Jami

The Mental Health Service for our Community

Jami Safeguarding Children and Young Adult Policy

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August 2020
Review date August 2021

Registered Charity 1003345. A Company Limited by Guarantee 2618170.

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Contents

1. Introduction

Due to emerging local community demands and a need to provide mental health support to children up to the age of 18 this puts a responsibility on Jami to have policies and procedures in place to directly address and appropriately respond to any concerns that may arise when working with children. This includes the children of adults who use our services.

The policy below outlines how we will safeguard those we work with and those that work on our behalf.

2. Policy statement

For thirty years, Jami has provided practical and emotional support for the mental health of the Jewish community. Our vision is a Jewish community which accepts, acknowledges, and understands mental health. A community which recognises the mental health and physical health needs equitably. We work with individuals, families, communities, and organisations with mental health issues, following preventative strategies, early intervention, support and the promotion of wellbeing.

We are committed to promoting the safety and wellbeing of young people and their families in all that we do. Our safeguarding framework, policy, procedures, and guidance outline how we will fulfil our duty of care to safeguard everyone we work with and those that work on our behalf including staff, volunteers, trustees and partner agencies.

We believe everyone has a responsibility to promote the welfare of all children and young people, and adults to keep them safe and to practise in a way that protects them and helps them to thrive no matter who they are and their circumstances. We will give equal priority to the safety of all children and young people regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. Our approach to safeguarding incorporates a “culture of care” which supports and promotes wellbeing and inspires resilience and the prevention of harm. We will always act in the best interest of the child and ensure we take all reasonable steps to prevent harm to them.

We believe that our staff, volunteers, consultants, and trustees have individual and organisational responsibility to ensure safeguarding practices are followed and that we are responsive and proactive where safeguarding issues arise.

Abuse and neglect can cause devastating impacts on individuals, families and communities, and our commitment to safeguarding is essential. We aim to build a culture where staff, volunteers, adults, young people, and children know how

they are expected to behave and feel comfortable about sharing concerns, with an assurance that those concerns will be managed sensitively.

This policy and our procedures provide clear standards and processes for all our staff, volunteers, trustees and young people and agencies, who work on behalf of Jami in any capacity and in any setting. This is to ensure everyone is clear about the procedures to follow to protect children, young people and adults at risk of harm.

3. Definitions for Safeguarding

For the purpose of Jami's policy, procedures and guidance, the following terms and definitions apply:

- Abuse: A deliberate form of maltreatment that can harm or is likely to harm a child or young person, or adult. A child or young person may suffer abuse by having harm inflicted, or by someone failing to act to prevent harm. (Appendix 2 highlights different forms of abuse and their definitions)
- Neglect: Neglect of a child or young person is a form of abuse and can be defined as failing to provide or secure their basic needs of physical safety and wellbeing.
- Child: In legal terms a child is defined as including babies, children, and young people from pre-birth until their eighteenth birthday. An 18-year-old enjoys the same autonomy as any other adult. In some contexts, 16- and 17-year olds with capacity can make some decisions themselves including medical decisions, although parental responsibility or a court can override refusals to treatment if its deemed to be acting in the best interest of the child. Children under the age of 16 can consent to treatment if they are believed to have competence and understanding to fully appreciate what is involved with their treatment. This is known as being Gillick competent. If there is a safeguarding issue and the child asks for confidentiality it needs to be explained Jami's requirement that we have a responsibility to ensure their safety and we must share the information in order to keep them safe.
- Adults at risk: This includes any person 18 years or over who is at risk of abuse or neglect because of their needs for care and support as defined by the Care Act 2014, England.
- Safeguarding and promoting the welfare of children and adults: This involves protecting children and adults from any form of maltreatment, preventing harm to health and/ development, making sure children grow up with safe and effective care, and being proactive in ensuring the best outcomes for individuals.

- Child or adult protection: This is the process where action is required to protect a child or adult who are suffering, or at risk of suffering significant harm.
- Significant harm: This is the threshold to when compulsory intervention is justified in the best interest of the child or adult. This may include one traumatic incident or, more often, the cumulative effect of incidents and /or behaviours over a period of time, which significantly impairs an individual's physical and psychological development.
- Identifying early help: It is imperative that children and adults are offered early intervention and support in an attempt to avoid child or adult protection interventions at a later stage.
- Child protection: This focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child. Child protection and Safeguarding children is "everybody's business" and not the sole responsibility of agencies & professionals alone to alert where there is a need to do so.
- Refer to Jami Adult Safeguarding policy if the individual is over 18.

4. Guiding policies and legislation

- Children Act 1989 & 2004.
- Working together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government July 2018
- Data Protection Act 2018
- Human Rights Act 1998
- Sexual Offences Act 2003
- Gillick competency and Fraser guidelines
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- London Child Protection Procedures 5th Edition 2017
- Jami HR Whistleblowing Policy 2017
- Jami Lone working policy 2018

- Jami Employee Handbook 2018
- Jami confidentiality policy 2018
- Jami GDPR data protection policy 2018
- Jami Information Governance Policy 2018
- Equality Diversity & inclusion Policy 2018
- Safeguarding Policy 2018
- Strategy for dealing with safeguarding issues in charities
- The Charity Commission 2017
- Brief guide: capacity and competence to consent under 18s
- The Quality and Care Commission July 2018

5. Our commitment to safeguarding

Jami is committed to following a safeguarding framework with standards we are required to meet.

