together with the Local Safeguarding Children Board (LSCB) and their partner agencies to co-operate in a multi-agency approach within the statutory and voluntary sectors.

Introduction & Scope

Oasis Community Housing believes that children are precious and have the right to live a life free from harm, exploitation, intimidation or fear, and that they have the right to be safe.
This procedure is to be followed at all times when a concern is raised regarding a child's welfare. This applies to all Trustees, employees, volunteers and students, (the term 'staff' will be used for any person operating as part of the organisation, for the purposes of this document).

Oasis Community Housing acknowledges that abuse of children is prevalent throughout society. It is essential that staff are aware of the issues of abuse and are adequately trained to recognise signs and symptoms. When children fail to thrive or are at risk of significant harm, knowing where responsibility sits and what actions to take to safeguard children and young people, is of utmost importance.

Child protection and the safeguarding of young people is a large and complex area. This policy and procedure will make reference to various aspects of abuse, and provide a comprehensive operational guide as to how to respond to safeguarding concerns. The Operational Safeguarding Information to Protect Children and Young People (mandatory for all frontline staff), will provide advice and guidance for specific areas of abuse.

All of the content up to the Service User Policy & Procedure is mandatory reading for all who are expected to abide by the organisation Code of Conduct and must be completed by any new recruit within their Probationary Period.

Operational staff must read the entire document, prior to lone working in an OCH project. Both **s**ignature sheets must be completed at the end of each section as required, to show that the information has been read and understood.

It is recommended by the author that the document is read thoroughly to ensure that the information is absorbed, and serves as a reminder and a prompt for frontline workers. This Policy & Procedure is available in every project. Further regional-specific information can be accessed through LSCB local authority websites.

Safeguarding Children in OCH - Roles
Procedure

All staff should be aware of who the designated named person for safeguarding within the organisation is, who needs to be informed of any concerns about a child or young person's welfare, and how to report allegations, concerns or suspicions of abuse and neglect.

Operational Roles

Ann Adesoye (Head of Housing – Supported) is the operational safeguarding lead for all projects across the organisation for safeguarding **children**.
Claire Gove (Head of Programmes - Response) is the operational safeguarding lead for all projects across the organisation for safeguarding **adults**.

Strategic Roles

Phil Conn (Director of Programmes) is the **strategic lead for children and adults across the organisation**, and the operational safeguarding deputy, in the absence of the lead, for all projects across the organisation for safeguarding adults.
Jen Gauden-Hand (Director of Housing) is the operational safeguarding deputy in the absence of the lead, for all projects across the organisation for safeguarding children.

Roles in Oasis Community Housing Safeguarding & Contact Information for Reporting allegations or suspicions of abuse

CHILDREN

Ann Adesoye

Role	**Designated** Safeguarding Lead (Children) Tel: 0191 477 3535 ann.adesoye@oasiscommunityhousing.org	**(DSLC)**

Jen Gauden-Hand

Role	**Deputy** Designated Safeguarding Lead (Children) Tel: 0191 477 3535 / 07703 316308 jen.gauden-hand@oasiscommunityhousing.org	**(DDSLC)**

ADULTS

Claire Gove

Role:	**Designated** Safeguarding Lead (Adults) Tel:0191 477 3535 / 07860 162509 Claire.gove@oasiscommunityhousing.org	**(DSLA)**

Phil Conn

Role:	**Designated** Safeguarding Lead (Adults) Tel:0191 477 3535 / 07900 977 334 phil.conn@oasiscommunityhousing.org	**(DDSLA)**

Appropriate External Contacts

Discuss any safeguarding concerns you have with your line manager, person on call or designated safeguarding lead as soon as possible for advice. Contact the local Duty social worker to discuss concerns, seek advice and make a referral, if appropriate. All referrals made over the phone must be followed up with the formal referral paperwork within 24-hours, (paperwork is accessible on the LSCB website, or can be requested to be emailed to you directly from the Duty worker). If you have not

received feedback within 3 working days of making the referral, call back to request an update. Referral paperwork must be sent using a secure email address.

In case of emergency always call 999
Legislative Framework (Child Protection)
Rationale
The United Nations Convention on the Rights of the Child (UNCRC/CRC) is a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. Every right spelled out in the CRC is inherent to the human dignity and harmonious development of every child.

The Children Act 2004 S.11 places duties on organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Children Act 1989 and 2004
"The Children Acts of 1989 and 2004 set out specific duties: section 17 of the Children Act 1989 puts a duty on the local authority to provide services to children in need in their area, regardless of where they are found; section 47 of the same Act requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm" These duties placed on the local authority can only be discharged with the full cooperation of other partners, many of whom have individual duties when carrying out their functions under section 11 of the Children Act 2004 (chapter 2) Under section 10 of the same Act, the local authority is under a duty to make arrangements to promote cooperation between itself and organisations and agencies to improve the wellbeing of local children (Chapter 1) This co-operation should exist and be effective at all levels on an organisation, from strategic level through to operational delivery" (Working Together to Safeguard Children July 2018)

Welfare of the child is paramount at all times, they are best looked after within their family, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary. Children and Social Work Act 2017 placed new duties on key agencies in local areas, specifically Police, Clinical Commissioning Groups (CCG) and the local authority, who are under a duty to make arrangements to work together with other partners locally, to safeguard and promote the welfare of all children in their area; Duties on named agencies to promote and safeguard the welfare of children are Local Authority Designated Officer (LADO) - to be contacted relating to concerns and allegations regarding professionals, MAPPA (Multi Agency Public Protection Arrangements) relating to the Sexual Offences Act 2003, and the LSCB.

Identifying and Responding to child abuse
Significant harm (Children Act 1989, S.31)
Significant Harm is defined as the ill treatment or impairment of health and development, including seeing or hearing the ill-treatment of another. Significant harm could be defined as: a major damaging incident; the accumulation of 'minor' incidents; living over a period of time in circumstances which are psychologically and/or physically damaging. If the local authority has reasonable cause to believe a child may be suffering or likely to suffer significant harm, it must make enquiries under S.47 of the Children Act. A child/children in need may be assessed by a Social Worker under S.17 of the Children Act 1989.

The categories of significant harm can overlap, and an abused child may suffer from more than one type of abuse (Working Together to Safeguard Children, 2018):

Physical Abuse **Sexual Abuse** **Emotional Abuse** **Neglect**

Physical Abuse Hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a child, including when a parent/carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

Sexual Abuse Forcing or enticing a child to take part/watch sexual activity, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

Neglect Persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairment of the child's health and/or development.

Children may be vulnerable to neglect, abuse or exploitation from within their family, or from individuals they come across in their day-to-day lives. Such threats could be, but are not limited to: significant harm; exploitation (incl. sexual), criminal/gang affiliation, organised crime, trafficking, cybercrime, ritual abuse, extremism leading to radicalisation etc. Whatever the form of abuse or neglect, practitioners should put the needs of child first, when determining what action to take. **The younger the child the greater the risk.**

Children have said they need:
Vigilance - to have adults notice when things are troubling them.
Understanding and action - to understand what is happening, to be heard and understood, and to have that understanding acted upon.
Stability - to be able to develop an ongoing stable relationship of trust with those helping them.
Respect - to be treated with the expectation that they are competent rather than not.
Information and engagement - to be informed about and involved in procedures decisions, concerns and plans.
Explanation - to be informed of the outcome of assessments and decisions, and reasons when their views have not been met with positive response.
Support - to be provided with support in their own right as well as a member of their family.
Advocacy - to be provided with advocacy to assist them in putting forward their views.
Protection - to be protected against all forms of abuse and discrimination, and the right to special protection and help, this includes those seeking asylum and refugees.

Concerns about a Child and Information Sharing

Discuss any safeguarding concerns you have with your line manager, person on call or designated safeguarding person as soon as possible for advice. It is good practice to discuss your concerns with the parent/carer directly, if safe to do so. Consent is required to make a referral to Social Services, unless you are concerned that this may place the child at increased risk of harm.

If you think a crime has been committed against a child you should seek advice from Police or Social Services.

