

# Safeguarding Policy

## Important Contact details

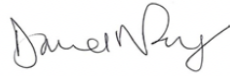


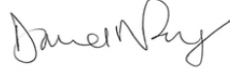
Designated Safeguarding Lead (also responsible for TEEN and ADULT safeguarding)	Daniel Norey 07483156400 dan@parasolproject.org
CHILD Deputy Designated Safeguarding Lead	Amy Rogers 07904669929 <a href="mailto:playbase@parasolproject.org">playbase@parasolproject.org</a>
TRUSTEE Designated Safeguarding Lead	Daniel Wadsworth 07881707216 <a href="mailto:danielw@jessopandcook.co.uk">danielw@jessopandcook.co.uk</a>
MASH (Multi Agency Safeguarding Hub)	0345 050 7666

**Parasol believes that children have the right to be completely secure from both the fear and reality of abuse and neglect, and we are committed to safeguarding all the children in our care from harm.**

## Monitoring & Review

The policy will be reviewed annually. All individuals in a position of trust should have access to this policy and sign to the effect that they have read and understood its contents.

We, the Parasol Project will complete an annual self-assessment to appraise their safeguarding practice against OSCB standards, please see [www.oscb.org.uk/](http://www.oscb.org.uk/)

Review Date	Changes Made	By Whom	Approved by
April 2021	Total policy update using OSCB policy template.	K SMART	
March 2022	Annual update including contact details	K SMART	
July 2022	Contact detail update	K SMART	
March 2024	Added link to OSCB policies Updated CHILD DSL details	K UNDERHILL	

## **Contents**

- 1.0 Policy Overview**
- 2.0 Legal Framework**
- 3.0 Organisational Supporting Documents**
- 4.0 Purpose of this Policy**
- 1.1 Parasol's Roles & Responsibilities**
  - 1.2 Safer Recruitment
  - 1.3 Partnership with Parents & Carers
  - 1.4 Staff Training
  - 1.5 Intimate & Personal Care
  - 1.6 External Visitors
  - 1.7 Social Media
- 6.0 Appendices**

## 1.1 Our Policy

The Parasol Project recognises its duty of care to safeguard children and adults as detailed under the Children Acts' (1989 & 2004), Working Together to Safeguard Children (2018) and The Care Act (2014).

This includes all children, young people and adults who use the following services:

- Children's Service
- Teenage Service – *including the Volunteering Project*
- Parasol Plus or Adult Parasol
- Outreach settings where Parasol staff are carrying out delivery in other organisations.

The Parasol Project is fully committed to safeguarding and protecting the welfare of all children and young people taking all reasonable steps to promote safe practice and protect them from harm, abuse and neglect.

The Parasol Project acknowledges its duty to act appropriately with regards to any allegations towards anyone working on its behalf, or towards any disclosures or suspicion of abuse.

The Parasol Project believes that:

- The welfare of all children and young people is paramount (Children's Act, 1989)
- All children, regardless of age, ability, gender, racial heritage, religious or spiritual beliefs, sexual orientation and /or identity, have the right to equal protection from harm or abuse (as stated by UNCRC, Article 19)
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other reasons.
- Working in partnership with children, their parents, carers and other agencies is essential in promoting young people's welfare

Our policy has, in part, been informed by and should be read alongside the following local OSCB and OSAB safeguarding policies and procedures:

<https://oscb.trixonline.co.uk/>

<https://www.osab.co.uk/>

## **1.1 Legal Framework**

This policy has been developed in accordance with the principles established by the following legislation and guidance:

- Children Act (1989)
- United Nations Convention on the Rights of the Child (1991)
- Human Rights Act (1998)
- Children Act (2004)
- Equality Act (2010)
- Children and Families Act (2014)
- The Care Act (2014)
- Special educational needs and disability (SEND) code of practice: 0 to 25 years (2015)
- Working Together to Safeguard Children (2018)
- What to do if you are worried a Child is being Abused (2015)
- Oxfordshire Safeguarding Children Board guidelines

This policy applies to all staff, including senior managers, committee members/board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone in a position of trust. A child is defined as a person under the age of 18 (The Children's Act 1989).