Our commitment is to:

- Always make decisions based on the welfare and protection of the child, young person, or adult.
- Maintain a cultural context of safeguarding throughout our organisation.
- Ensure our adults, young people and children are respected, valued, empowered, and supported to enable us to work with decision-making and risk management in the context of safeguarding practice.
- Recruitment, induction, training, supervision, and appraisal processes will ensure all staff and volunteers are suitable and can be supported to follow safeguarding procedures.
- Provide a framework to support staff in identifying concerns that a child, adult, or young person may be suffering harm or abuse thereby enabling them to report those concerns.
- Identify and protect the most vulnerable children and develop plans to support their needs where possible.
- Ensure that Jami has sufficient Designated Safeguarding Leads to enable staff to discuss concerns as and when they arise. (within operational hours)
- Provide structured procedures within Jami which will be followed by all staff

when there are concerns about a child.

- Develop and promote effective working relationships with children, parents, and partner agencies with a culture of high standards within the context of safeguarding practice.
- Where possible provide early help to prevent further problems arising later on.
- Ensure that all adults working with children in Jami have undergone appropriate checks as to their suitability to work with children in line with the Disclosure & Barring Service.
- Ensure that procedures are followed where an allegation is made against a member of staff or volunteer.
- Provide clear policies and procedures for reporting, responding to, and following up safeguarding concerns.
- To provide a culture of monitoring and reviewing the policies and procedures and identify any learning or modifications enabling a fluid process.
- Proactively care for our staff and volunteers, and anyone associated with Jami, within an environment which encourages personal responsibility for looking after one's wellbeing with an empowered ethos enabling them to pursue support when required.
- Creating networks of learning, and sharing enabling children, young people, and adults at risk to receive the best service possible, as well as our staff and volunteers.
- Ensuring our safeguarding policies and procedures are available to the public.

6. Principles for Reporting Concerns (the 5 R's)

1. Recognise concerns that a child, young person, or adult is being harmed and might be at risk of harm. Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements in any local area to safeguard and promote the welfare of children and improve the outcomes for children.

2. Respond appropriately and sensitively to a child, adult or young person who is telling you what is happening to them. Listen to what is being said, without displaying shock or disbelief. Make a note of what has been said as soon as practicable. Reassure the child, young person, or adult but only so far as is honest and reliable. For example, do not make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now'. Do reassure and alleviate guilt

if the child refers to it. For example, you could say: 'I believe you'; 'You are not to blame', 'I am sorry this has happened', 'we are going to do something together to get help'. Do not promise to keep it a secret as your professional responsibilities may require you to report the matter (as per previous conversations regarding confidentiality) React to the child only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details. Do not ask 'leading' questions, for example 'what did he/she do next?' (this assumes he/she did!), or 'did he/she touch your private parts?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court. Acknowledge that they have done the right thing by talking to a responsible adult. Do not criticise the alleged perpetrator; the child may care about him/her, and reconciliation may be possible. Avoid asking the child to repeat it all to another member of staff where possible. Explain what you must do next and whom you have to talk to. Reassure the child that it will be a senior member of staff and it's about helping to keep them safe Keep in contact with the child as appropriate. Ensure that if a Social Services interview is to follow, that the child has a support person present if the child wishes it (possibly yourself).

3. Report the concerns immediately to your Designated Safeguarding Lead (DSL). If you cannot find one of the designated safeguarding leads, you must promptly report your concerns to a senior member of staff on the same day a safeguarding issue has arisen, for guidance. If the risk is immediate, life threatening to self or others there should be no delay and emergency services should be contacted. e.g. police, GP, social services, NSPCC etc... When a concern about abuse has been raised, the DSL should discuss the issue with the person who raised the concern, to find out about the particular incident. A detailed verbal report about the incident must take place at the same time. The more information you can provide in the report the better. However, it is essential that you do not press the issue if the information required is not forthcoming without asking direct or searching questions. (also see section to record)

4. Referral to Social Care will usually be made by the designated safeguarding lead, but if they or a senior member of staff are not available, and there is immediate risk, report to Children's Social Care yourself or Adult Social Care, or the police. (See Appendix 1 for the local children's social care safeguarding contact telephone number). All professionals in agencies with contact with children and members of their families must make a referral to LA children's social care if there are signs that a child or an unborn baby has suffered significant harm through abuse or neglect; or is likely to suffer significant harm in the future; and it is in the best interest of the child. The timing of such referrals should reflect the level of

perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm. In urgent situations, out of office hours, the referral should be made to the Local Authority children's social care emergency duty team / out of hour's team or NSPCC. (see appendix 3 for further clarity on referral)

5. Record the concerns and any subsequent action taken. Where an incident of concern is disclosed, suspected, or witnessed, the person receiving the information must record as much detail as possible of what they know. They should notify the DSL as soon as practicable, or the senior manager if the DSL is not reachable, both verbally and in a written document within 24 hours. In all cases accurate signed and dated written records must be maintained. The senior manager can consult the DSL before the concern is raised. A follow up of the referral will be made by Jami DSL or Lead Practitioner within 3 days to establish the outcome of the referral. Make some very brief notes at the time on any paper which comes to hand and write them up as soon as possible. · Do not destroy your original notes in case they are required by a court. In addition to recording the date and time, include place, persons present and noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words. Draw a diagram or complete a body map to indicate the position of any bruising. Record statements and observable things, rather than your 'interpretations' or 'assumptions'. Details will be stored on our secure database of all concerns and recorded on a separate spreadsheet. Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues. Try to get some support for yourself if you need it.

CHILDREN CAN ONLY BE INTERVIEWED ONCE AND THIS INTERVIEW MUST BE CONDUCTED BY A TRAINED POLICE OFFICER AND SOCIAL WORKER UNDER HOME OFFICE "ACHIEVING BEST EVIDENCE GUIDANCE". IF A CHILD HAS ALREADY BEEN INTERVIEWED, IT MEANS THAT THE POLICE MAY NOT BE ABLE TO PURSUE THE MATTER.

