



Crosspath Care LTD

CHILD PROTECTION and SAFEGUARDING POLICY

Responsible Person: Arran Taylor

Next Review Due: 21.04.27

Last Review: 21.04.26

Scope

- Introduction
- Policy Statement
- The Policy
- Defining Child Abuse
- Types of Abuse
- Signs of Abuse
- Disclosure
- Reporting Child Sexual Abuse and Exploitation
- Child Sexual Exploitation (CSE)
- How To Make a Report
- Early help
- Child Protection Plan
- Parent Advocacy
- Allegations Against Staff
- Recording of Information, Suspicions, or Concerns
- Safeguarding Disabled Children
- Children Observing Abuse within the Home Environment
- Family Group Conferences (FGC)
- Multi-Agency Safeguarding Hubs (MASHs)
- Action Taken when a Child is Referred and Immediate Protection
- Action Taken for an Assessment of a Child Under the Children Act 1989
- Action Following a Strategy Discussion
- What happens After the Child Protection Conference, Including Review
- Children Returning Home from Care to their Families
- Whistleblowing
- Physical intervention
- Related Policies
- Related Guidance
- Training Statement

Introduction

This policy is reviewed annually, or earlier in response to changes in legislation, guidance, or organisational structure. This policy is available to commissioners, parents/carers and the wider public upon request.

Crosspath Care fully recognises its responsibility and commitment to act in the best interest of the child for safeguarding and promoting the welfare of children. All individuals regardless of age, special needs or disability, racial/cultural heritage,

religious belief or sexual orientation have the right to be protected from all types of harm and abuse. This Safeguarding and Child Protection Policy forms a fundamental part of our approach to providing excellent pastoral care to all children. This policy has been prepared in accordance with the DfE and local guidance published by the Essex Safeguarding Children Board (ESCB):

Keeping Children Safe in Education (September 2025) (KCSIE)

KCSIE incorporates the additional statutory guidance, disqualification under the Childcare Act 2006 (Sept 2018)

KCSIE also refers to the non-statutory advice for Practitioners: What to do if you're worried a child is being abused (March 2015)

KCSIE refers also to When to call the police, statutory guidance from the National Police Chief's Council

Working Together to Safeguard Children (Dec 23 updated Feb 24)

Prevent Duty Guidance: for England and Wales (March 24) (Prevent).

Essex Safeguarding Children Board guidelines – the SET (Southend, Essex and Thurrock)

Child Protection Procedures (ESCB, 2022)

Essex Effective Support

'Effective Support for Children and Families in Essex' (ESCB, 2021)

Roles and responsibilities

There is government guidance set out in [Working Together \(Dec 23, updated Feb 24\)](#) on how agencies must work in partnership to keep children safe. This guidance places a shared and equal duty on three Safeguarding Partners (the Local Authority, Police and Health) to work together to safeguard and promote the welfare of all children in their area under multi-agency safeguarding arrangements. These arrangements sit under the [Essex Safeguarding Children Board](#) (ESCB).

In Essex, the statutory partners are Essex County Council, Essex Police and five of the seven Clinical Commissioning Groups covering the county.

In Essex, all professionals must work in accordance with the [SET Procedures \(ESCB, 2022\)](#)

Safeguarding and promoting the welfare of children is everyone's responsibility. 'Children' includes everyone under the age of 18. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should ensure that

their approach is child- centred. This means that they should consider, at all times, what is in the best interests of the child.

Staff members working with children should maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interests of the child, taking the child's wishes and feelings into account when determining what action and services to provide to support the child.

The Designated Safeguarding Leads

The Designated Safeguarding Lead (DSL) has ultimate lead responsibility for safeguarding and child protection. Their role includes managing child protection referrals, working with other agencies, ensuring all staff are appropriately trained and raising awareness of all safeguarding and child protection policies and procedures. They ensure that all staff (including temporary staff, volunteers and contractors) are aware of these procedures and that they are followed at all times. They act as a source of advice and support for other staff (on child protection matters) and ensure that timely referrals to Essex Children's Social Care (Children and Families Hub) are made in accordance with current SET procedures. They work with the local authority and the ESCB as required and ensure that information is shared appropriately.

The DSL is supported within the safeguarding team by deputy designated safeguarding leads who are trained to the same level. If for any reason the designated safeguarding lead is unavailable, the deputy designated leads will act in their absence.

The Deputy Designated Safeguarding Leads (Danielle Cooves and Ewan Harding-Payne) are trained to the same standard as the DSL and support the DSL in fulfilling all safeguarding and child protection duties, including decision-making, referrals, and liaison with external agencies

Key Safeguarding Contacts:

Designated Safeguarding Lead (DSL):

Arran Taylor - Arran.taylor@crosspathcare.co.uk 01787 827570

Deputy Designated Safeguarding Leads (DDSLs):

Ewan Harding-Payne - ewanharding-payne@crosspathcare.co.uk - 01787 827570

Alex Titchener – atitchener@crosspathcare.co.uk - 01787 827570

In the absence of the DSL, either Deputy DSL will assume full safeguarding responsibilities. A DSL or DDSL will always be available during operational hours.

Policy Statement

Safeguarding is the action taken to promote children's welfare and protect them from harm.

Safeguarding means:

- Protecting children from abuse and maltreatment
- Preventing harm to children's health or development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It 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. Setting up and following good safeguarding policies and procedures means children are safe from adults and other children who might pose a risk. Safeguarding is one of the Mandatory training modules staff will undertake during induction. Everyone working with children must comply with the following acts to ensure the safety of the children in our service at all times.

- Working Together to Safeguard Children 2023
- Children Act 1989
- The Equality Act 2010
- United Nations Convention on the Rights of the Child 1989.

The Policy

Child safeguarding is specifically focused on preventative actions to ensure that all children are protected from deliberate or unintentional acts that lead to the risk of actual harm as stated in section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm). The purpose is to create and maintain a safe culture that is child-focused through sustained and meaningful engagement with children, their families, staff, and all those involved with the child's care. Our organisation has a robust training agenda to incorporate Safeguarding to all staff on an annual basis as part of the mandatory courses. Any changes and updates will be filtered along to staff to meet their roles and implemented with immediate effect.

Safer Recruitment

Crosspath Care operates in line with its Safer Recruitment Policy to ensure all staff are appropriately vetted and suitable to work with children and young people. This

includes enhanced DBS checks, identity verification, employment history checks, references, right to work checks, and prohibition checks where applicable.

All staff involved in recruitment are trained in safer recruitment practices in line with Keeping Children Safe in Education (KCSIE).

Low-Level Concerns About Staff

Crosspath Care recognises the importance of creating a culture of openness and transparency to safeguard children effectively.

A low-level concern is any concern, no matter how small, about a member of staff's behaviour that:

Is inconsistent with the staff code of conduct; or

Does not meet the threshold for referral to the LADO

All low-level concerns must:

Be reported to the Designated Safeguarding Lead (DSL) immediately

Be recorded clearly with factual, objective information

Be reviewed to identify patterns of behaviour

The DSL will:

Maintain a secure record of all low-level concerns

Review concerns regularly to identify any emerging risks

Take proportionate action, including guidance, supervision, or escalation where required

Defining Child Abuse

Child abuse is a term used to describe ways in which children are harmed, usually by adults but increasingly by their peers. Often these are people they know and trust. It refers to damage done to a child's physical, mental or emotional health. Children can be abused within or outside of their family, at school, at play, and within any environment such as extra-curricular activities, participation with youth organisations, and the like. Abusive situations arise when adults or peers misuse their power over children.

Types of Abuse

Physical: Where children's bodies are hurt or injured.

Emotional: This is where children do not receive love and affection. They may be frightened by threats or taunts, or be given responsibilities beyond their capabilities.

Sexual: This is where adults (and sometimes other children) use children to satisfy sexual desires.

Neglect: This is where adults fail to care for children and protect them from danger, seriously impairing their health and development.

Modern Slavery: Modern slavery is the severe exploitation of other people for personal or commercial gain. Modern slavery is all around us, but often just out of sight. Adults and children can become entrapped making clothes, serving our food, nail bars, picking crops or working in factories.

Trafficking: In the UK an increasingly high-profile form of child trafficking is County Lines. Refer to the separate County Lines Policy. This involves predominantly British children being groomed by their exploiters who then coerce them into buying and selling drugs, often across the country.