## **1.1 Organisational Supporting Documents**

This policy should be read alongside our following policies and guidance:

- Safer Recruitment, recruitment, induction, training and supervision
- Confidentiality and Data Protection
- Enabler Code of Conduct
- IT, Social Media and E-safety
- Photography and use of images of children
- Health, safety and wellbeing
- Anti-bullying
- Whistleblowing
- Intimate care
- Registration & Referrals
- External Visitors

## **1.1 Purpose of this Policy**

The purpose of this policy is to:

- protect children and young people who receive the Parasol Project's services. This includes children of adults who use our services
- provide all those in a position of trust with the overarching principles that guide our approach to safeguarding and child protection

To keep children safe the Parasol Project will:

- provide a setting where children feel listened to, safe, secure, valued and respected
- appoint a Designated Safeguarding Lead for children and ensure a clear line of accountability with regards to safeguarding concerns
- ensure all those in a position of trust have been provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection
- provide a clear procedure to follow when safeguarding and child protection concerns arise
- ensure effective and appropriate communication between all individuals in a position of trust
- build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice.

## **1.1 Roles & Responsibilities**

All individuals in a position of trust must:

- Understand the different types of abuse and recognise the possible risks and indicators
- Understand their responsibility to report any concerns that a child is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards a child or children
- If appropriate; liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings / core groups / conferences
- Record and store information legally, professionally and securely in line with organisational policies and procedures
- Understand the line of accountability for reporting safeguarding concerns and be fully aware of the organisation's safeguarding lead and their role within the organisation.

## 1.2 Safer Recruitment

Safe recruitment is central to the safeguarding of children and young people. The Parasol Project employs 'enablers' to work with children in a position of trust and therefore have a duty to safeguard and promote their welfare. This includes ensuring that the organisation adopts safe recruitment and selection procedures which prevent unsuitable persons from gaining access to children. Please see our *Staff Recruitment Policy* for more information on how we ensure safe recruitment in our organisation.

## 1.3 Partnership with Parents & Carers

We will always endeavour to ensure to have excellent communication with parents and carers. This informs the quality of our work and is a major part of ensuring children are kept safe. This communication is also vital in ensuring staff identify any signs of abuse or neglect. Parasol staff should strive to be open with parents/carers about their concerns. Every effort will be made to include the family in constructive discussions about concerns and any action taken, unless this is not in the best interests of the child or young person.

## 1.4 Staff Training

Parasol will ensure that all staff have the correct training to be able to fulfil their safeguarding duties to their full potential. This includes helping staff understand our safeguarding policies and procedures and ensuring they undertake the required level of training for their role in line with Oxfordshire Safeguarding Children Board standards - every 3 years for Generalist and Advanced Safeguarding and every 2 years for Designated Leads.

For more information, please see our *Staff Training and Development Policy*.

## 1.5 Intimate Care

Parasol works with children and young people who may have intimate care needs. All of our staff will be sensitive and respectful of children's needs and dignity. Enablers who provide intimate care to children and young people will be trained to be able to identify and respond appropriately to any indicators of a possible safeguarding concern. There will always be a Level 3 trained individual responsible for the safety and welfare of children and young people when intimate care support is needed. For more information, please see our *Intimate Care Policy*.

## 1.6 External Visitors

The term 'external visitor' is defined as anyone who is not employed by Parasol who enters our premises on any given day. External visitors must never be left unsupervised or alone with children or young people unless these visitors have undergone the appropriate safer recruitment checks for this to be approved. For example, Parasol hires 'Specialists' who regularly attend Parasol sessions and have been vetted to ensure they have the appropriate documentation including DBS certification and level of safeguarding training. For more information, please see our *External Visitors Policy*.

## 1.7 Social Media

Parasol recognises the benefits of social media for children, young people and adults however are also aware of the risks that our service users can encounter online. Exposure to upsetting and/or inappropriate content, grooming or sharing personal information online are just some examples of these potential dangers. Enablers are instructed to follow Safeguarding procedures if a child, young person or adults is showing any indicators that they are experiencing exposure to any of these risks. For more information, please see our *IT, Social Media and E-safety Policy*.



## 6.0 Appendices

### Appendix A: Child Protection and Safeguarding Procedures

#### 1. Introduction

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

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

All professionals have a responsibility to report concerns to Adult's social care according to the Care Act (2014), if they believe or suspect that an adult is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves against the abuse or neglect or the risk of it. Prior to raising an adult safeguarding concern, it must be assessed if the concern meets the criteria for a Section 42 (S42) safeguarding enquiry under the requirements of The Care Act 2014. The requirements are as follows:

- The adult is reported as having or appears to have needs for care and support?
- The adult is reported or appears to be experiencing or at risk of abuse or neglect?
- And as a result of care and support needs is the adult unable to protect themselves from either the risk of, or the experience of abuse or neglect?