Reporting: When a concern about abuse has been raised, the DSL should discuss the issue with the person who raised the concern, to find out about the particular incident. A detailed verbal report about the incident must take place at the same time. The more information you can provide in the report the better. However, it is essential that you do not press the issue if the information required is not forthcoming without asking direct or searching questions. Recording is a tool of professional accountability and is central to safeguarding and protecting children. It is not always possible to know whether a small or vague concern held today may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason, it is vital that concerns are recorded

comprehensively and accurately so that they can be monitored, and emerging patterns noticed. All clients of Jami have their own unique record or file created on our database Apricot. Where there is a concern this must be recorded on Apricot under their client record. Where there are volunteers or people that do not have direct access to the Apricot database who come across a concern you must take notes of the conversation, report this to the DSL or senior member of staff who will scan and input the notes onto their client record and add any other relevant information to the client record on your behalf. All written notes should be kept until they are scanned and uploaded to the client record database in case they are required in court. Internal sharing of information will be limited to sharing information with staff where it will demonstrably benefit a child and will be on a need to know basis. Sharing information with other agencies must be logged on the client record. A database of all alerts will also be kept. All Jami staff must inform the DSL if any action is taken on behalf of a child such as emailing or phoning social services, police, etc. Where there has been no prior discussion with the DSL or head of services, the referrer should keep a formal record, whether hardcopy or electronic, of discussions with the child, the parent, their managers, information provided to LA children's social care, decisions and actions taken (with time and date clearly noted, and signed). LA children's social care should within one working day of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

NB: Alleged staff or volunteer abuse: Where suspected abuse is alleged to be malpractice by a staff member or volunteer, the HR whistle-blowing policy or internal disciplinary procedure will be invoked.

Key Points for Taking Action

- In an emergency take the action necessary to help the child, for example call 999.
- Report your concern to the DSL immediately.
- Do not start your own investigation.
- Share information on a need to know basis only – do not discuss with friends, family or colleagues that are not involved.
- Complete a record on the apricot Database.
- Complete the alert form.
- Keep a record of any e-mails /correspondence to any services you contact.
- Seek support for yourself if you are distressed.

7. Adult services responsibilities in relation to children

Adult services and professionals working with adults need to be competent in identifying the client or patient's role as a parent. They need to be able to consider the impact of the adult's condition or behaviour on:

- A child's development.
- Family functioning.
- The adult's parenting capacity.

Where a professional working with adults has concerns about the parent's capacity to care for the child and considers that the child is likely to be harmed or is being harmed, they should immediately refer the child to the police, local authority children's social care or NSPCC in accordance with Jami's safeguarding policy.

Professionals working with adults can access further advice in the **Pan London Adult Safeguarding Policies and Procedures and relevant local Adult Safeguarding Procedures.**

Designated positions and responsibilities

8. Trustees

The Charity Commission requires safeguarding to be a key governance priority for Trustees. It is part of their duty of care to ensure Jami:

- Acts in the best interests of children, young people, and adults at risk.
- Takes all reasonable actions to prevent any harm to them.
- Assesses and manages risk.
- Regularly reviews safeguarding policies and procedures to ensure they are fit for purpose.
- Monitors and reviews safeguarding practice is being implemented and is effective.
- Responds appropriately to allegations of abuse and whistleblowing cases.
- Considers how to improve the safeguarding culture within Jami.
- Learns from any serious incidents.

9. CEO Overall Responsibilities

- The CEO has overall responsibility for ensuring the effective implementation of the Jami Safeguarding Policy. The CEO will fulfil the following responsibilities or delegate them to an appropriate person where necessary:
- Ensure that all information in respect of safeguarding children is stored securely.
- Provide support to colleagues, wherever practicable, to discuss any queries, prior, during and after a safeguarding concern.
- Oversee training and specialist support for Jami staff and volunteers.
- Ensure line managers of all Jami staff will report to statutory authority's cases of abuse, document all actions, conversations and reasons for decisions made, informing the Designated Safeguarding Lead at the same time.
- Ensure that all team members, paid and volunteer are familiar with the safeguarding policy and procedures.

The implementation and effectiveness of this policy will be monitored by the CEO, not less than annually. The CEO will also review the policy regularly (not less than annually) and recommend and implement action to ensure the policy is up to date and compliant with current legislation and guidance.

10. Management Responsibilities

- Ensure that all their staff have received training/induction of Jami's child safeguarding policy.
- Ensure that their team members are familiar with Jami's whistle-blowing policy, gifts policy, disciplinary procedures, and safeguarding policies.
- Ensure that all notifications of abuse, actual or suspected, are treated with the highest priority.
- When receiving a concern about abuse, discuss the issue with the person who raised the concern in order to ascertain the particular circumstances of the incident.
- Ensure that accurate, signed and dated written records are maintained throughout this process. The Designated Safeguarding Lead will need to have access to documentation that includes a record of all actions, conversations and reasons for decisions made.

- Undertake a risk analysis on the information and decide whether to alert a statutory authority.
- A referral to the local authority must be made if the child has suffered significant harm through abuse or neglect; Or is likely to suffer significant harm in the future.
- Contact details to the relevant statutory organisations are in Appendix 1 of this document.
- It is not the responsibility of the DSL to determine whether a young person has been abused. This is the task of the child protection agencies who have legal responsibility.
- It is everybody's responsibility to ensure safeguarding and child protection needs are responded to.
- Maintain contact with the local authority; attend core groups, child protection conferences and maintain links with stakeholders throughout the process and co-operate fully with all authorities.
- If receiving a concern about abuse involving a member of staff, follow Jami's whistle-blowing and disciplinary policies.
- Conduct risk assessments for the roles within their teams; to determine whether their staff's activities are defined by 'regulated' or 'controlled' activities (Regulated and controlled activities require Disclosure & Barring Services (DBS) checks.
- Be aware that they, and their staff, may be exposed to difficult or disturbing cases of abuse. They should be able to offer effective supervision and support to their staff while also ensuring that any personal issues are communicated to their own managers.
- Ensure that no new member of staff starts their duties without an appropriate check through the DBS process.
- Ensure Jami representation at all Children's' meetings where there are Jami clients involved.
- Do not talk to the press without express permission from Jami's Press office.