The exploiters purposefully prey on at-risk children and teenagers, grooming them and gaining their trust over time, often by giving them expensive items such as designer clothes and mobile phones, before forcing them to deal drugs to pay back the 'debt' that they have incurred.

Children do not realise what is happening to them is wrong. They may be too fearful to speak out as they have become reliant on their traffickers to feed and clothe them. They may also have been subjected to physical sexual and emotional abuse or do not know where to turn for help. Children who have been trafficked from outside of the UK often speak little or no English, making them even more isolated and dependent on those exploiting them.

Extrafamilial harm: is identified as "risks to the welfare of children that arise within the community or peer group, including sexual and criminal exploitation", along with gang-related harm.

Victims of modern-day slavery or human trafficking require a referral to the National Referral Mechanism

Child Sexual Exploitation: Child sexual exploitation (CSE) is a type of sexual abuse. When a child is exploited, they may be given things, like gifts, drugs, money, status, and affection, in exchange for performing sexual activities. Children are often tricked into believing they are in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they are being abused. CSE can happen in person or online. An abuser will gain a child's trust or control them through violence or blackmail before moving on to sexually abusing them. This can happen in a short period.

Faith-Based Abuse

Abuse linked to faith or belief is where concerns for a child's welfare have been identified, and could be caused by, a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices linked to faith or belief are harmful to a child.

Any abuse that takes place against those who are branded (or labelled) either as a witch or as having been possessed by an evil spirit is unacceptable.

Significant harm (including murder) can occur because of concerted efforts to 'excise' or 'deliver' evil from a child (or at-risk adult).

Signs of Abuse

The following signs **MAY** indicate abuse; however, it is important not to jump to conclusions, as there could be other explanations:

Physical: Unexplained or hidden injuries that lack evidence of medical attention, children may also exhibit a 'frozen stare' when they are in the vicinity of the abuser (this also applies to all groups of abused children).

Emotional: Often children revert to younger behaviour, nervousness, sudden underachievement, attention-seeking, running away from home, stealing and lying.

Sexual: Often children are preoccupied with sexual matters, as evidenced by words, play, drawings, display of sexually provocative behaviour with adults, disturbed sleep, nightmares, bed-wetting, secretive relationships with adults and children, and stomach pains with no apparent cause.

Neglect: Appearing ill-cared for and unhappy, being withdrawn or aggressive, or having lingering injuries or health problems.

Self-harm: Deliberate or systematic abuse of the person, usually covert but signs of a physical nature such as scarring are usually noticed. Alopecia may be present.

Trafficking: The child looks dishevelled or dressed in clothes they could not afford, the clothes look inappropriate for the weather and the wrong size, signs of physical abuse bruising or red marks, there may be visible tattoos suggesting part of a gang, the child avoids eye contact, appears fearful of adults and children, they can be aggressive towards people in authority, the adult with them may appear very controlling by speaking for them or interpreting for them. If known to you they may exhibit a change in behaviour and are reluctant to talk, recently moved to a new house, and changed school.

Radicalisation: Becoming increasingly argumentative, refusing to listen to other points of view, unwilling to engage with children who are different, embracing conspiracy theories, feeling persecuted, distancing themselves from old friends, converting to a new religion, being secretive, changing online identity, having more than one online identity, spending a lot of time on the phone, accessing extremist online content, joining extremist organisations.

Child sexual exploitation: Sexual exploitation can be difficult to spot and sometimes mistaken for "normal" teenage behaviour. Knowing the signs can help protect children and help them when they've no one else to turn to.

These are some of the common signs (not exhaustive):

- Unhealthy or inappropriate sexual behaviour
- Being frightened of some people, places, or situations

- Bring secretive
- Sharp changes in mood or character
- Having money or things they cannot or will not explain
- Physical signs of abuse, like bruises or bleeding in their genital or anal area
- Alcohol or drug misuse
- Sexually transmitted infections
- Pregnancy.

Bullying

Bullying is not always easy to define, as it can take many forms and take place over some time. The main types are physical (hitting, kicking, theft), verbal (threats, name-calling) and emotional (isolating an individual from activities and games); all types can be characterised by:

- Deliberate hostility and aggression towards a victim
- A victim who is weaker and less powerful than the bully or bullies
- An outcome that is always painful and distressing for the victim.

Bullying behaviour may also include:

- Other forms of violence
- Sarcasm, spreading rumours, persistent teasing
- Tormenting, ridiculing, humiliation
- Racial taunts, graffiti, gestures
- Unwanted physical contact or abusive or offensive comments of a sexual nature.

Emotional and verbal bullying is more common than physical violence, it can also be difficult to cope with or to prove.

Faith-Based Abuse

This type of abuse has common features including:

- Abuse as a result of a child being accused of being a 'witch'
- Abuse as a result of a child being accused of being possessed by 'evil spirits'
- Ritualistic abuse which is prolonged sexual, physical and psychological abuse
- Satanic abuse which is carried out in the name of 'satan' and may have links to cults.

Any other harmful practice linked to a belief or faith Indicators of child abuse linked to faith or belief include the following:

- Physical injuries, such as bruises or burns (including historical injuries/scaring)
- A child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'
- The child or family may use words such as 'kindoki', 'djin', 'juju' or 'voodoo' - all of which refer to spiritual beliefs

- A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children
- A child's personal care deteriorating (eg rapid loss of weight, being hungry, turning up to school without food or lunch money, being unkempt with dirty clothes)
- It may be evident that the child's parent or carer does not have a close bond with the child
- A child's attendance at school or college becomes irregular or there is a deterioration in a child's performance
- A child is taken out of a school altogether without another school place having been arranged
- Wearing unusual jewellery/items or in possession of strange ornaments/scripts.

Extrafamilial Harm

Extrafamilial harm refers to a broad category of harm types, including peer-on-peer harm, sexual and criminal exploitation and bullying. Often, these different harm types share overlapping drivers, methods and consequences for children and young people. Quite often these children

- Are not enrolled in school or receiving an education
- Have poor school attendance
- Are or have been a child in need
- Are or have been under a child protection plan
- Are known to the Youth Offending Team
- Repeatedly go missing.

Children experiencing extrafamilial harm had often faced significant trauma and adversity, seen as older than their years. Children who are both at-risk and pose a risk to others are common in incidents involving youth violence, gangs and criminal exploitation.

This organisation will work closely with other professionals to note:

- Missing episodes should be carefully analysed to understand patterns and inform risk management and potential disruption work
- As far as possible, children experiencing extrafamilial harm should have contact with a single lead practitioner who has oversight of their lived experience and support needs
- Staff need robust support, supervision and training – including on a multi-agency basis – to optimise outcomes for children and support practitioner wellbeing
- Interventions to reduce the risk of extrafamilial harm should be evaluated so practice is based on evidence of what works.

It is important that all staff recognise the indicators and signs of child-on-child abuse and know how to identify it and respond to reports. This can include (but is not limited to) abuse within intimate partner relationships; bullying (including

cyberbullying, prejudiced-based and discriminatory bullying); abuse in intimate personal relationships between peers; sexual violence, such as rape, assault by penetration and sexual assault; sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse; causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party; consensual and non-consensual sharing of nudes and semi nudes images and or videos causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party; upskirting, which typically involves taking a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting (also known as youth produced sexual imagery); and initiating/hazing type violence and rituals (challenges, and other activities involving harassment, abuse or humiliation used as a way of initiating a person into a group.)

Addressing inappropriate behaviour (even if it appears to be relatively innocuous) can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. At Crosspath care, we do not tolerate any harmful behaviour and will take swift action to intervene where this occurs. We will ensure that there is an understanding that abuse is abuse and will never be tolerated or passed off as 'banter' or 'part of growing up'. We will never make a child feel ashamed for reporting abuse, nor that they are creating a problem by doing so.

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. It can also occur online.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable.

It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. Some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBTQ children are at greater risk.

Whilst not intending to be an exhaustive list, sexual harassment can include;

bullying (including cyberbullying, prejudice-based and discriminatory bullying) abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse') physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse) sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence) sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery) upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element). Make clear that sexual violence and harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up. Have a zero-tolerance approach to abuse, and it should never be passed off as "banter", "just having a laugh", "part of growing up" or "boys being boys" as this can lead to a culture of unacceptable behaviours and an unsafe environment for children.