If these requirements are met, it is necessary to escalate your safeguarding concern.

#### 2. What to do if you are concerned about a child or adult at risk Supporting children or adults at risk

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

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

## **Adults/Mental capacity/empowerment/proportionality**

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

If the child or adult at risk can understand the significance and consequences of making a referral to social care, they should be asked for their views.

It should be explained to the child or adult that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure their safety and the safety of other children/adults at risk.

## **Confidentiality**

We all have a right to confidentiality under Article 8 of the European Convention on Human Rights. It's important to respect the wishes of a child or any person who doesn't consent to share confidential information. If you're not given consent to share information, you may still lawfully go ahead if the child or adult at risk is experiencing, or is at risk of, significant harm.

Child protection concerns, disclosures or safeguarding allegations made against a person in a position of trust must not be discussed across the workforce as a whole. This information should be shared solely with Designated Safeguarding Leads, Social Care and/or the Local Area Designated Officer (LADO) as appropriate. Furthermore, personal information which is shared by the child or young person on a 1:1 level, such as sexual orientation or gender identification, should not be disclosed to the workforce as a whole.

If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child or adult and their family remaining strictly confidential. For more information, please see our *Confidentiality policy*.

## **Information sharing**

Staff are encouraged to follow 'The seven golden rules to sharing information' which can be found in this link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

In summary, one should:

- Be open and honest with the individual (and/or their family where appropriate)
- Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Share with informed consent where appropriate and, where possible, respect the

wishes of those who do not consent to share confidential information unless this is seen as necessary to safeguard the individual effectively.

### **Consider safety and well-being**

- Ensure all information shared is necessary, proportionate, relevant, adequate, accurate, timely and secure
- Keep a record of your decision and the reasons for it.

### **Supporting those working with our service users**

The Parasol Project recognises those in a position of trust emotionally “safe”. It is important that all staff supporting individuals are able to discuss safeguarding concerns with the Designated Safeguarding Lead and with their line manager as and when they need to, during end of the day safeguarding meetings or in regular supervision. Please see our *Staff supervision & Staff training and development policies* for more information.

### **Reporting concerns**

The referrer should provide information about their concerns and any information they may have gathered prior to referral. Parasol will support the member of staff making the referral to provide this information accurately as they are asked for the following:

- Full names, dates of birth and gender of all child(ren) and adults at risk in the household;
- Home address and (where relevant) school/nursery/care provision attended;
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the individual such as grandparents;
- Names and date of birth of all household members, if available;
- Ethnicity, first language and religion of individual and parents/carers;
- Any special needs of individual or parents/carers;
- Any significant/important recent or historical events/incidents;
- Cause for concern including details of any allegations, their sources, timing and location;
- Individual's current location and emotional and physical condition;
- Whether the individual needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of individual and family;
- Known involvement of other agencies / professionals (e.g. GP);
- Information regarding individual / parental knowledge of, and agreement to, the referral;
- The individual's views and wishes, if known.

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

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

### **To report a new immediate concern – Under 18 & Over 18**

All staff members must immediately talk to the Designated Safeguarding Lead or onsite Manager if they have an immediate concern about a child or adult. All relevant information must be recorded on a 'Safeguarding Concern Form'. The DSL or onsite manager will then support the staff member in taking the appropriate next steps.

If a crime has been committed and it is urgent, the police must be notified by calling **999**. If this concern is regarded as urgent (regarded as a Level 4 on the Oxfordshire Threshold of Needs), an urgent response is needed. The Multi-Agency Safeguarding Hub (MASH) must be contacted immediately on **0333 014 3325** – ensure the referrer has the completed Safeguarding Concern form and other relevant details with them in order to provide accurate information.

The Designated Safeguarding Lead may feel it is appropriate to refer a service user to social services if the concern is seen as a level 3/4 on Oxfordshire's Threshold of Needs. In this case, the DSL will complete:

*For children:* an Oxfordshire MASH Referral Form (MASH Enquiry online referral form). Or they can email a report to MASH on the secure email on: [mash-childrens@oxfordshire.gcsx.gov.uk](mailto:mash-childrens@oxfordshire.gcsx.gov.uk). If it is a Level 4 concern, then the referrer is then encouraged to call **0345 050 7666** to follow up the details in the form.