11. Role of the Designated Safeguarding Lead

- It is the role of the DSL to act as a source of support and guidance on all matters of child protection and safeguarding within Jami. In the absence of

the DSL, staff should report any concerns to one of the Deputy DSL or head of services.

- Provide support for colleagues before, during and after any concerns raised and/or safeguarding, child protection, or whistle-blowing case.
- Complete and keep up to date with relevant child protection training and understand the relevant legislation and guidance.
- Make sure all safeguarding and child protection concerns involving children and young people who take part in the service are responded to appropriately following your policies and procedures.
- Receive and record information from anyone who has concerns about a child's welfare.
- Take the lead on responding to information that may constitute a child protection concern.
- Know who is responsible for child protection in the area being in contact with the local authority child protection services, police and education and health authorities.
- Know the relevant contact numbers and addresses of the statutory agencies in the area including out-of-hours/ emergency contact details.
- Alert cases of abuse to the local authority, police and to Human Resources so that the DBS can be informed where deemed necessary.
- Obtain feedback regarding the outcomes of alerts given to DBS or local authority or police.
- Follow clear governance procedure for the reporting of safeguarding alerts.
- Produce reports quarterly to the Clinical Governance Consultative Committee.
- Inform the board of trustees of any abuse incidents involving Jami staff members & volunteers.
- Collate and report data on safeguarding children cases to the trustee board annually.
- Ensure that all information on safeguarding is stored securely, monitored, and analysed, in line with Jami Policy.
- Provide information on good practice in respect of issues of abuse.
- Co-ordinate a regular training programme for all staff on child & adult safeguarding.

- Maintaining and up-dating child protection and safeguarding policies and procedures annually and ensuring that they are disseminated and adhered to by all staff.

12. Confidentiality and information sharing

- It is important to ensure a child or young person understands their personal information will be treated respectfully and confidentially. This provides a safe space for them to be open and honest with the people caring for them.
- Establishing this form of trust is fundamental for the provision of safe and effective care. But when working with children and young people, it is important to keep in mind these essential factors:

    1. Timely information sharing is key to safeguarding and promoting the welfare of children. It enables intervention that crucially tackles problems at an early stage.
    2. If a child is at risk or suffering significant harm, the law supports you to share information without consent.
    3. In some situations, there may be concerns that a child or young person maybe suffering, or at risk of suffering significant harm, or of causing significant harm to another child or adult. You may not be sure if this concern constitutes “a reasonable cause to believe”.
    4. It is best to discuss this with a Senior manager or the Designated Safeguarding Lead, protecting the identity of the person initially.

Understanding when information should be shared

Every person has a right to privacy under the European Convention on Human Rights. (Article 8)

Unless there is a statutory duty or a court order to share information, you will need to use your professional judgement based on the facts of the case to decide whether to share and what should be shared.

When you are making these decisions, the safety and welfare of the child must be your key consideration. You must have a clear and legitimate purpose for sharing information.

If a child does not have the capacity to understand and make their own decisions, ask a person with parental responsibility.

Be open and honest. Ensure the person you are asking for consent understands what information will be shared and why it needs to be shared. Tell them who

will see the information and what they will use it for. It is important to respect the wishes of a child or any person who does not consent to share confidential information.

If you are not given consent to share information, you may still lawfully go ahead if it can be justified to be in the public interest. For example, to:

- Protect children from significant harm.
- Promote the welfare of children.

If a child or adult refuses to give their consent to share confidential information, you'll need to make a professional judgement based on what you think will happen if the information is shared, against what you think will happen if it isn't. Discuss this with your supervisor, manager, or the child protection lead.

Updated 24th June 2020

General Data Protection Regulations (GDPR)

The Editorial Board of the London Child Protection Procedures has considered what changes are required to the Procedures to ensure compliance with the General Data Protection Regulations (GDPR) - implemented through the Data Protection Act 2018. As a result, the Board recommends that **'legal obligation' and 'public task' (as defined in the GDPR) are relied on as the primary basis for processing information to establish whether or not there is a need to safeguard the welfare of a child. This means that, whilst families will be informed when personal data is being shared or processed, their consent will not be required.**

The significance of this change is that it is no longer necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child (i.e. removing the distinction between information sharing for the purposes of assessing need or child protection). It does, of course, continue to be good practice to inform parents / carers that you are sharing information for these purposes and to seek to work cooperatively with them. Agencies should also ensure that parents / carers are aware that information is shared, processed, and stored for these purposes.