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

Any reports made to staff should be addressed immediately in conjunction with the Designated Safeguarding Lead.

Disclosure

All children can experience barriers to disclosing abuse and maltreatment, such as a fear that they won't be believed or of the consequences of sharing what is happening.

For disabled children, there may be additional barriers including:

- Assumptions made about their means of communication, for example, disclosures may not be recognised as valid or are seen as open to interpretation;
- Augmentative communication systems do not contain the words necessary to describe an experience of abuse or neglect;
- Interpreters/facilitators familiar with the child's communication method are not available.

If a child or young person should engage any member of staff in a disclosure information exchange, they should do the following:

- React calmly so as not to frighten the child or young person
- Tell the child that they are not to blame and that they are right to tell someone of their problems
- Take seriously what the child says
- Avoid leading the child and keep any questions to the absolute minimum to ensure a clear understanding of what has been said
- Re-assure the child; however, do not promise confidentiality or outcomes that might not be kept to in the light of further developments
- Record in full what has been seen and heard as soon as possible
- Report concerns to the DSL immediately.

The manager will then take advice from the Children's Safeguarding Service. They will make the initial referral to the appropriate agency. All managers will be aware of their roles and responsibilities using the guidance issued by the local authority. Confidentiality should be maintained on a strictly need-to-know basis, and relevant documents stored in a secure location. Advice will be given to the manager regarding any actions which are deemed necessary.

Where a young person or adult at risk discloses abuse to a member of staff, they should report the disclosure to one of the designated safeguarding staff as soon as is possible (and must do so within 4 hours) of hearing the allegation. Failure to do so may result in disciplinary action. If they are unable to do this via CPOMs they must instead contact one of the Safeguarding team to inform them of the disclosure.

Where there is risk of immediate harm, the DSL or a member of the DSL team will refer by telephone to the Children and Families Hub and / or the Police. Less urgent concerns or requests for support will be sent to the Children and Families Hub via the Essex Effective Support portal. Staff must report their concerns to the DSL/DDSL. We may also seek advice from Social Care or another appropriate agency about a concern, if we are unsure how to respond to it. Wherever possible, we will share any safeguarding concerns, or an intention to refer a child to Children's Social Care, with parents or carers. However, we will not do so where it is felt that to do so could place the child at greater risk of harm or impede a criminal investigation. On occasions, it may be necessary to consult with the Children and Families Hub and/or Essex Police for advice on when to share information with parents/carers.

It can be more difficult for some children to disclose abuse than for others, e.g. disabled children will have to overcome additional barriers.

Those working with this group need to be especially vigilant and give extra thought to how to respond.

Where a safeguarding concern arises involving a child placed or commissioned through a school or local authority, Crosspath Care will notify and liaise with the commissioning body's Designated Safeguarding Lead and/or commissioning officer at the earliest appropriate opportunity.

Where it is agreed that Crosspath Care is best placed to take forward safeguarding actions (for example, due to an established trusted relationship with the child), referrals will be made in a timely manner and the commissioner will be routinely updated on progress and outcomes.

Reporting child sexual abuse and exploitation

Article 34 of the UNCRC says that children and young people have the right to be protected from sexual abuse. They have this right regardless of their gender, and regardless of whom they're attracted to. Child sexual abuse and exploitation continue to increase. This is particularly true of online abuse, where children spend a large part of their social time online and ever-more-sophisticated digital tools protect the anonymity of those who wish to harm them.

However, it is still the case that most contact abuse continues to happen within families, or is inflicted by acquaintances or people in positions of trust. Our staff receives the necessary training to recognise the signs and correct procedure for reporting.

Online abuse is frequently carried out by lone offenders who access children and evade detection, using the open (mainstream) internet and the dark web. Criminals will groom children both in person and online. Refer to our Children's Online Safety Policy.

When suspected Child Sexual Abuse and Exploitation will be reported to the local Police to enable effective safeguarding of potential victims and investigation of suspected criminal activity.

This service will report any concerns when we have:

- Identified suspected grooming behaviour
- Identified suspected coercion or blackmail involving children
- Identified indecent images of children (photos or videos) created, stored, and/or shared using your services, or

- Grounds to be concerned about the safety of a child from crime or serious harm (including self-harm or suicide).

Child Sexual Exploitation (CSE)

Technology can be used to both directly sexually exploit children and to facilitate offline child sexual exploitation (CSE). Technological developments have provided perpetrators of CSE with further opportunities to access children, network and share information with other perpetrators and develop additional identities to facilitate their exploitation of children.

Forms of exploitation facilitated by technology include children being forced to:

- Send or post sexually explicit images of themselves;
- Take part in sexual activities via webcam or smartphone;
- Have sexual conversations by text or phone;
- Receive pictures or videos they do not want to see.

The spread of child sexual abuse (CSA) material is growing exponentially, placing more children at risk of online sexual abuse and exploitation.

'Sextortion', or online child sexual extortion, is a form of online blackmail that involves the threat of sharing nude or semi-nude images or videos to extort money or force someone to do something against their will.

Reports of sextortion to the Internet Watch Foundation have increased. The majority of the reports were from boys who were being blackmailed after being coerced into sharing explicit images which criminals threatened to send to their contacts.

There has been a reported increase in self-generated child sexual abuse images (CSAM) (OFCOM, 2024a). Although data indicates that this is more prevalent amongst teenagers, the fact that there is an increase in the number of children under 10 using social media would suggest this group is also at risk.

Sexting, defined as 'the use of technology to share personal sexual content' (UK Safer Internet Centre), can, for example, lead to content being broadcast to groups using online spaces or shared via messaging systems.

The UK Council for Internet Safety is responsible for updating the Sharing Nudes and Semi-nudes: advice for Education Settings Working with Children and Young People guidance.

The guidance advises education settings on when they should report incidents of sexting to the police or children's social care, taking into account factors such as age, use of coercion and whether or not those involved have previously been involved in sexting. The guidance aims to prevent children from being victims and perpetrators of crime and to work closely with schools and families to set in place early intervention.

This organisation will work closely with education settings, families, and other professionals in recognising, protecting and report any incidents of a sexual nature.

How to make a report

To make a report about suspected child abuse material or suspicious sexual contact between an adult and a child, the manager, or person in charge must be informed immediately. They will take necessary action following local safeguarding guidelines and relevant legislations and policies to remain compliant. The local police force and Safeguarding board will also be notified and provided with full details of the incident.

We will provide the necessary support to staff and the child while complying with the GDPR legislation for reporting, recording, sharing, and storing the information. Any additional support will be provided by guidance obtained through additional agencies involved.

The Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR) does not prevent the sharing of information for the purpose of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote welfare and protect the safety of children. To ensure effective safeguarding arrangements:

- Our organisation and other agencies have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement covers how the information will be shared within this organisation, other agencies, and others who may be involved in the child's life
- Staff should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a staff member has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they will share the information with the manager, person in charge and they will take the necessary precautions to inform the local authority children's social care and/or the police. All those working with children should be particularly alert to the importance of sharing information
- The UK GDPR provides several bases for sharing personal information. It is not necessary to seek consent to share information to safeguard and promote the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be 'legal obligation' or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under UK GDPR has different requirements. In some circumstances, it may be appropriate to obtain consent to share data but it is important to note that the UK GDPR sets a high standard for consent which is specific.

Information sharing & confidentiality

It is important to note that all staff are responsible for the safeguarding of children and therefore if a member of staff has a concern it must be recorded accordingly. All staff must be vigilant and stay curious to ensure that pupils get the right support when needed.

All concerns, discussions and decisions made, and the reasons for those decisions, are recorded in writing in consultation with the Designated Safeguarding Lead.

This is essential to ensure pupils receive the right help at the right time.

Records should include;

A clear and comprehensive summary of the concern;

Details of how the concern was followed up and resolved;

A note of an action taken, decisions reached and the outcome.

Any member of staff receiving a disclosure of abuse from a child or noticing signs or symptoms of possible abuse, should make notes as soon as possible (within the hour, if possible) writing down exactly what was said, using the child's own words as far as possible.