Serious Case Reviews (SCRs) have highlighted that missed opportunities to record, understand the significance of, and share information in a timely manner, can have severe consequences for the safety and welfare of children. Practitioners should be proactive in sharing information as early as

possible to help identify, assess and respond to risks, or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to the local authority. Information sharing is also essential for the identification of patterns of behaviours. Do not assume that someone else will pass on information that you think may be critical to keep a child safe.

Fears about sharing information MUST NOT stand in the way of the need to promote the welfare and protection of a child.

Data Protection Act 2018 and GDPR

The General Data Protection Regulation (GDPR) and Data Protection Act 2018 introduce new elements to the data protection regime. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, and which place increased significance on organisations being transparent and accountable.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

To effectively share information:

- All practitioners should be confident of the processing conditions, which allow them to store, and share, the information they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be considered 'special category personal data' meaning it is sensitive and personal.
- Where practitioners need to share special category personal data, they should be aware the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows information sharing **legally without consent;** if unable to, or they cannot reasonably be expected to gain consent from the individual, or if gaining consent could place a child at risk.
- Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

See '*Working Together To Safeguard Children 2018',* and the '*Governments Information Sharing Advice'* for more information on information sharing in safeguarding.

Records need to be timely, dated and signed – if you remember further information do not change the original document, add as an addendum. Store and share appropriately; verbatim notes of what a child says, details of the concern, nature of injury, who was involved, how it occurred, when and where. Recorded information may be viewed and accessed by the child's family members and multi-agency professionals within the child protection process. A chronology of concerns is a powerful tool.

OCH Child Protection Referral Process

Abuse Suspected or Identified

Staff must take **immediate, appropriate action** to protect a child when:

- A member of staff observes signs of abuse, witnesses or hears something that causes staff to be concerned.
- Information is received from any person who suspects or alleges abuse or neglect.
- A member of staff is concerned about the welfare of a child/children. Consult the Local Threshold Protocol for guidance regarding criteria for making and receiving referrals ***Croydon:****https://www.croydon.gov.uk/sites/default/files/articles/downloads/Croydon%20Safeguarding%20Children%20Board%20Threshold%20Guidance.pdf*

Gateshead: *https://www.gatesheadsafeguarding.org.uk/media/9622/Threshold-document-indicators-of-need/pdf/THRESHOLD_DOCUMENT-_JUNE.pdf?m=636713196096130000*
Southwark: http://southwark.proceduresonline.com/pdfs/threshold_booklet.pdf
Sunderland:*https://www.safeguardingchildrensunderland.com/assets/1/sscb_multi_agency_guide_to_our_thresholds_of_need_v4_19.11.18_final.pdf*

CHILD IN IMMEDIATE DANGER –
1. Speak with OCH line manager/person on call (DSLC if available) about information received.
2. Call Duty social worker at local Children's Services or 999 Police/ambulance.
3. If possible keep your eye on the child and wait for statutory agencies to arrive.

Senior OCH staff, person on call or DSLC will offer to support staff, and attend if required, being mindful that the child could be placed at greater risk through escalation/panic (e.g. carer/mother flees with the child). The Project Team Leader, person on call and/or the DSLC needs to be regularly updated as the situation progresses.

Child NOT in immediate danger
1. Speak with OCH line manager/person on call (DSLC if available), for advice.
2. Be open and honest with parent/carer, if safe to do so, particularly if you have concerns about a child's welfare and intend to share those concerns with other professionals.
3. Discuss the concerns with appropriate professionals (Duty social worker if appropriate).
4. If the situation escalates as a result of telling the parents/carer follow the advice for CHILD IN IMMEDIATE DANGER (above)

Any verbal referral made to the local Duty social worker will need to be made followed up by a written referral within 24 hours. Follow the guidance on your LSCB website

When faced with a safeguarding situation staff should **never ask leading questions, and should not investigate the matter** this is the role of statutory agencies such as the Police and children's services.

Be:
CLEAR - Concerns for the child.
FACTUAL - Opinion and fact should be separated.
THOROUGH - All relevant and up to date information should be included.
UNAMBIGUOUS - Minimal scope for the information to be misinterpreted.

Recording the incident

The facts of the situation must be recorded in writing (3rd person, past tense) on InForm as soon as practicable, detailing what happened, any observations of the child and others involved, actions taken so far including anything that has been discussed with the parent/carer. It is important that recording is thorough but concise.

InForm 'New Safeguarding Assessment' to record exactly what the child has said, using the language they used. Ensure a line manager, person on call and/or the DSLC is informed of all actions, outcomes and any outstanding actions.

How to make a referral to Children's Services

The referrer should collate any information they have regarding the concern(s), including information about the parent/carer. Information the Duty social worker may ask for: full names, dates of birth,

addresses, family members, nursery/school, professional involvement, ethnicity, child's current location, emotional/physical condition, whether the child needs immediate protection, details of concerns, who may be involved and if relevant, the child's wishes. Additional information may be relevant, and some information may not be available at the time of making the referral, this should **not** cause delay as this may place the child at risk of significant harm.

It is good practice to discuss your concerns with the parent/carer directly, if safe to do so. Consent is required to make a referral to Social Services, unless you are concerned that this may place the child at increased risk of harm.

Where the child is a 16/17-year-old living in one of our supported accommodation projects, it is usually not deemed appropriate to contact their parents (as the child has usually been referred to our projects following conflict/relationship breakdown in the family home or abuse). Where there is any doubt about whether parents should be contacted, contact your line manager/person on call/DSLC.

Disclosure of Abuse by a Child

A disclosure is the action of making new or secret information known.

If a child makes a disclosure:

- Stay calm, reassuring and listen to the child, taking seriously what they say.
- Avoid leading questions and do not press for details or try and investigate. Some cases need further investigation and may require the child to repeat the detail.
- Do not promise to keep the disclosure a secret, tell them they are right to speak out about it and that they are not to blame for what they share.
- Thank them for trusting you and tell them you understand that it must have been difficult to speak out.
- Let them know that you will need to discuss this with someone who can help.
- Record exactly what was said using the child's vocabulary.
- Don't make any promises to the child.
- It is important to keep your emotions separate, it is appropriate to show empathy, not sympathy. Discuss the disclosure with your line manager, including how you are coping following the disclosure. Clinical supervision is available to all staff.

Sharing the disclosure:

- Any action being taken without parental/carer consent must be recorded and discussed with a line manager, person on call or DSLC, avoiding delay and ensuring the child is not at risk of further harm.
- Children's Services should be told that the parent/carer has withheld their consent.
- The parent/carer should be contacted by the referring professional to inform them that after considering their wishes, a referral has been made.

Allegations Made Against Staff

Anyone who works alongside children are required to address issues of risk to children as part of their professional responsibilities. If any member of staff has any concerns regarding the handling or safety of a child by another member of staff, they should share that concern immediately with their line manager or DSLC; an investigation and appropriate action will be initiated. Staff are to use supervision to raise concerns with their line manager, provided the concern is not about the line manager. Staff are to be fully supported by senior staff when raising concerns about misconduct.

The DSLC must be informed immediately of any allegation made against a member of staff, who will contact the Local Authority Designated Officer (LADO) for advice and instruction. The DSLC will inform their line manager, or the Chief Executive, if the complaint relates to their line manager. Staff may be suspended or moved to another project while the investigation is ongoing, this by no means implies that the person is guilty, but is for their own protection and that of the organisation.

CHILD DEATH PROCEDURE

Children Act 2004 S.16c (1) (as amended by the Children and Social Worker Act 2017 states:
Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Children Safeguarding Practice Review Panel if:

a) The child dies or is seriously harmed in the local authority's area

or

b) While normally resident in the local authority's area, the child dies or is seriously harmed outside England.

Child Death Reviews

The death of a child is a devastating loss that will profoundly affect those involved The Child Death Overview Process (CDOP) defines a child as a person under the age of 18 years of age, regardless of the cause of death. The process of systematically reviewing the deaths of children is grounded in respect for the rights of children and their families, with the intention of learning what happened and why, with the aim to prevent future child death. In the event of a child death the CDOP Coordinator must be informed (details available on the LSCB website).

