



**Safeguarding Policy for Children, Young People and Vulnerable Adults  
Including Child Protection and Prevent**

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**Key Contacts:**

Designated Safeguarding Leads:	Jackie Hutchings Bea Freeborn (Downs View School Site)  Juliet Hudson (Downs View Link College)  Raul Ortiz (Downs View Life Skills College)
Lead Governor for Child Protection and Safeguarding Adults:	Mitch Egan
Trustee for Safeguarding Adults:	Sue Hischler
Local Authority Designated Officer (LADO):	Darren Clews, Safeguarding Team, Children's Services, Moulsecoomb Hub North Building, Hodshrove Lane, Brighton, BN2 4SB Tel: 01273295643
Front Door for Families	01273 290400
Emergency Duty Service	01273 335905 or 335906

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## **1. Introduction**

- 1.1. At Downs View we strive to be a place where learners, staff, volunteers, families and other visitors will be made welcome and comfortable and where we will treat each other with respect. We believe that all children, young people and young adults have the right to protection from neglect and abuse and that their welfare is of paramount importance. Downs View is a place where learning and personal development happens in a climate of trust and confidence and where we value everyone's unique contribution to our community.
- 1.2. Everyone has a responsibility for safeguarding and promoting the welfare of children, young people and young adults, and for ensuring that they are protected from harm.
- 1.3. We recognise that children and young adults with special educational needs and disabilities are more vulnerable to abuse, and may be less able to tell people about abuse happening to them. It is essential that rigorous procedures are in place, especially with regard to recruitment checks on volunteers and paid workers, whistle blowing policies, and having clear guidelines setting out acceptable behaviour by those working with our learners.
- 1.4. Downs View is committed to safeguarding, and promoting the welfare of all of our learners and families. We recognise that in an ever changing and fast moving world it is essential that we promote learners' well-being, confidence and resilience, and that we provide them with up to date and age-appropriate information and signpost them to places where they can find support, where necessary.

## **2. Guiding Principles**

- 2.1. All staff and volunteers working at the School, Link College and Life Skills College Sites have a duty to ensure that children, young people and young adults are safe and protected and, if there are any concerns relating to their welfare or safety, the Headteacher or one of the Designated Safeguarding Leads will be alerted.
- 2.2. We will always work in partnership with families. Where there is conflict between the needs of the learner and those of parents/carers or professionals, the needs of the learner must come first.
- 2.3. We are committed to safer recruitment and selection procedures to ensure that all staff and volunteers have been appropriately screened prior to appointment. We will provide appropriate safeguarding training through the staff induction programme and within continuing professional development opportunities. We will ensure that all adults within our organisation who have substantial access to children, young people and vulnerable adults have been recruited and checked as to their suitability in accordance with Keeping Children Safe in Education (DfE 2018, 2019, 2020) and The Care Act (2014).

### **3. Local and national guidance and procedures**

- 3.1. This policy and the accompanying procedures have been developed in accordance with the following local and national statutory and non-statutory guidance, policy and procedures:
- [The Children Act 1989](#)
  - [The Children Act 2004](#)- under section 14B of the Children Act 2004, as amended by the [Children & Social Work Act 2017](#).
  - [Education Act 2002](#)
  - [The Prevent Duty June 2015](#)
  - [Keeping Children Safe in Education \(DfE 2016, revised in 2018, revised 2019, revised in 2020\)](#):
  - [Working Together to Safeguard Children \( July 2018\)](#)
  - [The Education \(Child Information\) \(England\) Regulations 2005](#)
  - [Disqualification by Association Act](#)
  - [The Care Act 2014](#)
  - [Care and Support Statutory Guidance \(Dept. of Health & Social Care, 2018\)](#)
  - [Mental Capacity Act 2005](#)
  - [Safeguarding Vulnerable Groups Act 2006](#)
  - [Sussex Safeguarding Adults Policy and Procedures - May2019](#)
  - [Multi-agency statutory guidance on Female Genital Mutilation \(FGM\) 2016](#)
  - [Pan Sussex Child Protection and Safeguarding Procedures Manual](#)
- 3.2. The organisation will maintain accurate records of satisfactory completion of all staff child protection and safeguarding training.

#### **Links to our other policies**

- 3.3. We will take account of the principles outlined in this policy and ensure that all other policies and procedures support the protection of children and vulnerable adults from harm or neglect, with particular emphasis on:
- Recruitment and selection: to ensure suitable staff are appointed
  - Anti-bullying: to ensure physical and emotional security for all our learners and staff
  - Attendance and welfare: to ensure absence is followed up quickly and vulnerable children and adults are supported appropriately
  - E-Safety including use of social media to ensure learners are safe online
  - Positive Behaviour Policy, particularly regarding self-injurious behaviour, positive handling and restraint
  - Curriculum: to assist learners in understanding what is and is not acceptable behaviour towards them and staying safe.
- 3.4. We will ensure that throughout our other policies we are positively safeguarding and promoting the welfare of children and vulnerable adults in all areas of our practice.