Child protection records are kept securely and are transferred in a safe and timely manner. In line with statutory guidance, when a pupil transfers to another setting (including college), child protection records will be marked 'confidential' and for the attention of the receiving school's Designated Safeguarding Lead, with a return address on the envelope so it can be returned to us if it goes astray.

All child protection records are stored securely and confidentially and will be retained for 25 years after the child's date of birth, or until they transferred to a school or another educational setting.

When a child starts school, in addition to handing over the child protection file securely, Designated Safeguarding Leads will also share information to the new educational establishment to ensure there is support in place when the child arrives and ensure key staff, such as the SENCO are aware of any additional needs.

The Designated Safeguarding Lead will maintain and regularly audit the child protection records and ensure that a detailed chronology (timeline) of events is noted.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human right concerns, such as respecting the right to a private and family life would not prevent sharing where there are real

safeguarding concerns. Fears about information sharing cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect

We recognise that all matters relating to Child Protection are confidential.

The Designated Safeguarding Lead will disclose any information about a child to other members of staff on a need-to-know basis only.

All staff must be aware that they cannot promise a child to keep secrets.

Safeguarding concerns may be raised anonymously by staff, children, parents or other parties. Anonymous concerns will be taken seriously and acted upon appropriately.

A written record will be kept of all concerns raised, including anonymous concerns, even where no further action is taken.

Assessing Need and Early Help

Where a child is suffering significant harm, or is likely to do so, action will be taken to protect that child by making a referral to children's social care (and if appropriate the police) immediately. Action will also be taken to promote the welfare of a child who may benefit from early help, even if they are not suffering harm or at immediate risk. Therefore, all staff must be prepared to identify children who may benefit from early help. Crosspath care recognises the importance of children receiving the right help at the right time to address risks and prevent issues escalating, the importance of acting on and referring the early signs of abuse and neglect, keeping clear records, listening to the views of the child, reassessing concerns when situations do not improve, sharing information quickly and challenging inaction. In the first instance staff should discuss early help requirements with the Designated Safeguarding Lead. Staff may also be required to support other agencies and professionals in their early help assessment.

Staff should be particularly alert to the potential need for early help for a child who:

Is disabled and has specific additional needs

Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)

Has a mental health need

Is a young carer

Is showing signs of being drawn in to anti-social or criminal behaviour, including gang Involvement and association with organised crime groups or county lines

Is frequently missing/goes missing from care or from home has experience multiple suspensions, is at risk of being permanently excluded from schools, colleges and in Alternative Provision or a Pupil Referral Unit

Is at risk of modern slavery, trafficking, sexual or criminal exploitation

Is at risk of being radicalised or exploited

Has a parent or carer in custody, or is affected by parental offending

Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse is misusing drugs or alcohol themselves has returned home to their family from care;

Is at risk of 'honour' – based abuse such as Female Genital Mutilation or Forced marriage

Is a privately fostered child

Children in Need and Child Protection Plans

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children act 1989.

Children may need a social worker due to safeguarding or welfare needs. They may need this help due to abuse, neglect and complex family circumstances. A child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and mental health.

The local authority should share the fact a child has a social worker, and the designated safeguarding lead should hold and use this information so that decisions can be made in the best interests of the child's safety, welfare and educational

outcomes. This should be considered as a matter of routine. Children suffering or likely to suffer significant harm

Local authorities, with the help of other organisations as appropriate, have a duty to make enquires under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment. This includes all forms of abuse and neglect, female genital mutilation, or other so-called 'honour'- based abuse, forced marriage and extra-familial harms like radicalisation and sexual exploitation.

Safeguarding Response Options

Depending on the nature and level of concern, Crosspath Care may take one or more of the following actions:

- manage support internally through pastoral or mentoring support
- contribute to or support an Early Help assessment
- make a referral to statutory services (Children's Social Care)
- contact the police immediately where a child is at risk of significant or immediate harm

Child protection plan

If a child is considered to be suffering, or likely to suffer, significant harm the local authority will make them the subject of a child protection plan (in England) or add them to a child protection register (in Northern Ireland, Scotland, and Wales).

The aim of the child protection plan is to:

- Ensure the child is safe from harm and prevent them from suffering further harm
- Promote the child's health and development
- Support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child.

Local authority children's social care should:

- Designate a social worker to be the lead practitioner as they carry statutory responsibility for the child's welfare
- Consider the evidence and decide what legal action to take if any, where a child has suffered or is likely to suffer significant harm
- Define the local protocol for the timeliness of circulating plans after the child protection conference.

Parent Advocacy

A family can be involved with children's social care through a request for help or through imposed intervention. There can be far-reaching consequences that are costly, impactful and, often, irreparable. There is currently no mandatory support for families experiencing this trauma.

Parent advocacy supports families and parents (person(s) with parental responsibility) to navigate understandable fears of the system, especially when children are removed, temporarily or permanently. Parent advocates can help normalise the fear and trauma families face, supporting children, family members and services involved. They can support children by enabling the parents (person(s)

Allegations against staff

If a member of staff has concerns or receives a complaint or allegation about another member of staff who has;

- Behaved in a way that has harmed, or may have harmed, a child;
- Possibly committed a criminal offence against, or concerning a child; or
- Behaved towards a child or children in a way that indicates they may be unsuitable to work with children; **then you must immediately report to your line manager who will telephone the Children’s Safeguarding Service. The safeguarding and allegations officer will advise you on the action to take next. Section 17 of the Children Act 1989 imposes a general duty on local authorities to safeguard and promote the welfare of “children in need” in their area.**

If a concern is raised outside of office hours and you think a referral to social services is required, you should contact the Emergency Duty Team and inform either the Children’s Safeguarding Service or the local authority designated officer (LADO) at the first available opportunity during working hours.

As per SET child protection procedures, chapter 7 you must make a referral within 1 working day to the local authority designated officer (LADO) to discuss the nature of the concern and agree what actions are required.

The LADO is a specific dedicated role within the local authority where the allegation concerns an employee. They should be used in respect of all cases in which is alleged that an employee has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they worked regularly or closely with children is unsuitable to work with children.

A staff member is a person whose work brings them into contact with children in their setting. It, therefore, applies to all adults whether paid or working in a voluntary capacity including supply/ agency workers on or off premises or sites.

In all cases of an allegation being made against a member of staff (including the DSL), supply staff or a volunteer, we will immediately contact the LADO (03330 139797) within one working day to discuss the allegation, consider the nature, content and context of the allegation and agree a course of action including any involvement of the Police. Discussions will be recorded in writing, and communication with both the individual and the parents of the child/children agreed. Due weight to the views of the LADO and the Policy will be taken when making decision about suspension. This is in accordance with the SET procedures (ESCB, 2022).

Supply staff employed by an employment agency will be fully involved in any enquiries from the LADO, police and/or children’s social services.

Telephone: LADO Duty Line - 03330 139 797

LADO Duty Email: LADO@essex.gov.uk

The LADO Referral Form can be found on www.escb.co.uk

Recording of information, suspicions, or concerns

Information passed to the Social Services Department or the police must be as informative as possible, as it may be used in any subsequent legal action; hence there is the necessity for making a factual, detailed record of the following:

- The child or young person's name, address, and date of birth
- The nature of the allegation
- A description of any visible bruising or other injuries
- The child's or young person's account, in their own words if possible, of what has happened and how any bruising or other injuries occurred
- Any observation made by yourself
- Any times, locations, dates, or other relevant information
- A clear distinction between what is a fact, opinion, or hearsay
- Your knowledge of and relationship to the child or young person.

Whenever possible, referrals to the Social Services Department should be confirmed in writing within 24 hours and the appropriate statutory notification completed and sent to the Care Quality Commission (CQC) if the child is in receipt of a regulated activity(see CQC guidance).

Keep a record of the name and designation of the social services member of staff or police officer to whom concerns were passed, and record the time and date of the call in case any follow-up is needed.

Safeguarding disabled children

“Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting high standards of practice and a high level of awareness of the risks of harm and strengthening the capacity of children and families to help themselves”. Working Together to Safeguard Children 2023 (publishing.service.gov.uk).