APPENDIX 1

Children's Safeguarding Contacts London

If you have concerns about the safety or the well-being of a child, please contact your local authority children's social care team. Contact details are available below:

Barking & Dagenham

Telephone: 020 8227 3811
Out of hours: 020 8594 8356
Secure Email: childrensservices2@lbbd.gov.uk

Barnet

Telephone: 020 8359 4066
Fax: 08715948766
Email: MASH@Barnet.gov.uk
Secure Email: mash@barnet.gcsx.gov.uk

Bexley

Telephone: (Mon-Fri, 9am – 5pm) 020 3045 5440
Out of hours (including weekends): 020 8303 7777 or 020 8303 7171
Secure Email: Childrenssocialcare.admin@bexley.gov.uk

Brent

Telephone: 020 8937 4300
Out of hours: 020 8863 5250
Fax: 020 8397 1986
Secure Email: Family.FrontDoor@brent.gov.uk
Web link: https://www.brent.gov.uk/services-for-residents/children-and-family-support/child-protection-and-care/child-protection/contact-our-protection-team/

Bromley

Telephone Children's Services (Mon-Fri 8.30 5.00pm): 020 8461 7373 / 7379 / 7026
Out of hours/weekends/public holidays: 0300 303 8671
Email (MASH): mash@bromley.gov.uk
Secure email (MASH): mash@bromley.gcsx.gov.uk

Camden

Telephone: 020 7974 3317 (9.00am- 5.00pm)
Out of hours: 020 7974 4444
Email: LBCMASHadmin@camden.gov.uk
Secure email: LBCMASHadmin@camden.gov.uk.cjsm.net

Croydon

Croydon MASH Team

Tel: 020 8225 2888
Tel: 0208 726 6400 ext 84307 (Mon-Fri 9.00 – 5.00pm)
Tel: 020 8726 6400 (out of hours)
Secure Email: childreferrals@croydon.gcsx.gov.uk
Email: childreferrals@croydon.gov.uk

Ealing

Telephone: 020 8825 8000
Out of hours: 020 8825 8000
Fax: 020 8825 5454
Email: ECIRS@ealing.gov.uk
Secure Email: Via Egress – please telephone if unable to access Egress directly.

Enfield

Telephone: 020 8379 5555
Out of hours: 020 8379 1000
Email: spoe@enfield.gov.uk
Secure Email: spoe@enfield.gcsx.gov.uk

Greenwich

Telephone referrals: 020 8921 3172 (Mon-Thur, 9.00-5.30pm, Fri 9.00-4.30pm)
Out of hours: 020 8854 8888

Fax: 020 8921 3180
Secure Email: MASH-referrals@royalgreenwich.gov.uk

Hackney & City of London

Hackney First Access Screening Team (FAST)

Tel: 020 8356 5500
CSC referral form can be emailed to FAST on cscreferrals@hackney.gov.uk
Secure versions of this email address are cscreferrals@hackney.gov.uk.cjsm.net and cscreferrals@hackney.gcsx.gov.uk
City of London and Hackney out of hours (5.00 – 9.00pm) – contact the Emergency Duty Team: 020 8356 2710

Hammersmith and Fulham

Telephone: 020 8753 6600
Out of hours: 020 8748 8588
Fax: 020 8753 4209
Email: familyservices@lbhf.gov.uk

Haringey

Telephone: 020 8489 1472 / 3145 / 4514
Fax: 020 8489 1251
Secure Email: lscb@haringey.gcsx.gov.uk
Out of hours: Single point of contact (SPA) 020 8489 0000

Harrow

Telephone: 020 8901 2690
Out of hours: 020 8424 0999
Fax: 020 8861 1816
Secure Email: duty&assess@harrow.gov.uk.cjsm.net

Havering

Telephone: 01708 433 222
Out of hours: 01708 433 999
Fax: 01708 433 375
Email: tmash@havering.gov.uk
Secure email: tmash@havering.gcsx.gov.uk

Hillingdon

Telephone: 01895 556633
Out of hours: 01895 556633
Email: mashtriage@hillingdon.gov.uk

Hounslow

Telephone (Mon-Fri 9-5pm) Early Help: 020 8583 3200 / 6600 (choose option 1 or
Email: earlyhelp@hounslow.gov.uk or
Secure Email: CSLL-socialcare-GCSX@hounslow.gcsx.gov.uk
Telephone Duty Manager: 020 8583 3257/4573
Out of hours and weekends – Emergency Duty Team: 020 8583 2222

Islington

Telephone: 020 7527 7400
Out of hours: 020 7226 0992
Email: CSCreferrals@ilsington.gov.uk
Secure Email: CSCT@islington.gcsx.gov.uk

Kensington and Chelsea

Telephone: 020 7361 3013
Out of hours: 020 7373 3227
Fax: 020 7368 0228
Email: socialservices@rbkc.gov.uk

Kingston Upon-Thames

Contact our children's Single Point of Access (SPA) Team (Open 8.00-6.00 pm, Mon-Fri)

Telephone: 020 8547 5008
Secure Email: spa@kingston.gov.uk.cjsm.net
Out of Hours Duty Social Worker:
If you need to speak to someone urgently outside of hours, please ring the Duty Social Worker on:-

Telephone: 020 8770 5000

Lambeth

Telephone: 020 7926 5555 (24 hours)
Email: helpandprotection@lambeth.gov.uk
Secure Email: helpprotection@lambeth.cjsm.net

Lewisham

Telephone: 020 8314 6660
Out of hours: 020 8314 6000
Secure Email: mashagency@lewisham.gov.uk

Merton

Telephone: 020 8545 4866/3736
Out of hours: 020 8770 5000
Fax: 020 8545 4198
Email: mertonLSCB@merton.gov.uk
Merton MASH: 020 85454227
(Out of Hours: 020 8770 5000)
Secure Email: MertonLSCB@merton.gov.uk.cjsm.net

Newham

Telephone: 020 8430 2000
Triage Golden Number: 020 3 373 4600
Fax: 020 8430 1003
EDT: 020 8430 2000
Secure Email: ChildrensTriage@newham.gcsx.gov.uk

Redbridge

Telephone: 020 8708 3885
Out of hours: 020 8553 5897
Fax: 020 8708 3886
Email: cpat.referrals@redbridge.gov.uk

Richmond

Contact our children's Singe Point of Access (SPA) Team (8.00-6.00pm, Mon-Fri)

Telephone: 020 8547 5008
Out of hours: 020 8770 5000
Secure Email: spa@richmond.gcsx.gove.uk