Immediate Action for the UNEXPECTED Death of a Child or a Young Person WITHIN THE 1ST HOUR

1. Staff should not assume death but try to resuscitate the child immediately.

2. 999 should be called and an ambulance requested urgently, stating the child is not breathing. Advice from the operator should be acted upon – place the phone on loud speaker if possible. Staff should also request Police attend due to the uncertainty of what happened.

3. Staff should protect the area where the child was found and avoid touching anything. Staff should take note of who found the child, what that person did, the position of the child, the child's clothing, room conditions and any comments made by others present.

4. A Director of service should be contacted immediately, they will contact the CEO and BDU and provide additional support (considering the use of staff from a different project). The DSLC should be informed and kept up to date with proceedings.

5. The Director of service, or staff, will contact the Duty social worker, or Team Manager if the child is known to the service.

(NEXT 2-4 HOURS)

6. Evidence must be preserved and the incident recorded clearly on InForm 'CCIA – Incident'. It is important to compile a precise and detailed initial account of events, including timings.

7. Any information (including suspicions) should be passed onto the Police.

8. The area where the child died should be secured and no-one allowed access until the Police arrive, including family/friends.

9. The child should not be touched unnecessarily until the scene has been examined by the Police.

10. Always be respectful, do not jump to conclusions, be supportive, helpful and avoid judgement.

11. Those present are likely to be shocked, numb, withdrawn or hysterical and may look to staff for reassurance and guidance. Staff must retain control of the situation and must inform the Director of service if they are unable to do so.

12. The lead Police Investigator and senior health care professionals will visit the location within 24 hours of a Sudden Infant Death.

13. The Police will begin an investigation into a sudden death on behalf of the Coroner, checking the scene of death, the room temperature, bedding, last meal etc.

14. If the Police decide it is not appropriate to move the body, the doctor confirming the death must inform the designated paediatrician with responsibility for unexpected deaths in childhood.

15. Unnecessary project staff should be removed from the situation and offered appropriate support. Director of service will make sure that local counselling services are contacted for additional support to Service Users and anyone affected by the death.

Responsibilities

it is the function and responsibility of the LSCB to ensure that a review of each death is undertaken by the CDOP. Any LSCBs or local organisations which have had involvement in the case should cooperate in jointly planning and undertaking the Child Death Review. The chair of the LSCB will decide who will be the designated person to whom the death notification and other data on the death should be sent. The Police and Coroner lead the investigation into a suspicious death, the death certificate cannot be released until the Coroner has completed the investigation. A Serious Case Review (SCR) may be required during the investigation.

All staff should be aware that co-sleeping with infants, smoking, drinking alcohol, bath seats and leaving babies asleep in car seats significantly increase the risks of infant mortality.

Staff Training

Training is a key part of safeguarding children and young people, therefore it is a mandatory requirement for all OCH Staff (including Trustees), volunteers and students to complete the basic child protection awareness training, either via a LSCB course, E-Learning or in-house with the internal LSCB trainer.

It is also mandatory that every frontline member of staff accesses further safeguarding training annually as appropriate to their role, their project and the hours they work. Training that is viewed by staff as “interesting” but is unlikely to impact the staff members work will not be authorised by line managers. It is the Project Team Leader’s responsibility to ensure staff are given time off to complete relevant training.

Once Training is complete, staff need to ensure HR have a copy of any certificates and that the training is recorded on the OCH training spreadsheet which can be found on U:\Human Resources Public\TRAINING line managers are expected to follow this up through supervision.

Policy & Procedure Signature Sheet

OP 1	**Safeguarding Children and Young People Policy & Procedure (incl. Child Death) (Mandatory)**
Issue Date	**December 2018**
Contents	**Policy, Procedural Guide Mandatory Pages 1-9**

I confirm that I have read and understood this Policy and Procedure

Name	Role	Signature	Date

Operational Safeguarding Information to Protect Children and Young People

(Mandatory for all Frontline Staff)

Operational Safeguarding Information to Protect Children and Young People (Mandatory for all Frontline Staff)

CONTENTS

Page 13	Service User Policy & Procedure – every Housing Dept. Service User required to sign this at move in
Page 14	Child Sexual Exploitation
Pages 14 & 15	Domestic Abuse
Page 15	Forced Marriage, 'Honour'-Based Violence (HBV)
Page 15	Animal Cruelty
Page 16	Female Genital Mutilation & Genital Piercing
Pages 17 & 18	Prevent – Radicalisation
Page 19	Belief in Spirit Possession, Minority Culture and Faith
Page 19	Private Fostering Arrangements
Page 20	Deaf & Disabled Children
Page 20	Young People between 13 – 18yrs Old
Pages 20 & 21	Concealed Pregnancy
Page 21	Child Abuse on the Internet
Page 22 & 23	Key Message for Practice from Serious Case Reviews
Page 24	Reporting
Page 26	Operational Safeguarding Information to Protect Children & Young People (Mandatory for all Frontline Staff) **Signature Sheet**
Page 27	Appendix 1 OCH Child Protection Referral Process Flowchart
Page 28	Appendix 2 Non-Accidental/Accidental Injuries Body Map
Page 29	Appendix 3 Baby & Child Body Map
Page 30	Appendix 4 Young Person Body Map
Page 31 - 34	Appendix 5 CSE Information for Staff
Page 35 - 39	Appendix 6 CSE Risk Assessment Matrix
Page 40	Appendix 1 – 6 **Signature Sheet**

Safeguarding Adults and Children Service Users Signature Sheet

Oasis Community Housing believes that children are precious and have the right to live a life free from harm, exploitation, intimidation or fear, and that they have the right to be safe.

Definitions

The Children Act 1989 describes: A child is someone who has not yet reached their 18th birthday and states that the wellbeing of a child is of utmost importance.

Oasis Comunity Housing is committed to working with other agencies to keep children safe from abuse and neglect.

There are different types of abuse:

1. Physical Abuse: to injure or harm, by hitting, shaking, throwing or causing physical harm/pain to a child.
2. Emotional Abuse: Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.
3. Sexual Abuse: forcing a child to watch or take part in any sexual activity.
4. Neglect: Persistent failure to meet a child's basic physcial and/or psychological needs likely to result in the serious impairment of the child's health or development.

Oasis Community Housing is committed to supporting young people, and their children, to achieve the following:

Health – Developmental, physical, mental and emotional wellbeing.

Education – Regular attendance and enjoyment of educational activities (incl. nursery and school), access to age appropriate toys and books to improve cognitive development.

Emotional & Behavioural Development – Good quality and appropriate relationship building (attachment), showing appropriate responses to feelings & actions, can adapt to change & demonstrate empathy.

Identity – Developing a positive sense of self, exhibiting positive behaviours of belonging and acceptance, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation.

Family & Environment – Adequate resouces used appropriately to meet the child's needs, accessing universal services, accommodation, basic amenities, positive networks & friendships outside of the family unit.

Procedure to protect a child if abuse is suspected or identified

If a member of Oasis Community Housing staff/volunteer/student have a concern about a child then they will do the following:-

1.If a child is **in immediate danger** they will ring the Police on 999 and/or inform the Duty social worker at Children's Services.

2. If the child is not in immediate danger, but staff/volunteer/student are concerned, they will ring the Duty social worker and/or Police on 101.

Please sign to say you have read, or have had read to you, and understand Oasis Community Housing Safeguarding Adult and Children Policy and Procedure.

Name of Service User	Signature of Service User	Date	Name of staff

Child Sexual Exploitation (CSE)

CSE is child abuse. Any young person, regardless of gender, can become a victim of CSE, and a lot of young people do not actually see themselves as a victim of abuse or exploitation. The lists below contains **some** warning signs and typical vulnerability factors that may give an indication further that investigation is necessary:

CSE Warning Signs

- Missing from home/care and or absent from school
- Involvement in offending behaviour
- Drug and alcohol misuse
- Repeat STI's, pregnancies & terminations
- Mental ill-health, self-mutilation, self-poisoning, self-neglect, suicidal ideation/attempt
- Gifts and/or money from undisclosed sources
- Changes in physical presentation
- Unexplained injuries
- Evidence of cyber bullying of a sexual nature
- Socially isolated/estranged from family/friends.
- Drawing other vulnerable/socially isolated peers into social situations ('recruitment').