## **4. Roles and responsibilities**

### **4.1. Designated Safeguarding Leads (DSLs)**

4.1.1. The Designated Safeguarding Lead and any Deputy Designated Safeguarding Lead will undergo child protection and safeguarding training, when appointed to post and then refreshed every two years.

4.1.2. Deputy DSLs should be trained to the same standards as the DSL and the role should be explicit in their job description.

4.1.3. The key responsibilities include:

- Being the point of contact for staff who have concerns or information that a child, young person or young adult may be suffering abuse now, or has done in the past or is likely to in the future
- Making any necessary referrals to social services and the police
- Providing information to the governing body or the board of trustees regarding the number and nature of referrals (to enable them to monitor and evaluate the effectiveness of the policy in safeguarding and promoting the welfare of the learners)

4.1.4. A more detailed list of responsibilities of the DSLs and deputy DSLs can be found at Appendix 1

### **4.2. Responsibilities of the Governing Body and Board of Trustees:**

4.2.1. The Governing Body and the Board of Trustees must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training are effective and comply with the law at all times.

4.2.2. The nominated governor for safeguarding and child protection is: **Mitch Egan**.  
The nominated Trustee for safeguarding and child protection is: **Sue Hischler**.

4.2.3. The key responsibilities of governors and trustees are set out in Appendix 2.

4.2.4. The Governor and Trustee for Safeguarding should agree with the Governing Body and Board of Trustees how these responsibilities should be monitored and reported.

### **4.3. Staff responsibilities:**

4.3.1. Staff **all have an active part to play in safeguarding, including:**

- multi-agency working
- site security
- information sharing
- record keeping and data protection
- confidentiality
- whistle-blowing and complaints

#### **4.3.2. Multi-Agency Working**

We have effective working relationships with other agencies, including Front Door for Families (the Early Help and multi-agency safeguarding hub), Social Care teams and the police. We recognise that professional challenge and curiosity have an important role to play in ensuring effective safeguarding.

We will ensure that relevant staff members participate fully in multi-agency meetings that support particular learners and their families, including child protection conferences and core groups, child in need network meetings, early help meetings, Safeguarding Adult meetings and strategy discussions.

We will participate in serious case reviews, other reviews and file audits as and when required to do so by the Brighton and Hove Safeguarding Children Partnership (BHSCP) and Brighton and Hove Safeguarding Adults Board (BHSAB). We will ensure that we have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice and completing required actions within agreed timescales.

#### **4.3.3. Site Security**

All staff members have a responsibility to ensure our buildings and grounds are secure and for reporting concerns that may come to light. We check the identity of all visitors and volunteers coming into the school and colleges.

Visitors are expected to sign in and out in the office visitors' log and to display a visitor's badge while on site. Any individual who is not known or identifiable will be challenged for clarification and reassurance.

We will not accept the behaviour of any individual, parent or anyone else that threatens security or leads others, learners or staff, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the school and college sites.

#### **4.3.4. Information sharing**

At Downs View School we share information with parents and partner agencies to:

- Support early intervention to help children, young adults and families who need additional services to achieve positive outcomes
- Ensure we fulfil our duty to safeguard our learners and promote their welfare.

The Data Protection Act is not a barrier to sharing information, but is in place to ensure personal information is shared appropriately. When sharing information or considering sharing information we will:

- Explain openly and honestly to parents / carers at the outset what information will or could be shared, and why, and seek agreement, except where doing so puts the child or others at risk of significant harm
- The learner's safety and welfare must be the overriding consideration when making decisions on whether to share information about them

- Ensure information is accurate, up to date, and necessary for the purpose for which you are sharing it, shared only with those who need it shared securely
- Respect the wishes of our learners or families who do not consent to share confidential information unless you judge there is sufficient need to override that lack of consent
- Seek advice when in doubt
- Always record the reasons for your decision to share or not share information.<sup>1</sup>

#### 4.3.5. Record Keeping and Data Protection in line with GDPR (2018)

The Data Protection Act states that: Personal information held by agencies must be obtained and processed fairly and lawfully and stored securely. It must be accurate, proportionate to the purpose, not held longer than necessary and may only be disclosed in appropriate circumstances in line with GDPR requirements.

The Business Manager is responsible for keeping the single central record (SCR) updated and compliant. Teachers on placement will have written authorisation from their university showing compliance with the requirements.

Record keeping is an important aspect of school life; staff keep records on all areas of learner welfare, development and attainment. Where concerns arise about the safety or wellbeing of a learner, or there are indications that the individual may be suffering or at risk of suffering significant harm, staff will record:

- The reason for the concern
- What was said or witnessed and details of any other persons present
- Dates and times of incidents and when the notes were made
- Date, time and outcome of any discussion with the parent or carer
- Date, time and outcome of any discussion with the Headteacher, social services staff or other relevant professionals consulted.

Staff will use CPOMS and will be careful to distinguish between fact, opinion and hearsay. Notes will be passed to the designated Deputy Head who will keep all welfare concern and child protection records in a locked cabinet.

For young adults (18+) there is also a [Safeguarding Adults at Risk Alert E –Form](#).