Southwark

Telephone: 020 7525 1921
Out of hours: 020 7525 5000
Fax: 020 7525 7992
Secure Email: MASH@southwark.gov.uk

Sutton

Telephone: 020 8770 6001
Out of hours: 020 8770 5000
Email: mash@sutton.gov.uk
Secure Email: mash@sutton.gov.uk.cjsm.net

Tower Hamlets

Telephone: 020 7364 5606 / 5601
Out of hours: 020 7364 4079
Fax: 020 7364 2656 / 2655
Secure Email: MASH@towerhamlets,gcsx.gov.uk

Waltham Forest

Telephone: 020 8496 2310
Out of hours: 020 8496 3000
Fax: 020 8496 2313
Secure Email: MASHrequests@walthamforest.gov.uk

Wandsworth

Telephone: 020 8871 6622
Out of hours: 020 8871 6000
Email: MASH@wandsworth.gov.uk
Secure Email: MASH.Duty@Wandsworth.cjsm.net

Westminster

Telephone: 020 7641 4000
Out of hours: 020 7641 6000
Fax: 020 7641 7526
Email: accesstochildrensservices@westminster.gov.uk

Other contacts

NSPCC - 0808 800 5000

Emergency Services (Police, Ambulance etc.) 999

Samaritans - 0845 790 9090 or 24 - hour helpline: 116 123 (freephone)

Childline - 0808 1111

For mental health concerns/Crisis contact

- Registered GP/ GP Practice
- Local Accident & Emergency/ duty psychiatrist at A&E
- Ambulance Service
- Child & Adolescent mental health services
- Local community mental health team/ Out of hours mental health services

Self Help - numbers for young people

Young Minds

General enquiries: 020 7089 5050

Parents helpline: 0808 802 5544 (for any adult with concerns about the mental health of a child or young person)

Papyrus

Helpline: 0800 068 41 41

Charity for the prevention of young suicide, offering confidential support

Youth Access

Information on youth counselling: 020 8772 9900

Mind

MindInfoline: 0845 766 0163

Youth2Youth

Helpline: 0208 896 3675 (Monday & Thurs 6.30-9.30pm)

Rethink

Telephone: 0300 5000 927

APPENDIX 2

Alert Form (Initial Alert & Ongoing Record)

ABUSE SETTING:

(Please tick where appropriate)

- ☐ Own Home
- ☐ Care home
- ☐ Alleged perpetrator's home
- ☐ Acute hospital
- ☐ Other health setting
- ☐ Supported housing
- ☐ School/College
- ☐ Public place
- ☐ Other (please give details)
- ☐ Not known

TYPE OF ABUSE:

(Please tick where appropriate)

- ☐ Physical
- ☐ psychological
- ☐ Domestic
- ☐ Female Genital Mutilation
- ☐ Harmful sexual Behaviour
- ☐ Trafficking
- ☐ Sexual
- ☐ neglect
- ☐ Bullying & Cyber Bullying
- ☐ Grooming
- ☐ Child sexual exploitation
- ☐ Other

DATE:

APPENDIX 3

When to Refer

Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements in any local area to safeguard and promote the welfare of children and improve the outcomes for children.

All professionals in agencies with contact with children and members of their families must make a referral to LA children's social care if there are signs that a child or an unborn baby:

- Has suffered significant harm through abuse or neglect.
- Or is likely to suffer significant harm in the future.

If you think a child is in immediate danger do not delay, you can call the police, 999, your local Children's Services or the NSPCC on 0808 800 5000

If you want to discuss a case in confidence to gain further guidance phone children's services or the NSPCC. This can be done anonymously without using the child's details.

Discuss any safeguarding concerns you have with the lead practitioner, DSL or line manager where there is not an immediate emergency.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Examples of when a referral to Social Services, NSPCC and the Police should be considered:

Allegations of Sexual Abuse

Physical injury caused by assault or Neglect which may or may not require medical attention.

Incidents of physical harm that alone are unlikely to constitute Significant Harm but taken into consideration with other factors may do so.

Children who suffer from persistent neglect

Children who live in an environment which is likely to have an adverse impact on their emotional development. (e.g. where a child experiences a low level of

emotional warmth and a high level of criticism)

Where parents' own emotional circumstances affect their ability to meet their child's emotional and/or physical needs regardless of material/financial circumstances and assistance.

Where parents' circumstances are affecting their capacity to meet the child's needs because of:

Domestic Abuse, and Episode(s) of Domestic Abuse. (the police notify Social Services when they have attended an incident of Domestic Abuse where a child is present)

- Drug and/or alcohol misuse.
- Mental health problems.
- Previous convictions for offences against children.
- Where a person known to PPA (Public Protection Arrangements) as a violent person has significant contact with children.
- A child living in a household with, or having significant contact with, a person at risk of sexual offending. "Where it is known that a convicted sex offender (even if that person is not on the Sex Offenders Register) has moved into a household with a child or is having close contact with a child."
- A child under 13 who is sexually active.
- An abandoned child.
- Bruising to an immobile baby.

Please note that Jami aim to work in partnership with other agencies and give information on a need to know basis. Where there is an immediate risk to the child(ren) Jami will fully co-operate with all involved parties where it benefits the child from experiencing further harm e.g. social services, police, NHS, educational

establishments, families, shuls, etc..

APPENDIX 4

Categories of Abuse, Signs, and Indicators

There are 4 main categories of abuse which are - Physical, emotional, sexual and neglect. There are also other types of abuse mentioned below. The definition of each is set out below with a non-exhaustive list of possibilities, signs, and symptoms.

Abuse can be defined as "a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children". (Working Together to Safeguard Children' 2018)

Physical Abuse:

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

There is not one sign or symptom to look out for that will say a child is definitely being physically abused. But if a child often has injuries, there seems to be a pattern, or the explanation does not match the injury then this should be investigated.