The Staying Safe: Action Plan (2008) committed to target policies to protect disabled children and promote their welfare, and specifically launch new practice guidance on safeguarding disabled children in line with Working Together to Safeguard Children (2006). Disabled children have the same human rights to be safe

from abuse and neglect, to be protected from harm, and to achieve the Every Child Matters outcomes as non-disabled children. Disabled children do however require additional action. This is because they experience greater and created vulnerability as a result of negative attitudes about disabled children and unequal access to services and resources and because they may have additional needs relating to physical, sensory, cognitive and/ or communication impairments.

Disabled children can be abused and neglected in ways that other children cannot and the early indicators suggestive of abuse or neglect can be more complicated than with non-disabled children. Issues specific to disabled children to consider when safeguarding the child include:

- Intimate care
- Responding to behaviour that is challenging
- Consent to treatment
- Bullying.

Ensuring that the needs of disabled children from diverse backgrounds, those from black, Asian, and Minority Ethnic (BAME) backgrounds, and refugee and asylum-seeking communities, receive acknowledgement and recognition is essential. Safeguarding training needs to take into account the diversity, culture, religion, and ethnicity of disabled children and their families and incorporate the Equality Act 2010.

Local authorities have statutory duties to assess the needs of and provide services to disabled children. Assessments should be carried out under statutory guidance, working together to safeguard children, with social workers taking a strengths-based, child-centred approach to inform the decision-making process concerning the support offered to the family that's in the child's best interests.

Key considerations:

- A good assessment takes a holistic, child-centred approach and can explore problems, beliefs, explanations, emotions, attachments and contextual factors within a family dynamic and develop ideas
- For disabled children and their families, practitioners (including our staff) can benefit from having training and experience to develop the appropriate knowledge of conditions including autism, learning disabilities, and mental health needs
- Practitioners need to ensure they are hearing the child, including that they are seen and spoken to alone when there are child protection concerns, with parents not used as interpreters. Staff are not encouraged to take on this role but inform their manager of any concerns at the earliest possibility.

A co-production approach can help increase trust between parents in this organisation and other professionals when discussing sensitive or difficult topics if safeguarding concerns emerge.

The DfE practice guidance Safeguarding Disabled Children (2009) includes a list of possible indicators of abuse or neglect:

- A bruise on a site that might not be of concern to a child who can walk, such as the shin, might be of concern to a non-mobile child;
- Not getting enough help with eating, leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling or extreme behaviour modification (eg deprivation of liquid, medication, food or clothing);
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment (eg callipers, sleep boards, inappropriate splinting);
- Misappropriation of a child's finances;
- Invasive procedures which are unnecessary or are carried out against the child's will.

Children with special educational needs and disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. We recognise that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;

Being more prone to peer group isolation than other children;

Children with SEN and disabilities can be disproportionately impacted by things like bullying – without outwardly showing any signs.

Communication barriers and difficulties in overcoming these barriers.

Cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in school or the consequences of doing so.

Looked After Children

Crosspath Care has regard for the statutory guidance of Promoting the Education of Looked After and Previously Looked After Children (Feb 2018)

The most common reason for children becoming looked after is as a result of abuse and/or neglect. It is our duty to keep looked after children safe. Staff will be informed by the Designated Safeguarding Lead any information they need in relation to a child's looked after status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The Designated Safeguarding Lead holds the details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

A previously looked after child potentially remains vulnerable and all staff need to ensure that these children are kept safe. When dealing with looked after children and previously looked after children, it is important that all agencies work together and prompt action is taken when necessary to safeguard these children, who are a particularly vulnerable group.

Children Observing Abuse within the Home

There may be occasions where a child is not directly the subject of abuse but may observe abuse by other family members within the household.

Children can experience emotional harm as a result of living in a household where domestic abuse is taking place and the impact that domestic abuse can have on the relationship with the non-abusive parent.

Staff supporting the child must be aware of the risk that domestic abuse could be present in the home, and to be able to identify signs of concern. In addition, staff should nurture the relationship with the child to allow that child to feel comfortable to talk.

Our organisation adopts the Community Care 3-step approach when working with children who see, hear or experience domestic abuse.

Family Group Conferences (FGC)

A family group conference is a family-led decision-making process in which the family and friends network come together to make a plan for a child. The process is supported by an independent coordinator who helps the family prepare for the family group conference.

Children are usually involved in their family group conferences, often with support from an advocate. It is a voluntary process and families cannot be forced into one. Family group conferences put families in charge of the decision-making; the process

strengthens families and respects and affirms each family's unique cultural experience.

Family group conferences can be used whenever a situation is sufficiently serious that a plan and decision need to be made about an at-risk child. They are used in the UK in all areas of child welfare including:

- Preventative services
- Safeguarding work including domestic abuse
- Court proceedings
- Looked after children and planning for leaving care
- Education (to address truancy and reduce exclusions)
- Anti-social behaviour and youth justice including restorative justice.

The FGC process allows a family and their network to draw on their strengths and resources to make a safe plan for their children it can be broken down into five stages.

1. **Referral** - The process starts with the family being referred to a family group conference service. The person who makes the referral is the 'referrer'. They will usually know and be working with the child or family. This could be a social worker, teacher or health visitor.
2. **Coordinator Appointed** - Their job is to help families plan for their family group conference. They help families to think about the plans and decisions that need to be made. They are neutral.
3. **The Eight Preparation Steps –**
 - Initial preparation
 - Agreement for the family group conference to be held
 - Involving the child/young person in a family group conference
 - Who is invited to a family group conference
 - Practical arrangements
 - Meeting invited family members
 - Advocates for the young person or adults who would benefit from additional support
 - Meeting the practitioners to prepare them for the family group conference.
4. **The Conference –**
Stage one: information sharing

The person who made the referral will share information about why the conference has been convened. Once the referrer has set out their information, the family can take time to ask questions.

Stage two: private family time

Stage two begins once the family has all the information they need to help them to make a plan. During this private family time practitioners and the coordinator leave the room. The child or at-risk adult's advocate (or supporter) may remain with the child if the family agrees.

Stage three: agreeing to the plan

The coordinator will ask the family to explain their plan. After explaining, they may be asked to clarify some details further. The referrer is then asked whether they agree to the plan. They should agree to the plan as long as it is legal, safe and addresses the 'bottom line'.

If there are ongoing court proceedings, the court may need to agree to the plan before it is implemented.

The coordinator should make sure that everyone who attended the family group conference has a copy of the plan.

5. **Review of the Plan** - The coordinator asks the family if they would like a review family group conference three months later or at another time agreed with the family. At the review family group conference family and practitioners meet together to look at the plan. They discuss if it is working, what is not working well and what parts need developing.

Multi-Agency Safeguarding Hubs (MASHs)

The purpose of a MASH is to bring together different agencies to enable fast information sharing to make an efficient and fast decision to safeguard at-risk children.

The MASH setting allows professionals to efficiently and quickly gather and process information to assess risk. Effective sharing of information between this service and local agencies is essential for the early identification of needs, assessment, and service provision to keep children safe. Serious case reviews (SCRs) have highlighted that missed opportunities to record and understand the significance of shared information promptly can have severe consequences for the safety and welfare of children.

Because of this multi-agency partnership and coordination professionals are better placed to make correct, appropriate, and proportionate decisions when it comes to child safety.

As a guide, urgent referrals are expected to be screened within a few hours, while non-urgent referrals are aimed to be completed within three days.

The Multi-Agency Safeguarding Hub model is a robust and proven model for safeguarding at-risk children.

Working Together to Safeguard Children 2023 states that:

‘Safeguarding and promoting the welfare of children – and in particular, protecting them from harm – depends on effective joint working between agencies and professionals’.

Such effective joint working is crucial for disabled children. Multi-agency working is key to early and effective identification of risk, improved information sharing, joint decision-making, and coordinated action. Safeguarding children requires a multi-agency response. It cannot be done by local authorities alone. This is true across all aspects of safeguarding arrangements: from the frontline agencies identifying a child at risk and making a referral to the local authority to leaders determining local strategic and operational responses to child protection issues.

The best local safeguarding arrangements are developed from a shared vision and shared values. It is about all agencies involved being ambitious to secure the very best responses to children at risk of harm in their community. Local safeguarding arrangements work well when there is a clear line of sight on both the operational and the strategic response locally.

Whistleblowing

It is important to remember that safeguarding is everyone’s responsibility, and a culture should be promoted where staff are able to raise concerns and whistleblow without fear, that there is an understanding of the need for staff support to achieve effective outcomes for children.