Vulnerability Factors Prior to Abuse

- Living in a chaotic or dysfunctional household
- Parental/carer substance misuse, domestic abuse, homelessness, criminal behaviour
- History of abuse
- Recent bereavement or loss
- Socially isolated, low self esteem
- Gang affiliation, association with other CSE victims
- Learning disabilities
- Sexual/gender confusion
- Care Leaver, living in residential care, homeless/temporary accommodation

If staff are concerned, or suspect that a child is at risk of sexual exploitation, follow the OCH Child Protection Referral Process detailed on **page 6**. More information about CSE can be found in **Appendix 5.**

Domestic Abuse

Domestic abuse in the family home can have a direct impact on children, physically, mentally and/or emotionally. It is important that domestic abuse and/or animal cruelty are discussed with a line manager, person on call and/or DSLC, if available. Concerns must be reported to a Duty social worker. Consent from a parent/carer is only to be obtained if this does not further endanger a child.

Domestic abuse is a crime which has serious consequences for its victims. Prolonged and /or regular exposure to domestic abuse can seriously impact a child's development and physical/mental/emotional wellbeing, such as:

- Threat to an unborn child. Assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and unborn baby.
- Children may suffer blows during violent episodes.
- Children may be greatly distressed, and/or traumatised, by witnessing the physical and emotional suffering of a parent/carer.

- The physical and psychological affects of domestic abuse, can have a negative impact on parents/carers ability to look after the children.

Supporting Victims of Domestic Abuse

- Complete the Safe Lives DASH Risk Assessment **Score of 14+ = High**
- If High risk, according to the DASH form, complete the MARAC risk assessment and referral document. If staff are unable to obtain consent from a victim of domestic abuse, a MARAC referral is permitted without the victims consent, in potentially dangerous situations.
- Contact the local MARAC Coordinator (Police 101)
- Send completed DASH form and MARAC forms to the MARAC Co-ordinator (by secure email) and to the local domestic abuse service.
- Make a referral to Children's Services identifying any victim's children

DASH Risk Assessment Form: http://www.safelives.org.uk/node/516
MARAC Referral Form: www.safelives.org.uk/node/507

Forced Marriage & 'Honour' Based Violence (HBV)

Cultural and religious beliefs

'Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives, and women who do not abide by the 'rules' are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend, rejecting a forced marriage, pregnancy outside of marriage, interfaith relationships, seeking divorce, inappropriate dress or make-up and even kissing in a public place.
HBV can exist in any culture or community where males are in position to establish and enforce women's conduct, examples include: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European, Gypsy and the travelling community (this is not an exhaustive list).

Males can also be victims, sometimes as a consequence of a relationship which is deemed to be inappropriate, if they are gay, have a disability or if they have assisted a victim. In addition, the Forced Marriage Unit have issued guidance on Force Marriage and vulnerable adults due to an emerging trend of cases where such marriages involve people with learning difficulties.

This is not a crime which is perpetrated by men only, sometimes female relatives will support, incite or assist. It is also not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family.

If staff are concerned, or suspect that a child is at risk of HBV/Forced Marriage, follow the OCH Child Protection Referral Process detailed on **page 6**.

Animal Cruelty

Links between animal abuse, child abuse and domestic abuse are common place as children and animals are easy to hurt. Serious animal abuse in a household may indicate other forms of violence are occurring, and that children may be at risk of harm. Violence against pets can be classed as coercive control and intimidate adults and children to remain in, or be silent about their abusive situation.
If a child is presenting cruelty to animals this must be discussed with a line manager and reported to Children's Services. In some cases, children presenting cruelty to animals can be an indicator of serious neglect and/or abuse having been inflicted on the child.

Animal cruelty should be reported to the ***RSPCA***: 0300 1234 999
https://www.rspca.org.uk/utilities/contactus/reportcruelty/-/articleName/ENQ_ReportCruelty

Female Genital Mutilation (FGM) & Genital Piercing

FGM is illegal in the UK, genital piercing of minors is also illegal, both are forms of child abuse, they cause significant harm and constitute physical and emotional abuse. FGM is a violation of a child's right to life, their bodily integrity as well as their right to health. FGM is a procedure where the female genitals are deliberately cut, injured or changed without medical reason. This is also known as 'female circumcision' or 'cutting', and by other terms such as 'sunna', 'gudniin', 'halalays', 'tahur', 'megrez' and 'khitan', among others.

FGM is usually carried out on pre-pubescent females, just before marriage or during pregnancy. The practice is very painful and can seriously harm the health of women and girls. It can cause long-term problems with the urinary tract, sexual intercourse, childbirth and often results in mental ill-health.

Girls are at risk if FGM has been carried out on their mother, sister or a member of their extended family. FGM procedures take place in the UK and abroad. In the UK, the Home Office has identified girls from the Somali, Kenyan, Ethiopian, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities at most risk of FGM (Home Office 2016).

Being Aware

A child may be at risk of FGM:

- A mother, sibling or family member has undergone FGM, or part of a community whose country of origin practices FGM.
- A girl talks about plans to have a 'special procedure' or to attend a special occasion / celebration to 'become a woman', or is taking a prolonged period of time out of the country.

Signs of FGM:

- Difficultly walking, sitting or standing
- Spending longer than normal in the bathroom or toilet due to difficulties urinating or menstrual difficulties
- Soreness, infection or unusual presentation noticed by practitioner when changing a nappy or helping with toileting
- Frequent, unusual menstrual problems
- Prolonged or repeated absence from school or college and have unusual behaviour after an absence from school or college
- Reluctance to undergo routine medical examinations
- Asking for help or advice but not being explicit about asking for help or advice, or about the procedure due to embarrassment or fear
- Severe pain
- Shock
- Bleeding
- Infection such as tetanus, HIV and hepatitis B
- Blood loss and infections that can cause death in some cases.

If staff are concerned, or suspect that a child is at risk, has experienced FGM, or genital piercing, follow the OCH Child Protection Referral Process detailed on **page 6**.

The NSPCC has a 24 hour helpline to provide advice and support to victims of FGM, or to anyone who may be concerned a child is at risk - call the helpline on 0800 028 3550 or email fgmhelp@nspcc.org

Prevent (Radicalisation)

The Prevent Duty under the Counter-Terrorism and Security Act 2015 requires all specified authorities to have “due regard to the need to prevent people from being drawn into terrorism”. Local authorities and their partners therefore have a core role to play in countering terrorism at a local level and helping to safeguard individuals at risk of radicalisation.

Radicalisation is not just the attack, it is the ‘tip of the iceberg’ which is supported by hidden activity that builds and builds and can result in an attempt or act of violence. Prevent sits at the bottom of that iceberg, with an aim to prevent the process. Although the numbers of those at risk of radicalisation are comparatively small, the risk is there and the potential consequences significant.

In a radicalisation process there are usually 4 key factors:

1) **A vulnerable person** will be introduced to an
2) **Extremist ideology** by a
3) **Radicalising influencer** who, in the
4) **Absence of protective factors**, such as a supportive network of family/friends, or a fulfilling job, draws the individual ever closer to extremism

Recruitment

A recruiter exploits a victims lack of connection and increases that sense of disconnect through manipulation. A recruiter may make a victim feel: special, listened to, like they can do something exciting, like an adult, loved, encouraged, understood, confident, they can talk openly and belong. Recruitment may take place over a period of time, the relationship may seem benign initially, they may be providing support in areas a person misses in their life. They may plant seeds of radical/extreme courses of action, blur facts and opinion, say that the acts are approved by god and that they will be rewarded by god. Although ideologies in cases may differ, the process is similar.