- Unexplained injuries or burns, particularly if they are recurrent.
- Refusal to discuss injuries/refusal to discuss injuries.
- Improbable explanations for injuries/parent undisturbed by accident/injury.
- Untreated injures or lingering illness not attended to.
- Admission of punishment which appears excessive.
- Shrinking from physical contact.
- Fear of returning home or of parents being contacted.
- Fear of undressing.
- Fear of medical help.
- Aggression/bullying.

- Over compliant behaviour.
- Running away.
- Significant changes in behaviour without explanation.
- Deterioration in work.
- Unexplained pattern of absences which may serve to hide bruises or other physical injuries.
- Bruising.

Children can have accidental bruising, but the following must be considered as indicators of harm, unless there is evidence, or an adequate explanation provided.

Commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttocks.

- Defensive wounds commonly on the forearm, upper arm, back of the leg, hands, or feet.
- Clusters of bruises on the upper arm, outside of the thigh or on the body.
- Bruises with dots of blood under the skin.
- A bruised scalp and swollen eyes from hair being pulled violently.
- Bruises in the shape of a hand or object.
- Any bruising to a pre-crawling or pre-walking baby.
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding.
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, although a single bruised eye can be accidental or abusive).
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally.
- Variation in colour possibly indicating injuries caused at different times.
- The outline of an object used (e.g. belt marks, handprints, or a hairbrush).
- Bruising or tears around, or behind the earlobe/s indicating injury by pulling or twisting.
- Bruising around the face.
- Grasp marks on small children.

- Bite marks.
- Human bite marks are oval or crescent shaped. If they are over 3cm in diameter, they are more likely to be made by an adult or older child.

Burns and Scalds

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

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.

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

Scars

A large number of scars or scars of different sizes or ages, or on different parts of

the body, may suggest abuse.

Emotional Abuse

Emotional abuse is the ongoing emotional maltreatment of a child. It is sometimes called psychological abuse and can seriously damage a child's emotional health and development.

Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are often suffering another type of abuse or neglect at the same time – but this isn't always the case.

It may involve conveying to children 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child 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 frequently to feel frightened or in danger, or the exploitation or corruption of children.

Indicators of Emotional Abuse

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

The following may be indicators of emotional abuse:

- Developmental delay.
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment).
- Indiscriminate attachment or failure to attach.
- Aggressive behaviour towards others.
- Appeasing behaviour towards others.
- Scapegoated within the family.

- Frozen watchfulness, particularly in pre-school children.
- Low self-esteem and lack of confidence.
- Withdrawn or seen as a 'loner' – difficulty relating to others.
- Continual self-deprecation.
- Fear of new situations.
- Inappropriate emotional responses to painful situations.
- Self-harm or mutilation.
- Compulsive stealing/scrounging.
- Drug/solvent abuse.
- 'Neurotic' behaviour – obsessive rocking, thumb sucking, and so on.
- Air of detachment – 'don't care' attitude.
- Social Isolation – does not join in and has few friends.
- Desperate attention-seeking behaviour.
- Eating problems, including overeating and lack of appetite.
- Depression, withdrawal.
- Obsessive behaviour.

Sexual Abuse

A child is sexually abused when they are forced or persuaded to take part in sexual activities.

This does not have to be physical contact and it can happen online. Sometimes the child will not understand that what is happening to them is abuse. They may not even understand that it is wrong. Or they may be afraid to speak out.

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.

Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore, both identification and disclosure rates are deceptively low.

If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

Behavioural Indicators of Sexual Abuse

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

Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area.
- Scratches, abrasions, or persistent infections in the anal or genital regions.
- Bruises, scratches, burns or bite marks on the body.
- Blood on underclothes.
- Pregnancy in a child.
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia, or clothing.

Other signs of sexual abuse

- Pregnancy – particularly in the case of young adolescents who are evasive concerning the identity of the father.
- Sexual awareness inappropriate to the child's age – shown, for example, in drawings, vocabulary, games, and so on.
- Frequent public masturbation.
- Attempts to teach other children about sexual activity.
- Refusing to stay with certain people or go to certain places.
- Aggressiveness, anger anxiety, tearfulness.
- Withdrawal from friends.
- Frequent vaginal infections, discharge or odour's.
- Sexually transmitted diseases.

Possible signs in older children

- Promiscuity, prostitution, provocative sexual behaviour.
- Self-injury, self-destructive behaviour, suicide attempts.
- Eating disorders.
- Tiredness, lethargy, listlessness.
- Over-compliant behaviour.
- Sleep disturbances.
- Unexplained gifts of money.
- Depression.
- Changes in behaviour.
- Nonattendance at school.
- Talking about a new 'special' friend.
- Substance abuse.

Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. “Research indicates that as much as 90 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague.” (Finkelhor, D. (2012). Characteristics of crimes against juveniles. Durham, NH: Crimes against Children Research Center).

Neglect

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs likely to result in the serious impairment of the child’s 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 caregivers).
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child’s basic, emotional needs.

It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting. When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include: Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care).

Possible signs of neglect

- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
- A child seen to be listless, apathetic, and unresponsive with no apparent medical cause.

- Failure of child to grow within normal expected pattern, with accompanying weight loss.
- Child thrives away from home environment.
- Child frequently absent from school/college.
- Child left with inappropriate carers (e.g. too young, complete strangers).
- Child left with adults who are intoxicated or violent.
- Child abandoned or left alone for excessive periods.
- Constant hunger.
- Poor personal hygiene.
- Inappropriate clothing.
- Frequent lateness or non-attendance at school / college.
- Untreated medical problems.
- Low self-esteem.
- Poor social relationships.
- Compulsive stealing.
- Constant tiredness.
- Loss of interest and withdrawal.
- Irritability and tearfulness.
- Tiredness and change in weight.
- Poor concentration and deterioration of work.
- Destructive behaviour.
- Lack of self-care (deliberate)*.
- Deliberate failure*.
- Self-harming*.
- Suicide attempts*.