All members of staff should be able to raise concerns about poor or unsafe practice and feel confident any concern will be taken seriously by the leadership team. We have a ‘whistleblowing’ policy in place. However, for any member of staff who feels unable to raise concerns internally, or where they feel their concerns have not been addressed, they may contact the [NSPCC whistleblowing helpline](https://www.nspcc.org.uk/whistleblowing) on: 0800 028 0285 (line is available from 8:00am to 8:00pm Monday to Friday) or by email at: help@nspcc.org.uk.

Parents or others with concerns can contact the NSPCC general helpline on: 0808 800 5000 (24 hour helpline) or email: help@nspcc.org.uk .

Positive Physical Intervention (See Use of Force in Behaviour Management)

Crosspath care’s statement on positive handling acknowledges that staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury or damage to property, or themselves.

Crosspath Care understands that physical intervention of a nature that causes injury or distress to a child may be considered under safeguarding or disciplinary procedures.

A record of all incidents will be maintained by the Registered Manager

Crosspath care recognises that touch is appropriate in the context of working with children and all staff are given 'safe working practice guidance' to ensure that they are clear about their professional boundaries.

Use of physical contact

There are occasions when staff will have cause to have physical contact with children and young people for a variety of reasons, this may include:

- to comfort a child or young person in distress (appropriate to their age and individual specific needs identified through a risk assessment);
- to direct a child or young person;
- for curricular reasons (for example assisting to participate in a sport);
- in an emergency, to avert danger to the child or young person or others;

The guidance produced by the Department for Education Use of Reasonable Force (DfE, 2013) states that:

“Schools should not have a ‘no contact’ policy. There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a child or young person or prevent them taking action needed to prevent a child or young person causing harm.”

Where physical contact is used, protective steps must be taken to ensure it is legal and will prevent harm. In all situations where physical contact between staff and children and young people takes place, staff must consider the following:

- the child or young person’s age and level of understanding
- the child or young person’s individual needs and history
- the location where the contact takes place (ideally it should not take place in private without others present).

When might you use physical contact?

Staff may choose to use touch with children for a variety of reasons but, in general terms, they would normally do so for comfort, reward or guidance. It should be

acknowledged that some children will not want to be touched. This should be respected.

How might you use physical contact?

Hugging: A sideways on hug, with the adult putting their hands on the child or young person's shoulders is by far the safest way to do this as both hands of the adult can be seen. Hugging can be used either standing or seated. This discourages 'front on' cuddling and placing the adult's hands on the shoulders limits the ability of the child or young person to turn themselves into them.

Hand-Holding: It is natural that young children sometimes enjoy being able to hold hands with adults around them. This is perfectly acceptable when the hand holding is compliant. However, if the handholding is being used by an adult as a method of control to move children and young people, this can become a restraint. Therefore, the best practice is the use of the 'offering an arm'. This is done by the adult holding their arm out, and the child or young person is encouraged to wrap their hand around the adult's lower arm. The adult's other hand can then be placed over the child or young person for a little extra security if it is required.

In summary, it is generally deemed appropriate to touch others on the upper arm and shoulders.

Lap-Sitting: There are very clear potential risks with this and, as such, lap-sitting should be discouraged, so neither staff nor children and young people are vulnerable. Children and young people should be taught to seek comfort / attention through other means. If a child or young person attempts to sit on an adult's lap there should be immediate active guidance to a more appropriate seating position alongside the adult.

Use of Reasonable Force and Restrictive Physical Intervention (restraint) – the legal position, human rights and procedural safeguards The Equality and Human Rights Commission (EHRC) 'Human Rights Framework for Restraint' (2019) sets out key principles within the Human Rights Act in relation to restraint in order to 'protect and respect the safety and dignity of people being restrained as well as those around them, including staff'.

The EHRC defines restraint as 'an act carried out with the purpose of restricting an individual's movement, liberty and / or freedom to act independently'.

Keeping Children Safe in Education (DfE, 2023) states:

"When using reasonable force in response to risks presented by incidents involving children with SEN or disabilities or with medical conditions, schools and colleges should in considering the risks carefully recognise the additional vulnerability of these groups. They should also consider their duties under the Equality Act 2010 in

relation to making reasonable adjustments, non-discrimination and their Public Sector Equality Duty. By planning positive and proactive behaviour support, for instance through drawing up individual behaviour plans for more vulnerable children, and agreeing them with parents and carers, schools and colleges can reduce the occurrence of challenging behaviour and the need to use reasonable force”.

Crosspath Care is proactive in developing individual behaviour plans in order to reduce the likelihood of having to use reasonable force or restraint. Crosspath care believes that most behaviour can be managed without the use of restraint or force and that behaviour can be seen as communication.

The guidance produced by the Department for Education (July 2013) “Use of Reasonable Force”

What is a reasonable force?

- The term ‘reasonable force’ covers the broad range of actions used by most staff at some point in their career that involve a degree of physical contact with children and young people.
- Force is usually used either to control or restrain. This can range from guiding a child or young person to safety by the arm* through to more extreme circumstances such as breaking up a fight or where a child needs to be restrained to prevent violence or injury.

*This must not involve gripping as it could result in harm to the child.

- ‘Reasonable in the circumstances’ means using no more force than is needed.
- Control means either passive physical contact, such as standing between children and young people, redirecting a child or young person's path, or active physical contact such as escorting a child by the arm or arms out of an area. This should never involve pulling or dragging.
- Restraint means to hold back physically or to bring a child or young person under control. It is typically used in more extreme circumstances, for example when two children and young people are fighting and refuse to separate.

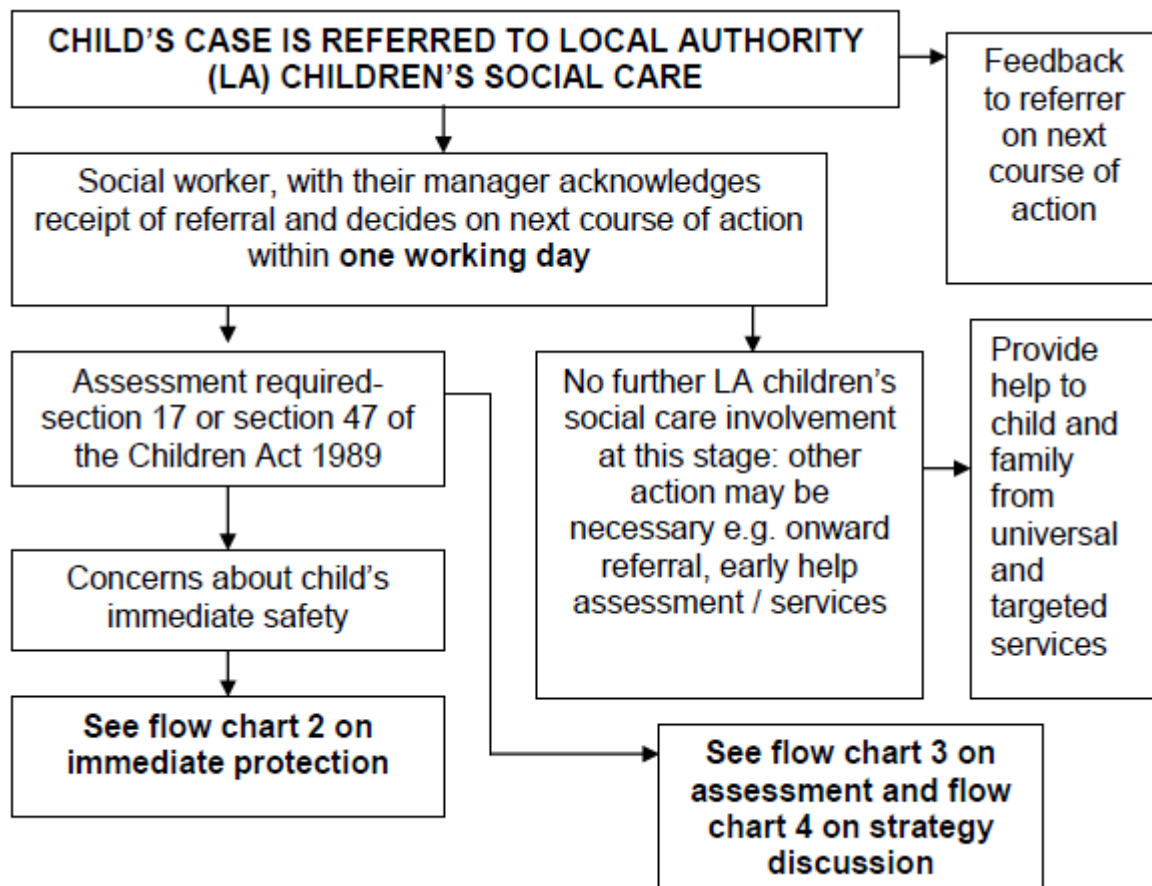
In short, staff should only intervene physically to restrain or contain a child:

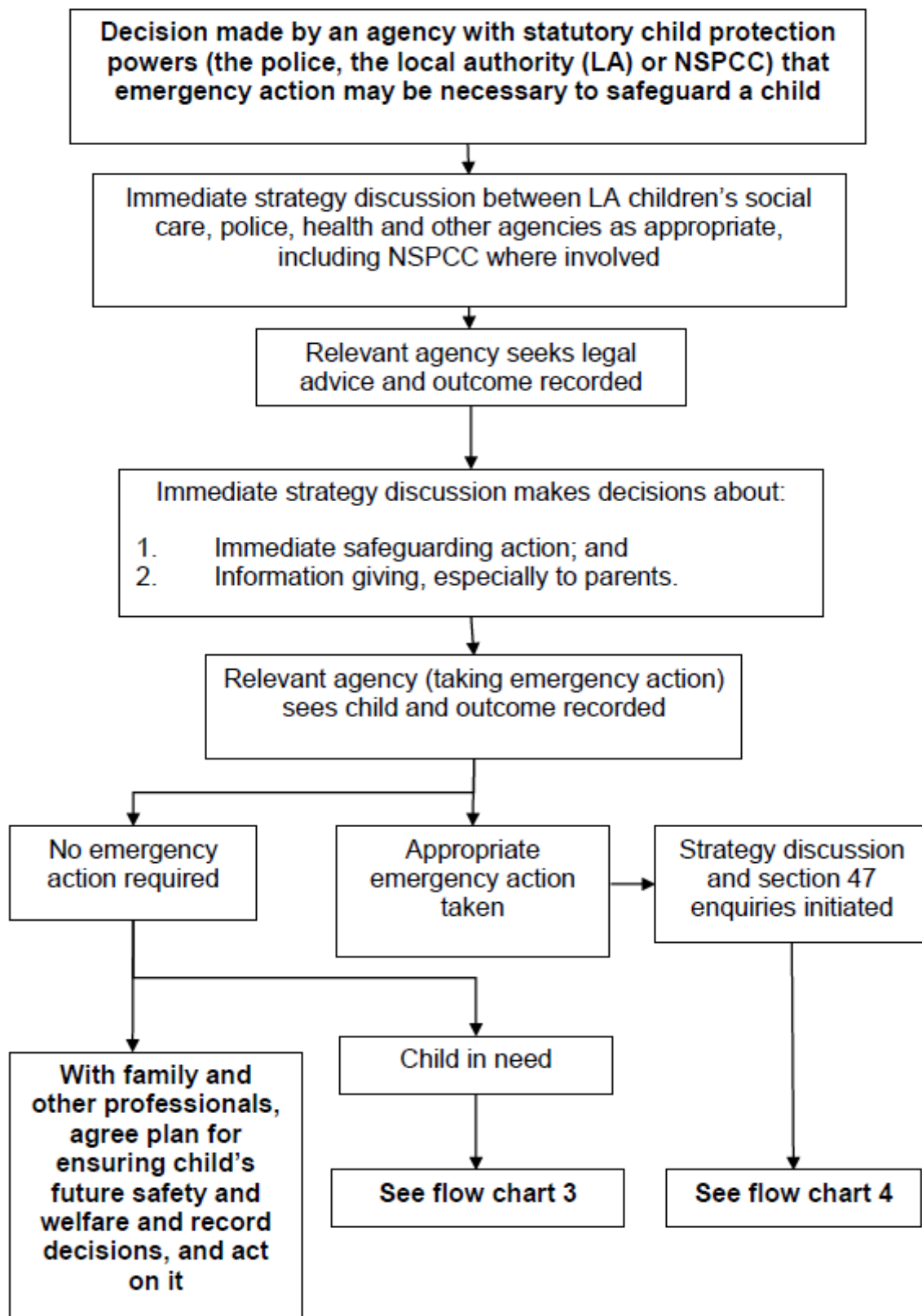
- where there is a clear danger to the child or others (including adults)
- Where all other interventions have failed or are not feasible
- with the clear intention of removing the child from danger
- with the minimum force required to ensure the child's safety.

All staff at Crosspath care working with children are trained in non-restrictive and restrictive intervention, and that they remain compliant with the recommended refresher updates.