*For adults at risk:* an Oxfordshire County Council Adult Safeguarding referral form which can be accessed via this link: <https://www.oxfordshire.gov.uk/residents/social-and-health-care/keeping-safe/raising-safeguarding-concern>.

### **If there is a concern about a child (under 18)/family but it is not an immediate safeguarding concern**

The Threshold of Needs matrix needs to be consulted which can be found at: [https://www.oscb.org.uk/wp-content/uploads/2019/07/6-Oxfordshire\\_Threshold\\_of\\_Needs-2019.pdf](https://www.oscb.org.uk/wp-content/uploads/2019/07/6-Oxfordshire_Threshold_of_Needs-2019.pdf) This tool is designed to support professionals to make decisions as to whether contact should be made with Children's Social Care.

If after consulting the Threshold of Need, there are still concerns that do not require an immediate safeguarding response (a Level 2 or low 3), the Locality and Community Support Service (LCSS) should be contacted and a 'no names' consultation (meaning you

don't give the child's name) should be requested. The situation can then be discussed with them, and they will advise about what to do next. If a referral needs to be made, they will advise so.

- LCSS Central: **0345 241 2705**
- LCSS North (including Banbury, Witney, Bicester, Carterton and Woodstock): **0345 241 2703**
- LCSS South (including Abingdon, Faringdon, Wantage, Thame, Didcot and Henley): **0345 241 2608**

If a concern arises out of office hours, the Emergency Duty Team can be contacted on **0800 833 408**

### **If there is a concern about an adult (Over 18)/family but it is not an immediate safeguarding concern**

If a crime has been committed but it is not urgent, the police must be notified on 101. The Threshold of Needs matrix needs to be consulted which can be found at: <https://www.osab.co.uk/wp-content/uploads/2020/02/OSAB-Threshold-of-Needs-Matrix.pdf>

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

If after consulting the Threshold of Need, there are still concerns that do not require an immediate safeguarding response (a Level 2 or low 3), these should be addressed with the young person, their families and where appropriate other organisations who work with the adult. This should all be done with the informed consent of the adult and following the six principles of safeguarding as described in the Care Act (2014).

### **3. Referrals on open cases**

The Designated Safeguarding lead or onsite Manager will know if a referral is needed on an open case. They will then contact the relevant Social Care Team to relay the concern(s). If they do not have the name and contact details for the relevant social worker, they will contact MASH on **0345 050 7666**.

### **4. Allegations against others working with children/adults at risk**

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

- Behaved in a way that has harmed or may have harmed a service user;
- Possibly committed a criminal offence against or related to a child/adult at risk;
- Behaved towards a child/children or adult(s) in a way that indicates he or she

may pose a risk of harm them.

The Designated Safeguarding Lead must be informed immediately of any allegation against a staff member unless it concerns the Designated Lead themselves, in which case any concern should be passed on to the Deputy Lead. If this is still not appropriate, they should follow Parasol's Whistleblowing Policy and contact Oxfordshire County Council's Local Authority Designated Office (LADO) on 01865 810603 or by emailing [LADO.safeguardingchildren@oxfordshire.gov.uk](mailto:LADO.safeguardingchildren@oxfordshire.gov.uk).

## **5. Whistleblowing**

We recognise that service users cannot be expected to raise concerns in an environment where those in a position of trust fail to do so. All those in a position of trust should be aware of their duty to raise concerns about dangerous or illegal activity, or any wrongdoing within their organisation. Please see our *Whistleblowing Policy* for full details.

## Appendix B: Definitions and Indicators of Abuse

The table below outlines the main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children' document (2018), the Care Act (2014) and the child and adult Threshold of Needs for Oxfordshire. (Full definitions can be found in these documents). All staff should be aware that the possible indicators are not definitive and that some individuals may present these behaviours for reasons other than abuse.