- Arson*.

*Particularly significant and should never be ignored.

Disabled children and young people can be particularly vulnerable to neglect due to the increased level of care they may require. Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own. These could include domestic violence, mental health issues, learning disabilities, substance misuse, or social isolation / exclusion, this list is not exhaustive. While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it is not just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

Types of domestic abuse

Domestic abuse can include:

- Sexual abuse and rape (including within a relationship).
- Punching, kicking, cutting, hitting with an object.
- Withholding money or preventing someone from earning money.
- Taking control over aspects of someone's everyday life, which can include where they go and what they wear.
- Not letting someone leave the house.
- Reading emails, text messages or letters.
- Threatening to kill or harm them, a partner, another family member, or pet.

Witnessing domestic abuse is really distressing and scary for a child and causes

serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. They might:

- See the abuse.
- Hear the abuse from another room.
- See a parent's injuries or distress afterwards.
- Be hurt by being nearby or trying to stop the abuse

Harmful Sexual Behaviour:

- Harmful sexual behaviour includes:
- Using sexually explicit words and phrases.
- Inappropriate touching.
- Using sexual violence or threats.
- Full penetrative sex with other children or adults.

Sexual behaviour between children is also considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other is not.

However, a younger child can abuse an older child, particularly if they have power over them for example, if the older child is disabled.

Grooming:

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional.

Groomers may be male or female. They could be any age.

Many children and young people don't understand that they have been groomed or that what has happened is abuse.

Signs of grooming

The signs of grooming aren't always obvious, and groomers will often go to great lengths not to be identified.

If a child is being groomed, they may:

- Be very secretive, including about what they are doing online.
- Have older boyfriends or girlfriends.
- Go to unusual places to meet friends.
- Have new things such as clothes or mobile phones that they cannot or will not explain.
- Have access to drugs and alcohol.

In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age.

Child Sexual Exploitation:

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money, or affection as a result of performing sexual activities or others performing sexual activities on them.

Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Child sexual exploitation is a hidden crime. Young people often trust their abuser and do not understand that they are being abused. They may depend on their abuser or be too scared to tell anyone what is happening.

It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection, or status. Child sexual exploitation does not always involve physical contact and can happen online.

Child Trafficking

Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold.

Children are trafficked for:

- Child sexual exploitation.
- Benefit fraud.
- Forced marriage.
- Domestic servitude such as cleaning, childcare, cooking.
- Forced labour in factories or agriculture.
- Criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another. Trafficked children experience multiple forms of abuse and neglect.

Physical, sexual, and emotional violence are often used to control victims of trafficking. Children are also likely to be physically and emotionally neglected.

If practitioners have concerns that a child may be a potential victim of modern slavery or human trafficking then a referral should be made to the National Referral Mechanism, as soon as possible.

Female Genital Mutilation

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision or cutting.

Religious, social, or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It does not enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

The term FGM covers all harmful procedures to the female genitalia for non-medical purposes. There are 4 types - all are illegal and have serious health risks.

FGM ranges from pricking or cauterizing the genital area, through partial or

total removal of the clitoris, cutting the lips (the labia) and narrowing the vaginal opening.

Even partial removal or 'nipping' can risk serious health problems for girls and women.

The cutting is made using instruments such as a knife, pair of scissors, scalpel, glass, or razor blade.

Labia elongation, also referred to as labia stretching or labia pulling, involves stretching the labia minora, sometimes using sticks, harnesses, or weights.

FGM is usually performed by someone with no medical training. Girls are given no anaesthetic, no antiseptic treatment and are often forcibly restrained.

Bullying and Cyberbullying

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

It can happen anywhere – at school, at home or online. It is usually repeated over a long period of time and can hurt a child both physically and emotionally.

Bullying that happens online, using social networks, games, and mobile phones, is often called cyberbullying. A child can feel like there is no escape because it can happen wherever they are, at any time of day or night.

Bullying includes:

- Verbal abuse, such as name calling and gossiping.
- Non-verbal abuse, such as hand signs or text messages.
- Emotional abuse, such as threatening, intimidating, or humiliating someone.
- Exclusion, such as ignoring or isolating someone.
- Undermining, by constant criticism or spreading rumours.
- Controlling or manipulating someone.
- Racial, sexual, or homophobic bullying.
- Physical assaults, such as hitting and pushing.
- Making silent, hoax or abusive calls.
- Online or cyberbullying.

What is online or cyberbullying

Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games, and mobile phones. Cyberbullying can include spreading rumours about someone, or posting nasty or embarrassing messages, images, or videos.

Children may know who is bullying them online – it may be an extension of offline peer bullying - or they may be targeted by someone using a fake or anonymous account. It is easy to be anonymous online and this may increase the likelihood of engaging in bullying behaviour.

Cyberbullying can happen at any time or anywhere - a child can be bullied when they are alone in their bedroom - so it can feel like there is no escape.

Contextual risks

"Threats to the welfare of children can come from within families, but they may also be at risk of abuse or exploitation outside their families. These threats may come from school or other educational establishments, from peer groups, or within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats including: exploitation by criminal gangs, and organised crime groups such as county lines, trafficking, online abuse, sexual exploitation, and the influences of extremism leading to radicalisation. Extremist groups can use the internet to radicalise, recruit, and prom one extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered in relation to the risk and welfare of the child. Children who maybe alleged perpetrators should also be considered in relation to risk and their welfare." (Working together to safeguard children July 2018)