These records form evidence and may be used in the child protection or safeguarding adults referral and any subsequent investigation or legal proceedings. They are exempt from the open file regulations and do not have to be made available to parents or carers requesting access to the learner's file.

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<sup>1</sup> Reference: *Making it Happen: Working together for children, young people and families (DfE 2006)* – sets out six key points and guiding principles on information sharing

#### 4.3.6. Confidentiality

All members of Downs View School/Link College/DVLSC are entitled to privacy. In general confidential information about learners, families or others within the organisation should be kept confidential and privacy respected in line with GDPR.

Where there are concerns that a child or young adult is suffering or likely to suffer significant harm, information must be shared with the DSL in the first instance and will subsequently be shared with social services and the police.

Other staff may need to be alerted to concerns about a learner, possibly in order to monitor the concern or to gather further evidence prior to a referral being made, or to assist in providing appropriate support to a learner after a referral has been made. Information should only be shared on a strict need to know basis.

#### 4.3.7. Whistle-Blowing and Complaints

We recognise that children and vulnerable adults cannot be expected to raise concerns in an environment where staff members fail to do so.

We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the management of child protection and the protection of vulnerable adults, which may include the attitude or actions of colleagues. If necessary, they will speak with the Headteacher, the Chair of the Governing Body (or Chair of Trustees if DVLSC) or with the Local Authority Designated Officer. Should staff not feel able to raise concerns they can call the **NSPCC whistleblowing helpline on 08000 280 285 or the NHS and Social Care Whistleblowing Helpline on 08000 724 725.**

We have a clear reporting procedure for children and young adults, parents and other people to report concerns or complaints, including abusive or poor practice.

We will actively seek the views of children, young adults, parents and carers and staff members on our child protection and safeguarding adults arrangements through surveys, questionnaires and other means.

### 5. Recruitment, induction and training

#### 5.1. Recruitment

The Senior Leadership Team will ensure that our recruitment and selection policy is robust in following up references, DBS checks and career gaps. At least one member of the selection panel will have undertaken appropriate training to ensure that interviews to appoint staff reflect the importance of safeguarding children and young adults.

#### 5.2. Induction

- All staff, including supply staff, on site contractors, support services and volunteers will be given induction information regarding our safeguarding policy and training in Child Protection.

- This will include: how to recognise signs of abuse, how to respond to any concerns, how to support local multi-agency procedures (e.g. providing information), online safety, familiarisation with our safeguarding policies, the staff behaviour/code of conduct and the role of the Designated Safeguarding Lead and Deputy Designated Safeguarding Lead.
- We will ensure that staff understand the difference between a safeguarding concern and a child or young adult in immediate danger or at risk of significant harm.
- Our induction includes reading **Part 1 of Keeping Children Safe in Education (KCSIE): Statutory Guidance for Schools and Colleges, September 2018, 2019 and 2020** which is to be found in the **Purple File** in each class.
- The Purple File in classes in the school contain all relevant information that all staff need to read and sign that they have read.

### **5.3. Training**

- Staff at Downs View are trained to recognise and respond to the potential indicators of abuse. They are also trained to consider the particular presentation of the child or young adult and spotting changes on an individual basis. Some of our population may habitually appear “unkempt” - this may be due to sensory sensitivities in not allowing their clothes to be changed, rather than neglect.
- Staff members may refer to social care in the unlikely absence of the DSL, Deputy DSL or Head teacher. Staff at Downs View are trained to record any injuries, behaviour changes of the learners in accordance with our safeguarding policy.

## **6. Procedure if concerned about a learner’s safety**

- 6.1. All staff have a duty to be vigilant to the indicators of abuse and to refer concerns to the Designated Safeguarding Leads (DSLs). The abuse of children and vulnerable adults is a crime. It is not the role of school or colleges or support service staff to investigate, but staff must be clear about their role and the procedure for reporting to the designated person.
- 6.2. Sometimes concerns that a child or young adult is suffering or is likely to be suffering some form of abuse will build up slowly over time, and some will be as a response to a learner presenting an injury or mark. All concerns should be logged or recorded and should be referred to the DSL who will provide support and guidance and will make a referral to social services and/or the police as appropriate.

### **6.3. Disclosures:**

- 6.3.1. Sometimes learners who are suffering abuse will choose a trusted adult to tell. If a learner discloses abuse in school or college, the person hearing the disclosure should:
  - listen, allowing the learner to recall freely

- reassure them that they are believed
  - make notes as soon as possible recording as accurately as possible the words used by the learner
  - but be clear with the learner that the information will have to be passed on and that there are people who will be able to help
  - refer to the DSL who will contact social services and the police if necessary.
- 6.3.2. Do not ask the learner questions; this is the role of specially trained social workers and police officers. Others posing questions to the learner could contaminate potential evidence of a crime.