<b>Type of Abuse</b>	<b><u>Possible</u> Indicators</b>
<p><b><u>Neglect</u></b></p> <p>The persistent failure to meet a child or adult at risk's basic physical and/or psychological needs, likely to result in the serious impairment of the child or adult's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a person is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• protect a child/adult at risk from physical and emotional harm or danger;</li> <li>• ensure adequate supervision (including the use of inadequate caregivers); or</li> <li>• ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, an individual's basic emotional needs.</p>	<p>Signs that may indicate an individual is living in a neglectful situation:</p> <ul style="list-style-type: none"> <li>• excessive hunger</li> <li>• poor personal hygiene</li> <li>• frequent tiredness</li> <li>• inadequate clothing</li> <li>• frequent lateness or non-attendance at school/provision</li> <li>• untreated medical problems</li> <li>• not brought</li> <li>• poor relationships with peers</li> <li>• compulsive stealing and scavenging</li> <li>• new rocking, hair twisting and thumb sucking</li> <li>• running away</li> <li>• loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight)</li> <li>• low self-esteem</li> <li>• poor dental hygiene</li> </ul>
<p><b><u>Self-Neglect</u></b></p>	<p>Signs that may indicate an adult is being self-neglectful:</p>

<p>If a person is living in a way that puts his or her health, safety, or well-being at risk. Only exceptional cases of self-neglect will trigger adult safeguarding meaning their life may be in danger without intervention.</p> <p>All standard interventions must be used first to manage risk e.g. Care Management/Care Plan Approach/Multi-Disciplinary Team before a MASH referral.</p>	<ul style="list-style-type: none"> <li>• Refusing medical treatment/care/equipment required to maintain independence</li> <li>• Problematic/chaotic substance misuse</li> <li>• Environment injurious to health</li> <li>• Potential/imminent fire risk/gas leaks*</li> <li>• Won't engage with essential professionals</li> <li>• High level of clutter/hoarding</li> <li>• Access obstructed within property</li> <li>• Multiple reports from other agencies</li> <li>• Behaviour poses risk to self/others</li> <li>• Lack of essential amenities</li> <li>• Property/Environment shows signs of neglect that are (potentially) damaging to health</li> <li>• Lack of self-care results in significant deterioration in health/wellbeing</li> </ul>
<p><b><u>Physical Abuse</u></b></p> <p>May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to an individual. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child or adult at risk.</p>	<p>Signs that may indicate physical abuse:</p> <ul style="list-style-type: none"> <li>• Physical signs that do not tally with the given account of occurrence,</li> <li>• conflicting or unrealistic explanations of causer</li> <li>• repeated injuries</li> <li>• delay in reporting or seeking medical advice.</li> </ul>
<p><b><u>Sexual Abuse</u></b></p> <p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not, the child is aware of what is happening.</p>	<p>Signs that may indicate sexual abuse:</p> <p>Changes in:</p> <ul style="list-style-type: none"> <li>• Behaviour</li> <li>• Language</li> </ul>



The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- Social interaction
- Physical wellbeing

It is almost important to recognise there may be **no signs**.

### **Emotional Abuse**

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

It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection

Signs that may indicate emotional abuse:

- Lack of self-confidence/esteem
- Sudden speech disorders
- Self-harming (including eating disorders)
- Drug, alcohol, solvent abuse
- Lack of empathy (including cruelty to animals)
- Concerning interactions between parent/carer and the child (e.g. excessive criticism of the child or a lack of boundaries)

<p>and limitation of exploration and learning, or preventing the child participating in normal social interaction</p> <p>It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>	
<p><b><u>Child Sexual Exploitation (CSE)</u></b></p> <p>Child sexual exploitation is a form of child sexual abuse.</p> <p>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.</p> <p>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.</p>	<p>Signs that may indicate CSE:</p> <ul style="list-style-type: none"> <li>• Going missing from school/home/care placement</li> <li>• Associating with older people/adults</li> <li>• Isolation from family/friends/peer group</li> <li>• Physical symptoms including bruising/STI's</li> <li>• Substance misuse</li> <li>• Mental health</li> <li>• Unexplained possessions, goods and/or money</li> </ul> <p>The indicators can be spotted when speaking to the young person themselves or family/friends</p> <p>If a child or young person has made a disclosure regarding sexual exploitation, or if you think a child may be at risk of being sexually exploited please contact the Kingfisher Team on <b>01865 309196</b>. Out of hours calls will divert to Thames Valley Police Referral Centre.</p>

## **Other type of abuse you should be aware of:**

### **Child Exploitation**

Child exploitation describes how gangs from large urban areas supply drugs to suburban and rural locations, using vulnerable children and young people to courier drugs and money.

Typically, gangs use mobile phone lines to facilitate drug orders and supply to users. They also use local property as a base; these often belong to a vulnerable adult and are obtained through force or coercion (this exploitation is sometimes referred to as 'cuckooing').