To be aware of…

Changes in behaviour

- Disengagement/disrespectful
- Isolation from friends/family
- Asking inappropriate questions
- Telling lies
- Fixated on one topic of conversation
- Scripted speech/handing out leaflets
- Change in appearance
- Crying
- Becoming detached/withdrawn
- Quick to anger
- Signs of stress
- Unhealthy internet usage

Vulnerabilities

Need for meaning/identity/belonging
Feelings of grievance/injustice
Susceptibility to influence/control
‘Them & Us’ thinking
Excitement and adventure
Support for extremism from friends/ family

Possible reasons for changes in behaviour

- Loss
- Peer/family pressure/upheaval

- Adolescence
- Bullying
- Substance misuse
- Gang affiliation
- Family upheaval
- Low self-esteem/stigma/discrimination
- Exam/work pressure
- Radicalisation
- Sexual abuse

Responding

It is possible that staff will see possible signs of radicalisation in Service Users, but it is a complex and sensitive issue, and as in any situation of abuse the circumstances and vulnerabilities will be as unique as the person at the heart of it. Whoever the concern originates from, the response needs to be proportionate, young people go through phases of transition which are not necessarily concerning in themselves, so it is important that context is always considered. Always apply intellect, be mindful of the Public Sector Equality Duty, and be sensitive. An increase in religious activities such as the wearing of a headscarf or an interest in global/political events is not in itself something to be concerned about. It is only if these are coupled with other behaviours of concern such as use of extremist/divisive language that may increase genuine concern. Trust your professional judgement in knowing when someone needs help.

It is down to staff judgement how they decide to broach concerns with a young person. It is important that staff think about where and when to meet with the young person, picking a time/place with low risk of interruption. It's important that the young person feels listened to, staff are not forceful as the young person may not talk, but don't be so subtle that the concerns are not heard. Try to ask open questions, the dialogue should be 2-way, ask for consent from the person to source additional support for them, someone with more specialist knowledge for them to talk to and to answer any questions they may have.

In many cases support will need to be sought outside of the organisation, for example mentoring, counselling and community involvement schemes. Tailored support for any individual identified as being vulnerable to being drawn into terrorism is offered through the voluntary Channel programme. This is a Local Authority led multi-agency panel, which decides on what the most appropriate support package for that person will be. Consent from the individual needs to be sought, if they are under 18 parental consent is required. Consideration should be given to the possibility that sharing information with parents may increase the risk to the child and therefore may not be appropriate. However, experience has shown that parents are key in challenging radical views and extremist behaviour and should be included in interventions unless there are clear reasons why not.

If staff are concerned, or suspect that a young person is at risk of radicalisation, follow the OCH Child Protection Referral Process detailed on **page 6**.

Channel referrals can be made through Children's Services or can be discussed with the Channel Police lead through 101. The Channel panel is made up of statutory and non-statutory agencies, which can change according to relevance and agencies currently involved, to discuss support package options.

Belief in Spirit Possession, Minority Culture and Faith

A lack of understanding of various religions and cultural context of families can lead to professionals overlooking situations that may place children at risk of harm. The fear of being seen as culturally-insensitive could result in not placing the rights and needs of the child first. Some families may claim their parenting practices are part of their culture or religious beliefs, and may accuse professionals of discriminating against them in an attempt to prevent an intervention (create a distraction). It is important that staff working with families of concern ensure that the safety and wellbeing of the child is placed at the centre of any concern. Concerns should be discussed with a line manager and/or DSLC.

Spirit Possession

Definition:

Spirit possession is a term for the belief that animals, aliens, demons, gods or spirits can take control of a human body.

The belief in spirit possession is widespread and is not confined to particular countries, cultures, religions or communities. The belief that a child is able to use an evil force to harm/affect others. There is a range of terms used connected to such abuse for example 'black magic', 'kindoki', 'ndoki', the 'evil eye', 'djinns', 'voodoo' and others. Abuse of this nature often occurs when an attempt is made to 'exorcise' or 'deliver' the child. Such abuse can be incredibly harmful to a child's wellbeing, and often only becomes apparent when the situation has escalated and has become apparent outside of the home. This may mean that the child has been subjected to serious harm for a period of time already. There is often a weak attachment between the carer/parent and child. 'Possession' may be a way of rationalising the family misfortune.

ANY CONCERN OF THIS NATURE MUST BE TAKEN SERIOUSLY AND REPORTED TO A LINE MANAGER OR DSLC.

Child Exorcism/Deliverance

May involve severe beating, burning, starvation, rubbing chilli peppers or other substances in the eyes or on the genitals, cutting, stabbing or isolation. Siblings or other children in the household may be well cared for with all their needs being met, however they may have witnessed practices, and been encouraged to alienate the child and/or participate. Possession may also be seen to affect unborn children. Children and young people particularly vulnerable to spirit possession and witchcraft related abuse are: disabled children, children with learning difficulties, physical illness, children with conditions such as autism, epilepsy, step-children or children in a private fostering situation.

If staff are concerned, or suspect that a child is at risk, has experienced exorcism, or deliverance, follow the OCH Child Protection Referral Process detailed on **page 6**.

Private Fostering Arrangements

A child 16 years old or under is cared for by someone who is not a close relative, for more than 28 days. Private foster carers and parents are legally obliged to report such an arrangement to Children's Services. An assessment of the circumstances needs to be undertaken, monitored and such arrangement is the responsibility of the Local Authority. Anyone who becomes aware of a private foster arrangement is duty bound to inform the Local Authority.

Deaf and Disabled Children

Deaf and disabled children are at increased risk of abuse and neglect compared to able bodied peers, and are less likely to receive protection and support when they have been abused. It can be difficult for professionals to identify safeguarding needs in those with a range of conditions and identities. Staff may struggle to; understand the child's speech; read non-verbal signs; gauge the child's understanding of abuse and may communicate solely with the parent/carer.

Children with disabilities are more likely to rely on a parent/carer for basic needs, therefore may be unwilling to disclose abuse. Staff need to be mindful that they don't assume certain behaviours and/or usual indicators of abuse are a result of their disability, look beyond the child's disability, keeping the wellbeing of the child as a priority. Signs of abuse may be a result of a disability, but it is important not to assume this.

Listen to the child. Where communication is difficult get creative and try other means, tailor tools and look out for changes in the child's presentation as they communicate.

Further information and guidance can be found on the **NSPCC website**
https://learning.nspcc.org.uk/safeguarding-child-protection/ddeaf-and-disabled-children/#heading-top

Young People between 13 and 16 Years Old

The Sexual Offences Act 2003 recognises that mutually agreed, non-exploitative sexual activity between teenagers does take place, however, the age of consent still remains 16 years. Sexual activity under 16 remains illegal, young people under the age of 13 are NOT deemed as capable of giving consent to sexual activity. Consider the risk of CSE. Sexual behaviour of this nature needs to be discussed with a line manager and/or DSLC, then advice sought from Children's Services.

Young People between 16 and 18

Young people under the age of 18 are still protected under the Children's Act 1989. Young people over the age of 16 and under 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member, as defined by the Sexual Offences Act 2003. Consider the risk of CSE.

A referral must be made to Children's Services if a pregnant person is:

- Under the age of 13 (mother & unborn referrals)
- Between the ages of 13 and 16 (mother & unborn referrals)
- Abuses drugs/alcohol (or their partner does)
- Not thought to be able to care for the baby
- Unable to provide for themselves or the baby
- Subject to domestic abuse
- Suffering from Learning Disabilities/Physical Disabilities where they are unable to care/provide for the child and have little/no support.

If there are concerns for an unborn, once a pregnancy has been confirmed by a health care professional Children's Services need to be informed.

Concealed Pregnancy

A Concealed pregnancy is when:

- An expectant mother knows they are pregnant but does not tell any professionals

- An expectant mother tells another professional but conceals the fact that they are not accessing antenatal care
- An expectant mother tells another person yet conceals the pregnancy from all health agencies

Concealment of pregnancy may be revealed late in pregnancy, labour or following delivery, the expectant mother may be unaware of their stages of pregnancy due to lack of health care involvement. Concealment may occur as a result of stigma, shame or fear, the pregnancy may be the result of incest, sexual abuse, rape or a violent relationship. A pregnancy resulting from a criminal offence will need to be investigated which may be an incredibly scary prospect.