## 7. Recognising signs of abuse

- 7.1. We recognise the significant impact of **trauma** on children, young people, young adults and families. We recognise that children who are abused or witness violence are likely to have low self-esteem and may find it difficult to develop a sense of self-worth. They may feel helpless, humiliated and some sense of blame. Downs View may be the only stable, secure and predictable element in their lives.
- 7.2. We accept that the behaviour of a child or young adult in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn. We understand the need to work in a **trauma-informed** way with these children, young adults and their families. **Operation Encompass** will let us know of any incidence of domestic violence where the police have visited the learner's house.
- 7.3. We recognise that children and vulnerable adults can be at risk in a range of contexts (community, home, school, college) and from their peers and not just from adults. We understand that all learners involved in **peer-on-peer abuse** need protection and support.
- 7.4. Through their day to day contact with learners and direct work with families, education staff have a crucial role to play in noticing indicators of possible abuse or neglect and referring those concerns to either Designated Safeguarding Lead or the Head teacher.
- 7.5. Detailed information about categories and indicators of abuse can be found at Appendix 4.

## 8. Aspects of risk requiring special attention

- 8.1. Staff should be aware of these specific safeguarding issues. The school and colleges should ensure that, where such risks may be more likely, staff are guided on how to understand and act accordingly:
- child sexual exploitation (CSE) - see also Appendix 3
  - bullying including cyberbullying
  - discrimination
  - domestic abuse

- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see also Appendix 3
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- modern slavery
- organisational abuse
- private fostering
- radicalisation
- sexting
- teenage relationship abuse
- trafficking
- self-harm
- self neglect
- County Lines - see also Appendix 3
- children missing in education - see also Appendix 3
- peer on peer/child on child abuse including sexual violence and sexual harassment
- learners who are LAC and previously LAC are a vulnerable group who need specific additional monitoring
- homelessness - see also Appendix 3
- upskirting.

## **9. Allegations against Staff and Volunteers**

- 9.1. Downs View believes that all members of the organisation are entitled to receive care and protection from harm. We will not accept inappropriate behaviour towards learners or staff, and will ensure that any concerns or allegations of impropriety are dealt with quickly, fairly and sensitively.
- 9.2. In the event that an allegation of abuse is made against a member of staff or other adult in school, the Headteacher will seek advice from the Local Authority Designated Officer (LADO) and will agree the procedure to be followed. **LADO details on the front page of this document.**
- 9.3. Any staff disclosing information regarding inappropriate behaviour by colleagues will be listened to and supported.

- 9.4. Parents/carers of a learner allegedly abused by a member of staff or other adult in the school will be kept informed of the progress and outcome of any investigation.
- 9.5. Any member of staff facing investigation into an allegation of abuse will be subject to the procedures set by the joint DfES –NEOST guidance and will be offered appropriate access to professional and personal support networks, and, will be kept informed of the progress and outcome of any investigation.
- 9.6. The DSL may report to Social Care if a member of staff or volunteer is suspended following an allegation.
- 9.7. Where an allegation is substantiated and the individual is dismissed or resigns, the school and colleges should consider referring the matter to the Teaching Regulation Activity (TRA) for consideration for a prohibition order.

## **10. Working with other agencies**

- 10.1. Downs View is committed to working in partnership with the LA, social services, health and the police.
- 10.2. Through the DSL we share appropriate information with investigating teams, and contribute to child protection conferences, core groups and care plans.
- 10.3. Any incident requiring advice from, or referral to, social services and arising out of normal hours will be referred directly to the emergency/out of hours team or failing that directly to the police child protection or safeguarding vulnerable adults team.

### **10.4. Contractors, Service and Activity Providers and Work Placement Providers**

- We will ensure that contractors and providers are aware of our safeguarding policy and procedures. We will require that employees and volunteers provided by these organisations use our procedure to report concerns.
- We will seek assurance that employees and volunteers provided by these organisations and working with our learners have been subjected to the appropriate level of safeguarding checks. If assurance is not obtained, permission to work with our learners or use our premises may be refused.
- When we commission services from other organisations, we will ensure that compliance with our policy and procedures is a contractual requirement.
- We will ensure that during the progress of any building or other on site works, contractors will be issued with relevant child protection information. This will include our expectation of their conduct whilst on site.

## **11. Quality Assurance**

- 11.1. We will ensure that systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures. This will include periodic audits of child protection files and records by the Designated Safeguarding Leads.
- 11.2. We will complete an audit of the organisation's safeguarding arrangements at frequencies specified by the Brighton and Hove Local Safeguarding Children Board and Safeguarding Adults Board (and any successor bodies), using the audit tool provided for this purpose.
- 11.3. The Senior Leadership Team, the governing body and the trustees will ensure that action is taken to remedy without delay any deficiencies and weaknesses identified in our child protection and safeguarding arrangements.

## **12. Policy Review**

- 12.1. This policy and the procedures will be reviewed every academic year. All other linked policies will be reviewed in line with the policy review cycle.
- 12.2. The Designated Safeguarding Leads will ensure that staff members are made aware of any amendments to policies and procedures.

## **The Role of the Designated Safeguarding Lead**

See also Keeping Children Safe in Education September 2020 Annex B: Role of the designated safeguarding lead.