It also finds that the age of those involved is getting younger, with children as young as 12 being targeted. Gangs 'recruit' through deception, intimidation, violence, debt bondage and/or grooming into drug use and/or child sexual exploitation.

While there has been an increased awareness of the use of children and young people in county line markets, more needs to be done as it cuts across a number of issues such as drug dealing, violence, gangs, child sexual exploitation, safeguarding, modern slavery and missing persons.

Signs that may indicate drug/criminal exploitation are similar to CSE, as follows:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

### **Domestic Abuse**

Defined as, "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional".

### **Forced marriage**

A forced marriage (FM) is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

FM is very different to an arranged marriage where both parties give consent.

## **Modern Slavery and Human Trafficking**

Modern slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Victims can include adults and children and come from all walks of life and backgrounds. A quarter of all victims are children.

The Modern Slavery Act 2015 places a duty on specified public authorities to report details of suspected cases of modern slavery to the National Crime Agency.

### **Indicators of Modern Slavery can include:**

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

## **Female Genital Mutilation**

Female genital mutilation (FGM), sometimes referred to as female circumcision, refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

There are no health benefits to FGM, it is carried out for cultural and social reasons within families and communities. The procedure is traditionally carried out by an older woman with no medical training. Anaesthetics and antiseptic treatment are not generally used and the practice is usually carried out using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades.

The Oxford Rose Clinic is a specialised clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women should be referred to this clinic by emailing [oxfordrose.clinic@nhs.net](mailto:oxfordrose.clinic@nhs.net) or calling 01865 222969.

Healthcare professionals have a duty to safeguard any children who may be at risk of FGM. Information about how to identify children at risk of FGM, including a screening tool and pathways are available on the Oxfordshire Safeguarding Children Board website.

## **Self-Harm**

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

### Self-harm can involve:

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

### Indicators of self-harm may include:

- Changing in eating/sleeping habits
- Lowering of academic grades
- Changes in activity and mood
- Abusing drugs or alcohol
- Increased isolation from friends and family
- Becoming socially withdrawn
- Talking about self-harming or suicide
- Giving away possessions
- Expressing feelings of failure, uselessness or loss of hope
- Not attending work

### **Financial or Material Abuse**

This is the unauthorised and improper use of funds, property or any resources. This includes the use of theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property.

### Financial or Material abuse can involve:

- having money or other property stolen
- being defrauded
- being put under pressure in relation to money or other property
- having money or other property misused

### Indicators of Financial or material may include:

- Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest
- High levels of anti-social behaviour reported
- High levels of visitors to the property- tenant/service user does not appear to be able to say 'no'

- Tenant/service user is socially isolated
- Service user falling behind on payments
- Service user deemed to be 'failing to engage' with professionals
- General deterioration in service users' health and wellbeing
- Property falling into disrepair

### **Bullying**

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

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

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

Indicators a child is being bullied can be:

- Coming home with cuts and bruises
- Torn clothes
- Asking for stolen possessions to be replaced
- Losing dinner money
- Falling out with previously good friends
- Being moody and bad tempered
- Wanting to avoid leaving their home
- Aggression with younger brothers and sisters
- Doing less well at school
- Sleep problems
- Anxiety
- Becoming quiet and withdrawn

### **Peer on Peer Abuse**

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

### **Prevent - Extremism**

The Counter-Terrorism and Security Act 2015 places a safeguarding duty on settings to have

“due regard to the need to prevent people from being drawn into terrorism”.

Settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas:

- Assessing the risk of an individual being drawn into terrorism
- Demonstrate that they are protecting children and adults at risk from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children/Adults Board.
- Make sure that staff have training that gives them the knowledge and confidence to identify individuals at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- Ensure children/adults at risk are safe from terrorist and extremist material when accessing the internet in the setting

Preventing vulnerable adults and children from being drawn into extremism is a safeguarding concern. It is essential that frontline staff are able to spot the signs and make a safeguarding referral.

Indicators may include:

- Withdrawing from usual activities
- Accessing extremist literature/websites
- Expressing ‘us and them’ thinking
- Expressing feelings of anger, grievance or injustice

To report concerns about radicalisation:

1. Make safe – If emergency services are required – call 999. Take reasonable steps to ensure that there is no immediate danger.
2. Refer concern identified by member of the public or professional
3. Call MASH on 0333 014 3325