A denied pregnancy is when a woman is unaware of, or unable to accept the existence of a pregnancy, physical changes to the body are misconstrued, they may be intellectually aware of the pregnancy but continue to think, feel and behave as though they are not, they may be unaware due to intellectual disability. In the case of denied pregnancy, the effects of going into labour and giving birth can be traumatic resulting in poor outcomes, attachment and aftercare.

Reason for Concealment

A concealed pregnancy can lead to a fatal outcome (for mother and/or child) regardless of the mother's intention.
Concealment may indicate:

- Uncertainty towards the pregnancy
- Immature coping styles & tendency to dissociate, which may impact on attachment and parenting capacity

Potential risks

- Abnormalities/complications may not be detected
- Appropriate advice not given
- Potentially harmful medications may be prescribed
- Unassisted delivery can be dangerous for mother and baby
- Unwillingness/inability to appropriately attach to the baby
- Substance misuse can place the baby's health and development at risk, resulting in further complications. An expectant mother may be unwilling to disclose substance misuse due to fears of statutory involvement. Be aware of possible collusion by family members.

Consider

- Previous concealed/denied pregnancy
- Previous termination(s), thoughts of termination/or unwanted pregnancy
- Loss of a previous child (i.e. adoption, removal under care proceedings, death)
- General fear of being separated from a child

If staff are concerned, or suspect that an unborn child is at risk, a pregnancy is being concealed or denied, follow the OCH Child Protection Referral Process detailed on **page 6**.

Child Abuse on the Internet

The internet has become a significant tool in the distribution of indecent photographs/pseudo photographs of children. There are numerous forums and platforms used to contact children with a view to grooming them for abuse. There is a growing concern about the ease at which children can access inappropriate online material. Parents have a responsibility to supervise a child accessing the internet, ensuring that suitable filters and software is utilised to avoid inappropriate access.
The exposure of children to abusive or inappropriate images can negatively impact on their health and development. There is evidence that persons found in possession of indecent

photographs/pseudo photographs of children are likely to be involved directly in child abuse.
If staff are concerned, or suspect that a child has/is being abused, follow the OCH Child Protection Referral Process detailed on **page 6**.
CEOP – (Child Exploitation Online Protection Centre Internet) https://ceop.police.uk to report abuse or for more information.

Key Message for Practice from Serious Case Reviews

It is often cited in Serious Case Reviews (CSRs) that professional concern about building and maintaining their relationship with their client has resulted in risk to the child being overlooked or simply 'not seen'. Therefore, the following information serves as a reminder to staff that the needs of the child are paramount and override any relationship with an adult.

Haringey (Victoria Climbie & Baby P - LSCB)

Highlighted some common key messages for practice that are also reflected in national research. Staff should assume a level of 'healthy scepticism' in practice – this means that workers are respectful but challenging.

Research tells us:

- 75% of parents do not cooperate with services (including disguised compliance and telling workers what think they want to hear)
- Parents, not consciously, often test the resolve of the safeguarding and child protection systems. (http://www.haringeylscb.org/sites/haringeylscb/files/executive _summary_peter_final.pdf)
- Wirral Safeguarding Board - Almost every child who has been subject to a SCR over the last 40 years was 'seen' by a professional within days (or hours) of their death. **Just seeing a child is not protection against harm**. Staff need to try and understand what the world looks and feels like for that child.

Wirral (Daniel Pelka)

Key practice points:

- Place yourself in the child's shoes
- Don't just rely on a parent's explanation of events/views, balance this with objective information and evidence which supports or challenges their version
- Look at patterns of behaviour and family lifestyle over time as well as focusing on specific events
- See all injuries, even minor ones in the context of any other injuries or bruises
- Think the unthinkable, always consider the possibility of child abuse as a potential cause of the presenting problems or injuries
- Balance optimism with objective evidence
- Keep clear records
- Don't make assumptions on behalf of your colleagues, check with them before making decisions.

Daniel Pelka Case Findings:

'… Professionals were reassured that the risks to the children had diminished, and there was a reliance on the mother's account that she was now managing the situation, and the problems with her partner had stopped (Referring to domestic violence)… Involvement with professionals Ms Luczak came over as plausible in her concerns about Daniel and as a capable and caring parent when not in the middle of domestic abuse incidents. She was assertive with professionals who then failed to recognise her tactics of manipulation, avoidance and deceit… With the pattern that neglect usually impacts upon all children in a family it gave professionals a false reassurance that Daniel's problems were not related to abuse or scape-goating.'

OCH Commitments:

- In the first instance all steps will be taken to prevent harm to all children within OCH projects.
- OCH is committed to working together with the LSCBs and partners and to operate in a multi-agency approach within the statutory, voluntary and independent sectors.
- Service users, Trustees, staff, students, volunteers and agency staff will be made fully aware of this policy and procedure which will be available in every workplace.

Reporting

Disclosure and Barring Service (DBS)

The Disclosure and Barring Service provides information on criminal records and barring decisions. It helps employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk and children.

If a safeguarding concern involves staff or volunteers who've caused harm or posed a significant risk of causing harm to individuals, you should consider making a referral to the Disclosure and Barring Service. If staff or volunteers have been dismissed or removed from your organisation and you work directly with children and adults at risk, you must make a referral.

Read Disclosure and Barring Service referral information - **https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs**

Any decision to refer an incident to the DBS will be taken by the executive team.

The Charity Commission

The Charity Commission requires any registered charity to report 'serious incidents'. OCH must report to the Charity Commission if any safeguarding concerns have resulted or could have resulted in harm. This includes some situations where our own policies or procedures have not been followed properly. If those breaches have put people who come into contact with the OCH through our work at significant risk of harm, we must report them even if no actual harm occurred.

What needs to be reported depends on the context of a charity, taking account of its staff, operations, finances and/or reputation. A report should always be made where the level of harm to the victims and/or the likely damage to the reputation of or public trust in OCH is particularly high

The responsibility for reporting serious incidents rests with the charity's trustees. In practice, this may be delegated to someone else within the charity, such as the CEO or DSL. OCH must ensure that we follow any protocol for delegated authority to report to the Charity Commission. If in doubt, we must ensure that trustees have authorised the report.

Upon receipt of a report, the role of the Charity Commission must:

- focus on the conduct of the trustees
- focus on steps the trustees have taken to protect the charity
- consider what the trustees have done to make sure they're compliant with their legal duties and responsibilities towards the charity in managing safeguarding concerns.

Even if the incident is not illegal or there is no police investigation, the Charity Commission may still have serious concerns about the charity, the conduct of its trustees or its safeguarding systems. They will be looking for reassurance that our organisation has taken steps to limit the immediate impact of the incident and, where possible, prevent it from happening again. They may undertake an investigation and decide how to respond on the basis of evidence collected.

Read The Charity Commission guidance on reporting serious incidents. - **https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity**

Any decision to refer an incident to the charity commission will be taken by the board of trustees in consultation with the executive team.

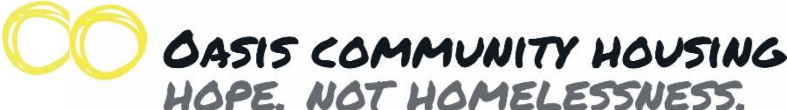
Policy No: OP 1			
Prepared by	Ann Adesoye	Approved by	Jen Gauden-Hand
Signature		*Signature*	
Job Title	Head of Supported Housing	Job Title	Director of Housing
Date	April 2021	Date	April 2021
Revision Date	April 2023	Revision Date	April 2023

Policy & Procedure Signature Sheet

OP 1	**Operational Safeguarding Information to Protect Children & Young People (Mandatory for all Frontline Staff)**
Issue Date	**December 2018**
Contents	**Policy, Procedural Guide (Pages 11 – 23)**

I confirm that I have read and understood this Policy and Procedure

Name	Role	Signature	Date



APPENDIX 1
OCH Child Protection Referral Process Flowchart

Abuse Suspected or Identified

↓

Staff/students and volunteers must take **immediate appropriate action** to protect a child when:

- A member of staff observes signs of abuse, or witness or hears somethings that causes staff to be concerned
- Information is received from any source of suspected alleged abuse or neglect
- A member of staff is concerned about the welfare of a child/children
- Speak with OCH line manager/person on call (DSLC if available) on information received

↓

CHILD IN IMMEDIATE DANGER -
Call Duty social worker at local Children's Services and/or 999 Police/ambulance

If possible keep your eye on the child and wait for statutory agencies to arrive

↓

Senior OCH staff, person on call or DSLC will offer to support staff, and attend if required, being mindful that the child could be placed at greater risk through escalation/panic (e.g. carer/mother flees with the child).