### **1. Managing Referrals**

- Refer all cases of suspected abuse to the Front Door for Families and to the Police if a crime may have been committed.
- Cases which involve concern around a member of staff should be referred, via the Headteacher, to the LADO as well.
- The Disclosure and Barring Service will also be informed where a person is dismissed or left the school due to posing a risk or harm to a child, young person or vulnerable adult.
- Liaise with the Headteacher about safeguarding issues relating to individual children, especially ongoing enquiries under section 47 of the Children Act 1989.
- Act as a source of support, advice and expertise to staff members on matters of child protection and safeguarding.
- Liaise with agencies providing early help. Coordinate referrals from the school or college to targeted early help services or adult social care.
- Monitor any cases referred to early help and consider referral to social services where the situation does not improve.
- Refer cases to the Channel programme, via Front Door to Families, where there is a radicalisation concern as required.

### **2. Record Keeping**

- Keep detailed, accurate, secure written records of child protection and safeguarding concerns and referrals.
- Ensure a stand-alone file is created as necessary for learners with safeguarding concerns.
- Maintain a chronology of significant incidents for each learner with safeguarding concerns.
- Ensure such records are kept confidentially and securely and separate from the learner's educational record.
- As soon as a learner with safeguarding concerns moves to another school or college, liaise with their Designated Safeguarding Lead for information sharing. Ensure the learner's safeguarding concerns records are transferred to new school or college as soon as possible. These files should be transferred separately from the main learner file, using secure transit and obtaining confirmation of receipt.
- Where a learner is transferring to be Electively Home Educated or the destination school or college is not known, the child protection or welfare concern records will be transferred to the Local Authority.

## Appendix 1

- The final school or college will retain Child Protection or adult safeguarding files for at least DoB+25 years.

### **3. Multi-Agency Working and Information Sharing**

- Cooperate with Social Care teams for enquiries under section 47 of the Children Act 1989.
- Attend, or ensure other relevant staff members attend, child protection conferences, core group meetings, safeguarding meeting and other multi-agency meetings, as required.
- Liaise with other agencies working with the learner, share information as appropriate and contribute to assessments.
- To ensure the school and colleges contribute fully to the child protection process and Safeguarding Protocol – Safeguarding Adults at risk.
- To liaise with the LA Lead Officer for Child Protection and Safeguarding Adults, and the Headteacher in the event of an allegation against a member of staff. If the allegation is against the Head the situation will be managed by the Chair of Governors who is Chris Girvan (for Downs View or DVLC) or the Chair of Trustees who is Jill Sawyer.

### **4. Training**

- Undertake appropriate training, updated at least every two years, and update knowledge and skills at least annually in order to:
  - be able to recognise signs of abuse and how to respond to them, including special circumstances such as Child Criminal Exploitation, Child Sexual Exploitation, Female Genital Mutilation, fabricated or induced illness (see chapter 8 of the Pan-Sussex Child Protection and Safeguarding Procedures), Modern Slavery and Financial Abuse (see 2.2.3 Sussex Safeguarding Adults policy)
  - understand the assessment process for providing Early Help and intervention, e.g. Children's Services Threshold document: A guide to early help and safeguarding services
  - have a working knowledge of how the Local Authority conducts initial and review child protection case conferences and safeguarding adults meetings and contribute effectively to these; and
  - be alert to the specific needs of Children in Need (as specified in section 17 of the Children Act 1989), those with Special Educational Needs, pregnant teenagers, young carers and vulnerable adults.
- Undertake Prevent awareness training.
- Ensure each member of staff has access to and understands the child protection and safeguarding policy and procedures including providing induction on these matters to new and part-time staff members.
- Ensure the organisation allocates time and resources for relevant staff members to attend training.

## Appendix 1

- Ensure staff members who miss the training receive it by other means, e.g. by joining another school's training.
- Link with Brighton and Hove Safeguarding Children Partnership (BHSCP) and Safeguarding Adults Board or any successor bodies to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Obtain access to resources and attend any relevant training.
- Encourage a culture of listening to learners and taking account of their wishes and feelings in any action Downs View takes to protect them.
- Maintain accurate records of staff induction and training.

### **5. Awareness Raising**

- Review the safeguarding and child protection policy and procedures annually and liaise with the governing body and board of trustees to update and implement them.
- Make the child protection and safeguarding policy and procedures available publicly and raise awareness of parents that referrals about suspected abuse may be made and the role of the organisation in any investigations that ensue.
- Provide an annual briefing to the organisation on any changes to child protection and safeguarding legislation and procedures and relevant learning from local and national serious case reviews.

### **6. Quality Assurance**

- Monitor the implementation of and compliance with policy and procedures, including periodic audits of child protection and safeguarding concerns files (at a minimum once a year).
- Complete an audit of Downs View's safeguarding arrangements at frequencies specified by the Brighton and Hove Safeguarding Children Partnership (BHSCP) and Safeguarding Adults Board or any successor body.
- Provide regular reports, including an annual report, to the governing body and board of trustees detailing changes and reviews to policy, training undertaken by staff members and the number of learners with child protection plans and other relevant data.
- Take lead responsibility for remedying any deficiencies and weaknesses identified in child protection arrangements.

### **7. Safeguarding in the curriculum and online safety**

- To ensure learners follow a PSHE curriculum which includes the teaching of Staying Safe in the Home and Community. Includes 'stranger danger', radicalisation, Relationships and Sex Education, Anti-Bullying, E-safety.

- To ensure guidance is given to parents/carers about online safety. A parents' coffee morning is offered annually, led by Local Authority. The Internet Safety Lead is Paul Platts.

#### **8. Associated policies**

- To review and update the Safeguarding Policy annually
- Ensure the Anti-Bullying Policy is in place
- Ensure the E-safety policy including use of Social Media policy is updated annually and kept in line with current developments
- Ensure a "Use of learner photographs" policy is in place
- To ensure behaviour is managed safely and respectfully in line with PROACT SCIPr-UK® guidance.

The role of **Designated Teacher for Children in Care and Previously in Care** is covered by the DSLs. They have overall responsibility for promoting the educational achievement of looked-after children and previously looked-after children who are no longer looked after in England and Wales because they are the subject of an adoption, special guardianship or child arrangements order, or were adopted from 'state care' outside England and Wales.

## **Responsibilities of the Governors and Trustees**

The responsibilities placed on Governing Body and Board of Trustees include:

- Ensuring that effective child protection and Safeguarding Adults policies are in place, reviewed annually and provided to all staff on induction and that staff are kept up to date with changes.
- Challenging the DSL to work with other agencies - providing a coordinated offer of early help when additional needs of learners are identified.
- Appointing a designated member of staff for child protection who should undergo refresher child protection training every two years.
- Ensuring that schools and colleges create a culture of safe recruitment and adopt recruitment procedures that help deter, reject or identify people who might abuse children or vulnerable adults (Safer Recruitment. Keeping Children Safe in Education 2016, updated 2018, 2019, 2020, Safeguarding Vulnerable Groups Act 2006).
- Ensuring that at least one member of an appointing panel will have attended Safer Recruitment training.
- Ensuring that the school and colleges keep an up to date single central record of all staff and volunteers and the dates of all appropriate safeguarding checks.
- Monitoring the adequacy of resources committed to child protection, safeguarding and the staff, governor and trustee training profile.
- Recognising that neither it, nor individual governors or trustees, have a role in the processes associated with individual safeguarding cases, nor a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against staff.
- Making sure that the Safeguarding policy is available to parents on request and is on the website.
- Ensuring that this policy and practice complements other policies e.g. Anti-bullying including cyber bullying, E safety, Social Media, Health and Safety, to ensure safeguarding.
- Prioritising the welfare of children, young people and young adults and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- Giving consideration as to how our learners may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.
- Checking with the DSL that all separate body providing placements or activities has appropriate policies and procedures in place for safeguarding; and that there are arrangements to liaise with the provider on these matters where appropriate.
- The named Governor and Trustee for Safeguarding will keep their training updated.

## **Understanding specific safeguarding issues (for children and adults)**

### **Child Exploitation (formerly CSE)**

Child Exploitation involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual and other exploitative activities. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming.

It is important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

### **Children missing in Education**

Staff have a duty to record children's attendance in school and to follow up any absences. Repeated patterns of absence should be referred to DSL who will have oversight of the family and will make a referral as required. Children who are not in school are vulnerable as they are not seen as regularly by professionals and increasingly isolated.

Links to these topics can be found in [Keeping Children Safe in Education](#) updated 2018, 2019 and 2020. A paper copy of this is in every class for teams to read in the **Purple File**.

### **County Lines**

'County Lines' is a term used when drug gangs from big cities expand their operations to smaller towns, suburban areas, rural areas and market and seaside towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs. These dealers will use dedicated mobile phone lines, known as 'deal lines', to take orders from drug users.

A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement.

People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

Children and vulnerable adults often don't see themselves as victims or realise they have been groomed to get involved in criminality. More information can be found on the [National Crime Agency website](#).

### **Discrimination**

Discriminatory abuse exists when the values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It includes discrimination on the basis of age, disability, pregnancy, maternity, race, religion or belief, sex or sexual orientation and includes hate crime incidents.

### **Domestic abuse**

Domestic abuse covers people 16 years or older who are or have experienced an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.

People below the age of 18 years are supported by the Sussex Child Protection Procedures. Adults who meet the three key tests will be covered by the Sussex Safeguarding Adults Policy and Procedures.

### **Female Genital Mutilation (FGM):**

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed. FGM is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. There is no medical reason for this to be done. It 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 young girls between infancy and the age of 15, most commonly before puberty starts.
- It is illegal in the UK and is child abuse.
- It is very painful and can seriously harm the health of women and girls.
- It can also cause long-term problems with sex, childbirth and mental health.
- The practice is mainly concentrated in the Western, Eastern, and North-Eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.
- Female Genital Mutilation is not a religious requirement or obligation. FGM has no link with Islam. Globally most Muslims do not practise FGM.

There are a range of potential indicators that a child or young woman may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young woman.