Child **NOT** in immediate danger

↓

Be open and honest with parent/carer, if safe to do so, particularly if you have concerns about a child's welfare and intend to share those concerns with other professionals. Discuss the concerns with appropriate professionals (Duty social worker if appropriate).
If the situation escalates as a result of telling the parents/carer follow the advice for CHILD IN IMMEDIATE DANGER (above).

↓

The Project Team Leader, person on call and/or the DSLC need to be regularly updated as the situation progresses.

↓

Make a verbal referral to Children's Services/Duty social worker, paperwork must follow within 24-hrs using secure email.
Ensure the DSLC knows the whereabouts of the saved referral form (save the referral to InForm notes if appropriate).

APPENDIX 2
Non-Accidental/Accidental Injuries Body Map

Always remember, a BABY who is not mobile and cannot move should NEVER have any marks or bruising on them. Inform your line manager and/or DSLC immediately if you come across a child with marks/bruising.

For Non-Accidental Injuries

Eyes
Ears
Cheeks
Mouth
Neck
Shoulder
Chest
Upper Arms
Inner Arms
Stomach
Genitals
Front Thighs
Buttocks
Back Thighs

For Accidental Injuries

Forehead
Crown
Body spinal protuberances
Elbow
Liana crest (hip)
Knees
Shins

APPENDIX 3

Baby & Child Body Map

APPENDIX 4
Young Person Body Map

APPENDIX 5
Child Sexual Exploitation: Information for staff

i. Key Facts about CSE

- Age – sexual exploitation often starts at age 12-13, however it can be earlier: girls from 10-11, boys from 8.
- Gender – it affects boys and girls, (about 25-30% boys)
- Ethnicity – occurs in all communities
- Vulnerability – any young person can be targeted, though the stereotype is of isolated, marginalised girls from 'chaotic' or 'council estate' backgrounds. *(An example is "Emma' – middle class family, she was intelligent, doing well at school, successful parents both running their own companies. Consequently, she spent a lot of time on her own, on the internet. The abuser cleverly drove a wedge between her relationships with her parents, saying things like 'they must love their business more than you'. Emma had never had a boyfriend.)*
- Especially vulnerable groups: Looked after children, leaving care, those with learning difficulties
- Victims may be trafficked (people can be trafficked between buildings/streets/villages/towns/counties, not necessarily between countries)
- Most exploitation does not involve imprisonment e.g. Rochdale cases, initially.
- Over 70% of adults involved in prostitution were sexually exploited as children/teenagers

ii. Grooming models – a number of identified models have been used

1. Barnados Model (identified 1989)

- Ensnaring – befriending; develop 'boyfriend' relationship, undermine any other close relationships. Experience of 1st love can be very potent, when it starts to go wrong the victim will excuse behaviour, but there is also often an inability to break out because they will lose the relationship
- Effecting Dependency – isolating, constant contact, gifts
- Taking Control – asking for 'help' or a 'favour' with a friend, 'I'm in trouble'
- Total Dependency – threats of violence to the victim, or their family if they threaten to leave
- Sexual favours

2. The Party Model

Going to a club and refused entry (e.g. bouncers are part of a ring). There is a group of young men of a similar age loitering near the entrance – "we've heard of a party down the road", going out as a group may dampen down natural instinct such as fear/worry/awareness

3. Gang Model

2 types – Being affiliated to a gang and having their protection, but the payment is sex.
Part of the initiation process is to recruit 10 other young women for sex (e.g. t*his occurred* in *Rochdale where one young woman was made to recruit others, which is less suspicious*)

4. Taking Control

A young person who may be aged 15/16 who has been exploited may decide to regain some control over their life by using abuse on others – they don't see themselves as having been exploited as they are making a choice.

5. Young People as Conduits

A young woman (for instance) dabbling in sex work to pay for university or other economic reasons is invited to party, abused and then threatened with exposure to her family or the university authorities if she doesn't carry on.

6. Internet
Abusers will surf for particular profiles on social networking/chat rooms – e.g. Facebook. It may even begin by grooming the parents (Facebook pictures of good looking family with young children), then ingratiating themselves with the family. Although this is a recognised method the numbers are unknown.

7. Social Groups
(i.e. groups of young people hanging out together) in regular unsupervised locations – offers/invites from peers.

8. Mobiles
Bluetooth text saying 'you won't remember me, met last week, thought you were beautiful, can we meet'. The message is sent from close by respondents, then uses software that will tell them providers name and then name and address.

9. Domestic Trafficking
Used by organised groups of abusers because it leads to disorientation. Abusers will change areas they operate in and swap abused young people to avoid detection.

iii. Vulnerability

65 pieces of research from 1998 findings: 2083 child victims of sexual exploitation
311 LAC, 570 had run away from family home. It is important to take into account normal child development and child sexual exploitation within the wider context.

Young people often experiment and take risks. They perceive risks differently; reject authority and control, ignore good advice, defend their actions, their decisions and their friends (and their friend's behaviour). Teenagers are vulnerable to flattery as they develop/discover/seek their self-worth/esteem. They may be naïve (even when they present as tough and 'streetwise'), displaying feelings of invincibility. Grooming often mirrors normal relationships, teenagers can be secretive, vulnerable young people may have emotional needs whereby they stick with friends or peer groups.

iv. Identifying Perpetrators

CSE is not a race issue. Abusers come from all ethnicities, but each area can have a 'profile' (it is important to remember that profiles do change). Abusers can come from all communities, any age, both male and female. They may be 'visible in everyday life,' often articulate, savvy, middle class, professional, married with kids of own, and may have access to children professionally.
Those street grooming/exploiting have been seen in recent case to be from British Asian backgrounds, however there has been a move towards those involved being from Eastern Europe/middle East.
CSE is perpetrated by both individuals and groups. The majority of cases are still by an individual for their own personal gratification rather than groups (where involvement is for commercial gain).

v. Sexual Offences Act 2003

Created 71 new categories sexual offences, including:
Statutory rape (anyone under 13), redefined rape to include oral or anal sex, sexual assault.

Abuse of a position of trust (this only applies to certain positions e.g. teacher, social worker, scout leader).
Familial child sexual offences.
Child prostitution and pornography.
Grooming: i.e. preparatory offences and variously: exposure, voyeurism, intercourse with animals, sexual penetration of a corpse and offences outside the UK, taking indecent images, importing and possessing them.

vi. Working with young people affected by CSE

Some suggestions:
Take a child/person centred approach.
Take an indirect, non-confrontational approach.
Timescales – it may take a long time for a young person to gradually disclose information.

vii. Assessing Risk

Use presenting indicators as a measure.
Consider the risk to the young person, to yourself, to others.
What contributing adverse factors are there e.g. violence, trafficking.
Develop an immediate action plan.
Make a referral, with reference to specific risks.
Identify actions to take where there is a reluctance by young person to engage.

viii. Sharing Information

Barriers:

- Confidentiality
- Data protection
- Uncertainty/risk

Imperatives for sharing information

- Protection of a Child
- Prevention of significant harm
- CSE can only be properly identified and responded to by multi agency exchange of information
- Early intervention can make a huge difference
- Legal imperative

ix. Responding

Ring Social Services to ask for advice (this can be separate to a referral).
If there are any Child Protection concerns refer to a Common Assessment Framework (CAF).
Ensure written record trail of disclosures, decisions and information/concerns.
Contact Children's Safeguarding Lead at Oasis Community Housing.
Call professionals involved with the person e.g. Team Around the Family (TAF).
Contact Safeguarding Champion in Local Authority LSCB.

x. Good Practice

- Recognise symptoms and distinguish from normality and other abuse
- Treat the child/young person as a victim of abuse
- Understand their perspective
- Help them recognise they are being exploited, discuss tools for keeping themselves safe

- Collate as much information as possible
- Follow robust safeguarding procedures
- Promote effective multi-agency working
- Work together to prevent continuation

Raising Awareness – What are we providing for our service users to educate them, inform them of choices, help them identify risk etc.?

xi. Summary

- Taking action to safeguard a child and action to disrupt and prosecute offenders is complex
- Early multi-agency involvement significantly reduces impact/increases chance of apprehending abusers
- Early recognition of vulnerability can safeguard a young person
- The coercion and grooming of perpetrators should not be underestimated
- Use of mobile technologies by abusers is significant
- The effect on the capacity of the young person to make informed decisions should be considered
- Understanding and promoting protective factors within families is key
- Training for staff to recognise and respond is essential (providing ongoing support for staff dealing with a victim)

APPENDIX 6
Child Sexual Exploitation: Risk Assessment Matrix

The purpose of the assessment tool is to enable an assessment **of** a young person's level of risk of child sexual exploitation in a quick and consistent way**.**

Important points to remember when assessing abuse by child sexual exploitation:

1. Both girls and boys can be victims of child sexual exploitation and can be equally vulnerable.
2. Although coercers and perpetrators are usually adults, they can be children and young people in a position of power (or being coerced to recruit others) and be of either gender.
3. Parents/carers may be involved in the sexual exploitation of their children and young people or fail to prevent it.
4. Groups of children and young people and multiple perpetrators may be involved
5. Children and Young People under the age of 18 (Children Act 1989) are considered under the scope of this guidance and toolkit.
6. No child under 13 years can be assessed as Lower Risk if behaviour's indicate involvement in CSE.
7. Children and Young People with additional needs require special consideration up to the age of 21 years. No child with a learning disability should be assessed as Low Risk if behaviour's indicate involvement in CSE.

RISK ASSESSMENT MATRIX

This tool can be used as an ongoing assessment when working with a young person who you suspect, or know is being abused by sexual exploitation.

CSE RISK ASSESSMENT MATRIX – STEP ONE
Capacity of carers and family to protect may be impacted by them experiencing one or more of these factors

Underlying Vulnerability Factors in families	Yes/No
Violence/Domestic Abuse	
Children and young people 'Looked After'	
Migrant/refugee/asylum seeker	
Homelessness	
Substance misuse by parents/carers/child	
Learning disabilities, special needs or mental health issues	
Homophobia	
Breaks in adult relationships	
Death or illness of a significant person in the child's life	
Financially unsupported	
Some form of family conflict	
Lack of love and security	
Adult prostitution	
Patterns of abuse and/ or neglect in family	
Other – please specify	

CSE RISK ASSESSMENT MATRIX – STEP TWO
ARE YOU SEEING ANY OF THESE BEHAVIOURS?

Abuse by CSE Indicative Behaviours	Yes/No
Bruising consistent with physical or sexual assault	
Reports from reliable sources that young person has been taken to hotels, night clubs, out of area by adults without parental permission	
Reports from reliable sources that a child has been seen in localities (hot spots) where CSE perpetrators frequent	
Meeting adults involved in targeting, harbouring and grooming children for CSE	
Being contacted by unknown adults (male or female) in person or by mobile telephone, text, email/chat rooms or letter	
Development of a relationship, usually with someone older, who encourages emotional dependence, loyalty & isolation from safe relationships & controls the relationship by manipulation, violence and threats	
Persistent absconding or late return with no plausible explanation	
Being picked up by unauthorized adults in cars	
Returning from absconding looking well cared for, despite having no known base	
Estranged from family	
Acquisition of money or possessions without plausible explanation	
An adult loitering outside the home to meet the child	
Self-harming/ offending behaviour	
Alcohol and other drug misuse	
Persistent truanting from schools	
Young person spending lot of time in ’chat rooms’/inappropriate web sites	
Sexually transmitted diseases and/or unplanned pregnancy/ies	
Low self-esteem/self-worth	
Young gay/bisexual male exploring sexuality in unsupported way	

ABUSE BY CSE RISK ASSESSMENT MARTIX – STEP THREE: COMPLETE THIS MATRIX

RISK LEVEL LOWER	NUMBER OF INDICATORS	BEHAVIOURS	YES/NO	REQUIRED ACTION BRIEF POINTS	CONSIDERATIONS
THRESHOLD INTO CAF	**ONE OR MORE** INDICATORS IDENTIFIED	Regularly coming home late or going missing		Contact CP CSE Co-ord Ref to CAF Notify Police Seek guidance/advice and refer to CSE Specialist Voluntary Sector Services	No child under 13 can be categorised as LOW. No child with a learning disability can be categorised as LOW.
		Overt sexualised dress, sexualised risk taking including on the internet		**Notes:**	
		Unaccounted for monies or goods			
		Associating with unknown adults or other sexually exploited children			
		Reduced contact with family/friends			
		Sexually transmitted infection			
		Experimenting with drugs/alcohol			
		Poor self-image, eating disorder, some self-harm			
RISK LEVEL MEDIUM	**NUMBER OF INDICATORS**	**BEHAVIOURS**	**YES/NO**	**REQUIRED ACTION BRIEF POINTS**	
THRESHOLD INTO SN 47 CHILD PROTE-CTION	**Any of the above & ONE OR MORE** OF THESE INDICATORS	Getting into cars with unknown or known CSE adults		Discuss with line manager Contact Oasis Community Housing Safeguarding Children's Lead Refer to Children's Social Care Police discussion regarding investigation needs Seek guidance/advice and refer to CSE Specialist Regular CIN until child/young person exits CSE	
		Being groomed on internet			
		Clipping (offering to have sex then running on payment)			
		Receiving rewards for recruiting peers to CSE			

		Disclosure of physical/ sexual assault followed by withdrawal of complaint		
		Reports of involvement in CSE seen in hot spots		
	Any of the above PLUS TWO OR MORE OF THESE INDICATORS	Older boy/girl friend		Same actions required as above
		Non-school attender or excluded due to behaviour		**Notes**
		Staying out overnight no explanation		
		Breakdown of placements due to behaviour		
		Unaccounted monies and goods for mobiles, drugs, alcohol		
		Self-harming		
RISK LEVEL HIGH	**NUMBER OF INDICATORS**	**BEHAVIOURS**	**YES/NO**	**REQUIRED ACTION (BRIEF POINTS)**
REQUIRES IMMEDIATE Sn 47 JOINT INVESTIGATION BY SS & POLICE	**Any of the above and ONE OR MORE** OF THESE INDICATORS	Child under 13 engaging in penetrative sex with another over 15 years		Contact Referral & Assessment immediately Police informed Police refer to PPU if required Seek guidance/advice and refer to CSE Specialist CP Case conference or CIN meeting Regular CINs until child IS PROTECTED FROM ABUSE

		Pattern of street homelessness and staying with an adult believed to be sexually exploiting them		**Notes:**
		Child under 16 meeting different adults for sex		
		Removed from red light districts by professionals due to CSE		
		Being taken to clubs/hotels for sex with adults Disclosure of serious physical/sexual assault and then withdrawal		
		Abduction and forced imprisonment		
		Disappearing from the system with no contact or support		
		Being bought/sold		
		Under 16 with multiple miscarriages and terminations		
		Indicators of CSE in conjunction with chronic alcohol and drug use		
		Indicators of CSE alongside serious self-harming		

Policy & Procedure Signature Sheet

OP 1	**Appendix 1 - 6**
Issue Date	**December 2018**
Contents	**Policy, Procedural Guide (Appendices: Pages 25 - 37)**

I confirm that I have read and understood this Policy and Procedure

Name	Role	Signature	Date