Suspicious may arise in a number of ways that a child or young woman is being prepared for FGM to take place abroad. These include knowing both that the family belongs to a community in which FGM is practised and is making preparations for

## Appendix 3

the child or young woman to take a holiday, arranging vaccinations or planning absence from school or college. The learner may also talk about a special procedure/ceremony that is going to take place.

Indicators that FGM may already have occurred include prolonged absence from school, college or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems. Some teachers have described how children find it difficult to sit still and look uncomfortable, or may complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Further guidance is available in the [Multi-Agency Statutory Guidance document](#). Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and social care (Front Door for Families). **Anyone concerned a case of FGM has happened or may happen should contact the police directly as well as the DSL and report it as a crime.**

### **Homelessness**

DSLs should be aware of the contact details and referral routes of the Local Housing Authority to enable them to raise concerns. Referrals to the Local Housing Authority should not replace referrals to social care where a child or vulnerable adult is being harmed or at risk of harm. For 16 and 17-year-olds homelessness may not be family-based, and the DSLs should ensure appropriate referrals to social services are made where necessary.

### **Modern slavery**

The Modern Slavery Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking. Practice guidance relating to the national strategy to respond to Modern Slavery and human trafficking includes details of the Duty to Notify and explains how to refer victims into the National Referral Mechanism.

Specific public authorities, which include the police and local authorities, are required to notify the Home Office about any potential victims of modern slavery they encounter in England and Wales.

If the potential victim does not want to be referred to the National Referral Mechanism, then an [MS1 form](#) should be completed and sent to [dutytonotify@homeoffice.gsi.gov.uk](mailto:dutytonotify@homeoffice.gsi.gov.uk). The MS1 form can be anonymous. The MS1 form and guidance is available.

### **Organisational abuse**

Organisational abuse occurs when the organisation's systems, processes and management fails to safeguard a number of adults leaving them at risk or causing

them harm. Organisational abuse happens when the routines, systems and values of an organisation override the needs of those it is there to support. For example verbal abuse of learners by staff, the misuse of dangerous restraints, punishments and degrading treatment.

### **Radicalisation**

Schools and colleges have a duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism. Operation "Prevent" outlines the responsibilities local authorities have in this.

We ensure that learners are safe from terrorist and extremist material when accessing the internet in school or college via our Smoothwall filter system. We aim to build resilience in our learners by providing a safe environment and promoting spiritual, moral and cultural development, and within this fundamental British values - which include tolerance. We are aware of white British far right extremism and aim to counter this alongside any other forms of extremism.

Throughout our daily curriculum, we aim to promote curiosity and engagement with others in ways individualised to each learner. We have close links with our families and aim to build strong and trusting relationships with them. Any concerns in this area will be directed to our DSLs or Safeguarding Governor/Trustee all of whom have attended Prevent training. Staff can also report concerns directly to:

Email [counter.extremism@education.gov.uk](mailto:counter.extremism@education.gov.uk)

Telephone 020 7340 7264

### **Self-neglect**

Self-neglect is now included in the Sussex Safeguarding Policy and Procedures. An individual may be considered as self-neglecting when they are:

- Unable or unwilling to provide adequate care for themselves
- Unable or unwilling to obtain necessary care to meet their needs
- Refusing essential support to meet their health and safety needs.

## Categories and Indicators of Abuse

### Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a person. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in their child.

### Indicators in the child, young person or young adult

#### Bruising

***It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:***

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour, possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae haemorrhages (pinpoint blood spots under the skin.)  
Commonly associated with slapping, smothering/suffocation, strangling and squeezing

#### Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child or young adult will have had a fracture without the carers being aware of their distress.

If the child or young adult is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick. Skull fractures are uncommon in ordinary falls, i.e. from three feet or less.

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The injury is usually witnessed, the child or young adult will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

### **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

### **Poisoning**

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

### **Fabricated or Induced Illness**

Professionals may be concerned at the possibility of a child or young adult suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child or young adult developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school or college and under-achievement

### **Bite Marks**

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite. GP should see any bite mark that breaks the skin.

## **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child or vulnerable adult gets in.
- A child or young adult is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child or young adult who experiences physical difficulties getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

## **Scars**

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

## **Other indicators**

- Emotional / behavioural presentation
- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school or college
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

## **Indicators in the parent**

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment

## Appendix 4

- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw their child into their own illness
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- May be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- May have convictions for violent crimes.

### **Indicators in the family/environment**

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on their emotional development or wellbeing. It may involve conveying 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 or young adult opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature developmentally inappropriate expectations. These may include interactions that are beyond the child or young adult's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children or young adults frequently to feel frightened or in danger, or the exploitation or corruption of children of vulnerable adults.

Some level of emotional abuse is involved in all types of maltreatment of a child or vulnerable adult, though it may occur alone.

### **Indicators in the child or young adult**

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Child or young adult scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – ‘don’t care’ attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal

### **Indicators in the parent**

- Domestic abuse, mental health problems and substance misuse
- Abnormal attachment e.g. overly anxious or disinterest in their child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection

### **Indicators of in the family/environment**

- Lack of support from family or social network
- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

## **Neglect**

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

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

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

It may also include neglect of, or unresponsiveness to, a child or young adult's basic emotional needs.

### **Indicators in the child or young adult**

- Physical presentation
- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged/untreated health conditions including poor dental health
- Frequent accidents or injuries
- General development delay, especially speech and language delay
- Inadequate social skills and poor socialisation

### **Emotional/behavioural presentation:**

- Attachment disorders, identified through behaviours and presentation, difficulty in forming relationships and trusting adults.
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness

## Appendix 4

- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour.

### **Indicators in the parent**

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet their child's health and medical needs e.g. poor dental health; failure to attend or keep medical appointments; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child or vulnerable adult left with adults who are intoxicated or violent
- Child or vulnerable adult abandoned or left alone for excessive periods.

### **Indicators in the family/environment**

- History of neglect in the family
- Family marginalised or isolated by the community
- Family has history of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child or young adult to play and learn.

### **Sexual abuse**

Sexual abuse involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, not necessarily involving a high level of

violence, whether or not the child, young person or young adult is aware of what is happening.

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

They may also include non-contact activities, such as involving children, young people or vulnerable adults in looking at, or in the production of, sexual images, watching sexual activities, encouraging them to behave in sexually inappropriate ways, or grooming a child, young person or young adult 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 and young people.

### **Indicators in the child, young person or young adult**

#### **Physical symptoms**

- injuries to the genital or anal area
- bruising to buttocks, abdomen and thighs
- sexually transmitted infections, presence of semen or blood on vagina, anus, external genitalia, underclothes or clothing
- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Pregnancy in a younger girl where the identity of the father is not disclosed or there is secrecy or vagueness about the identity of the father.

#### **Emotional / behavioural presentation**

- Makes a disclosure
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

### **Indicators in the parents**

- Comments made by the parent/carer about the child or young person
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

### **Indicators in the family/environment**

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- Family member is a sex offender.

### **Financial abuse of vulnerable adults (+18 learners)**

Financial abuse is: "The unauthorised and improper use of funds, property or any resources belonging to another individual".

Everyone has the right to live in safety, free from financial abuse. Financial abuse can occur anywhere: at home or a public place, in hospital or attending a day centre, or in a college or care home.

Vulnerable adults may be living alone or with others. The person causing the harm may be a stranger but, more often than not, vulnerable adults will know and feel safe with them. They're usually in a position of trust and power, such as a health or care professional, relative or neighbour.

#### **Financial abuse includes:**

- Someone stealing money or other valuables from the vulnerable adult
- Someone appointed to look after the vulnerable adult's money on their behalf is using it inappropriately
- Preventing someone buying goods, services or leisure activities
- Wrongfully controlling access to money or benefits
- Not providing the care (1:1 and shared hours) but charging the client
- Being deliberately overcharged for goods or services, or being asked to part with money under false pretences
- Exploitation
- Someone coercing the vulnerable adult to spend it in a way they are not happy with in relation to an adult's financial affairs or arrangements, such as connection with wills, property, inheritance or financial transactions, or the misuse of property, possessions or benefits
- Fraud, postal, telephone, internet scams and doorstep crime (e.g. where the person has interacted with someone and has lost money).

### **Who is likely to perpetrate financial abuse?**

- Financial abuse is most frequently perpetrated by a person acting in a trusted capacity, for example, a family member or friends and neighbours or care workers / other professionals. Examples include:
  - Staff in care establishments exploiting residents by gaining their trust and taking over their finances unlawfully
  - Care providers invoicing for services not provided
  - Powers of attorney exploiting their position by misappropriating funds.
  - Some families may have a view that the income of individual family members, including benefits for disabled adults, should be pooled into the family income
  - The person managing a direct payments account (which can include the client) engaging in false accounting through the forgery of accounting records / payslips, to allow monies to be misappropriated.
- Financial abuse more commonly perpetrated by a stranger includes mass marketing fraud, identity theft or rogue trading.

### **Indicators of financial abuse:**

The list below includes a range of possible indicators. It should not be considered an exhaustive list.

- Unexplained withdrawals from a person's bank account
- Cheque withdrawals to unknown businesses / persons
- An unexplained shortage of money, despite an adequate income or immediately following benefit day
- Unpaid or a sudden inability to pay bills
- Payment of client contribution suddenly stops
- Disparity between assets and satisfactory living conditions
- The person lacks belongings or services which they can clearly afford
- Reluctance on the part of family, friends or the person controlling funds to pay for replacement clothes or furniture
- Items purchased which are not appropriate for the person.
- Home improvements or repairs that are 'out of fashion' with the person's lifestyle or are 'worrying' the person or staff
- Loans or credit being taken out by a person in circumstances that give cause for concern, such as the alleged reason for the loan
- Pressure by family members and others to sign over assets or alter wills
- Recent change of deeds or title of house
- A person's inability to explain what is happening to their own income
- The disappearance of bank statements, other documents or valuables
- Carer asking only financial questions of the work, rather than about care
- Large volumes of 'junk' mail
- Lack of records within a care home or supporting living accommodation, such as time sheets, invoices, receipts etc.