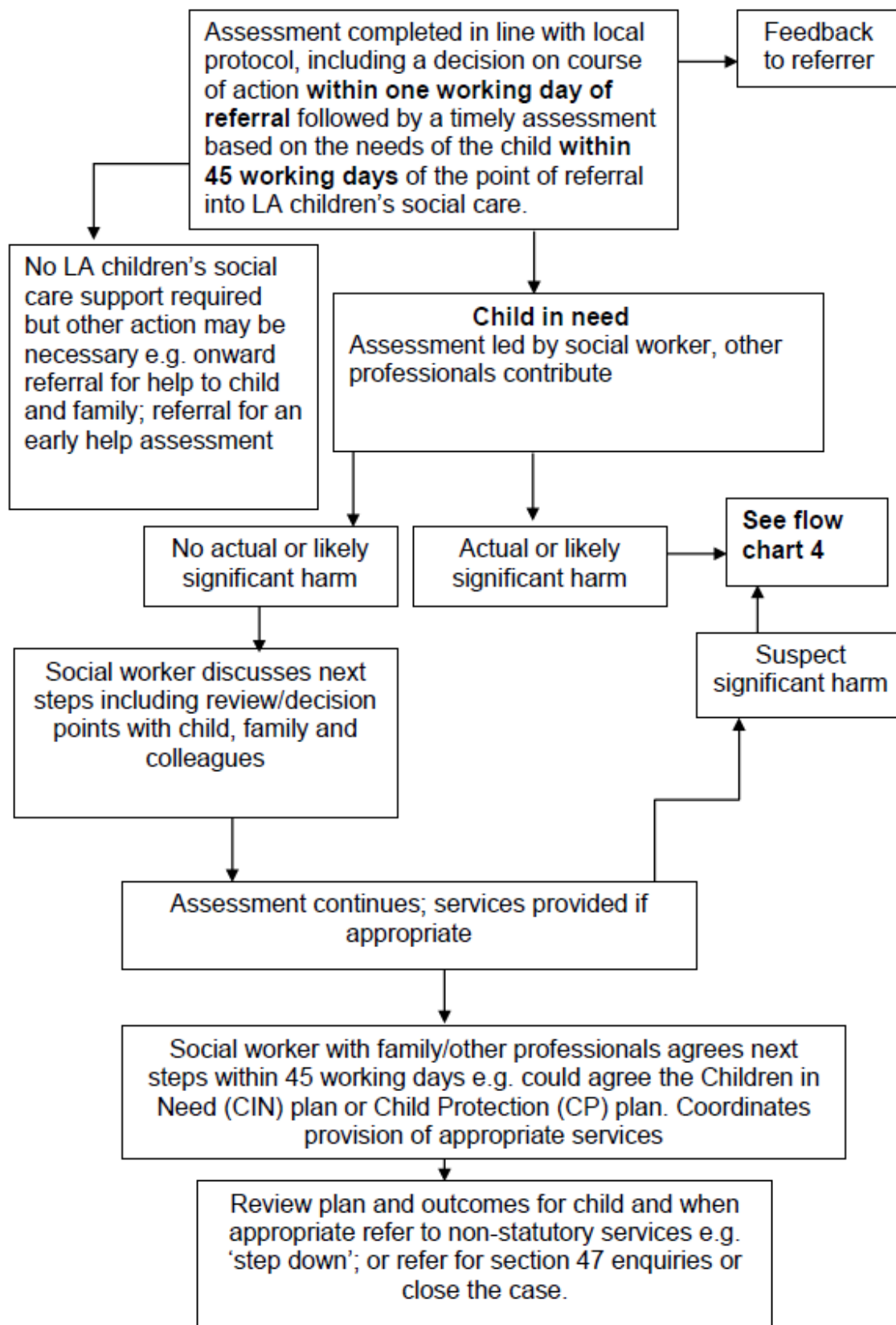
\

Action Taken when a Child is Referred and immediate Protection

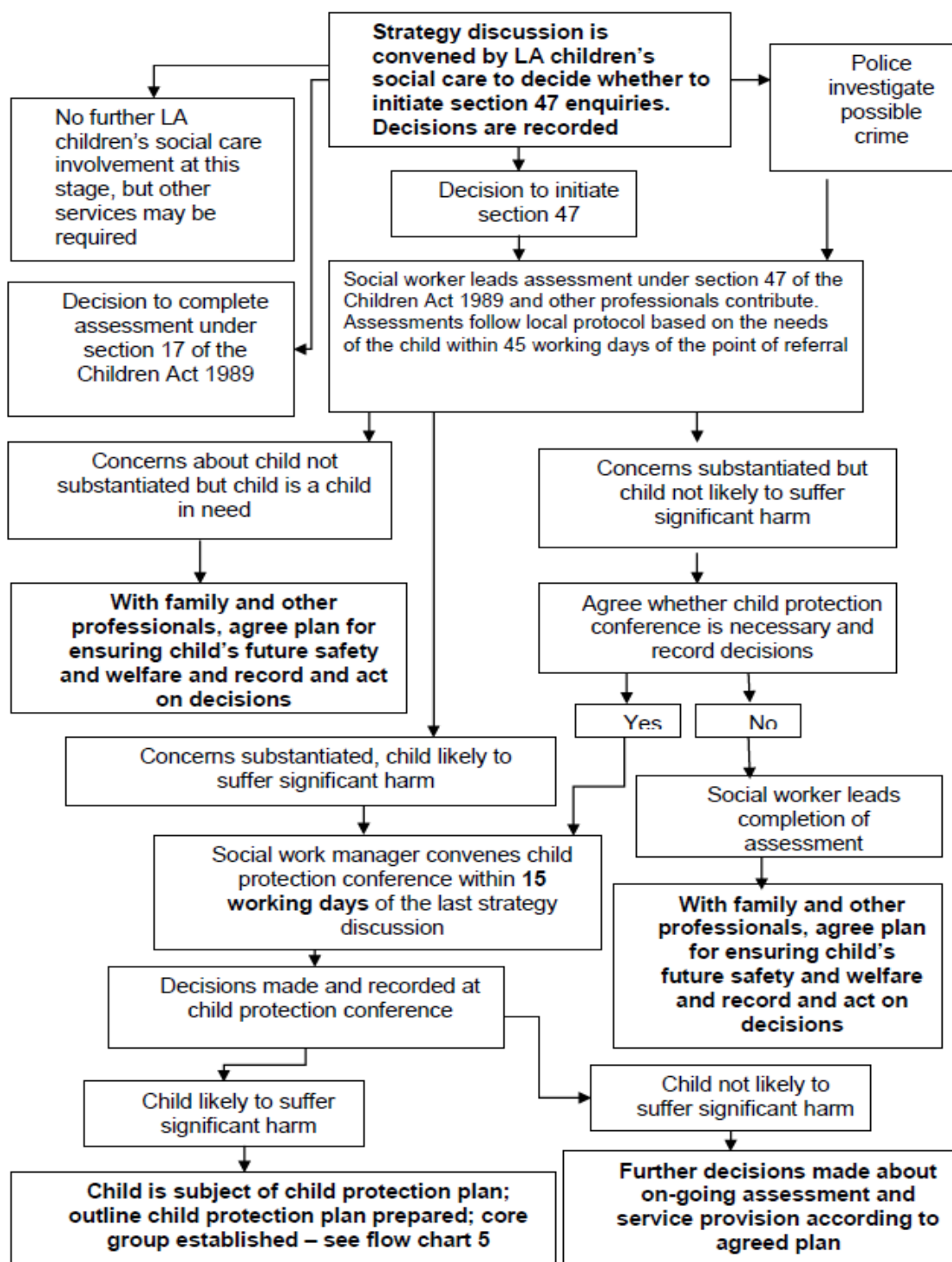




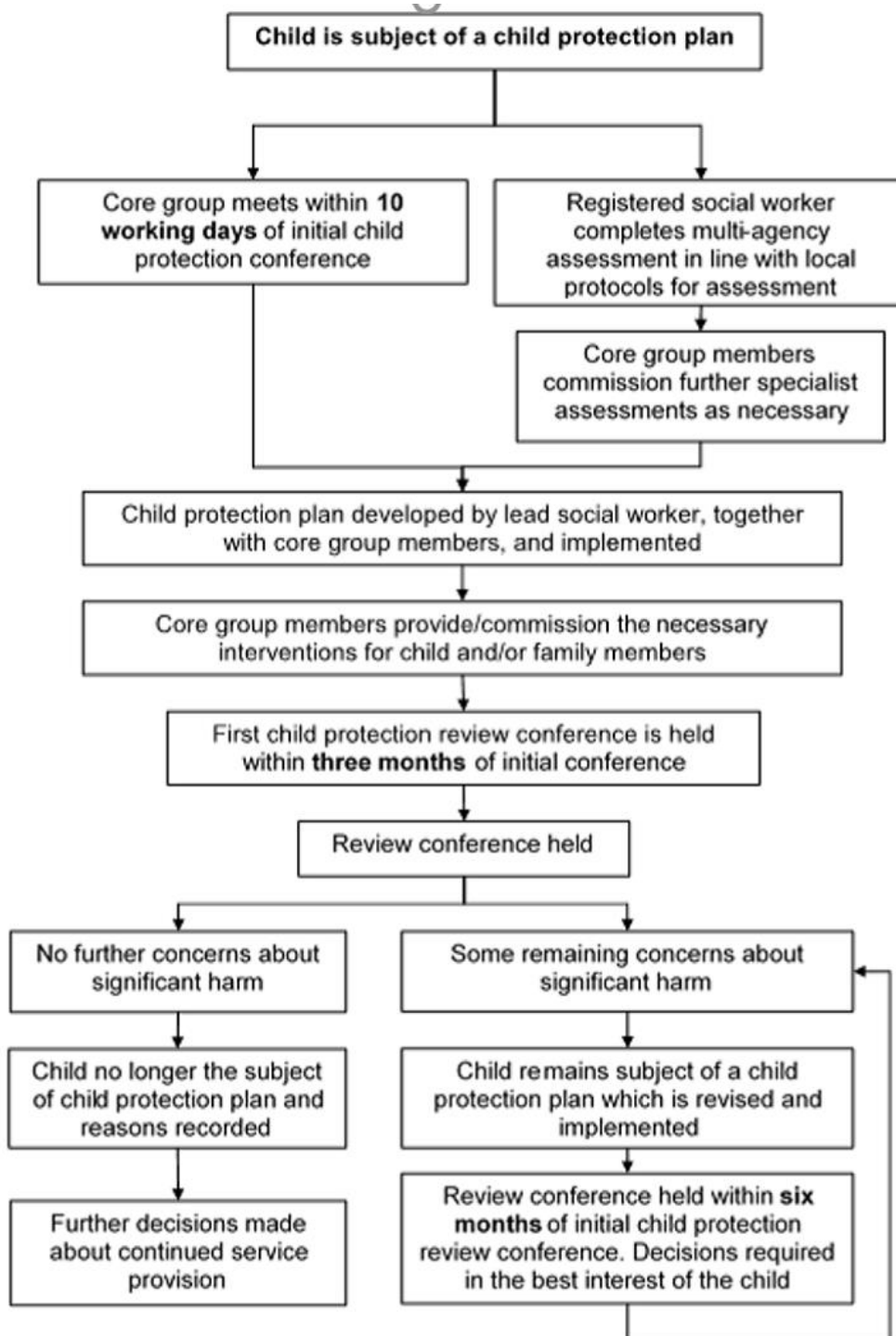
Action taken for an assessment of a child under the Children Act 1989



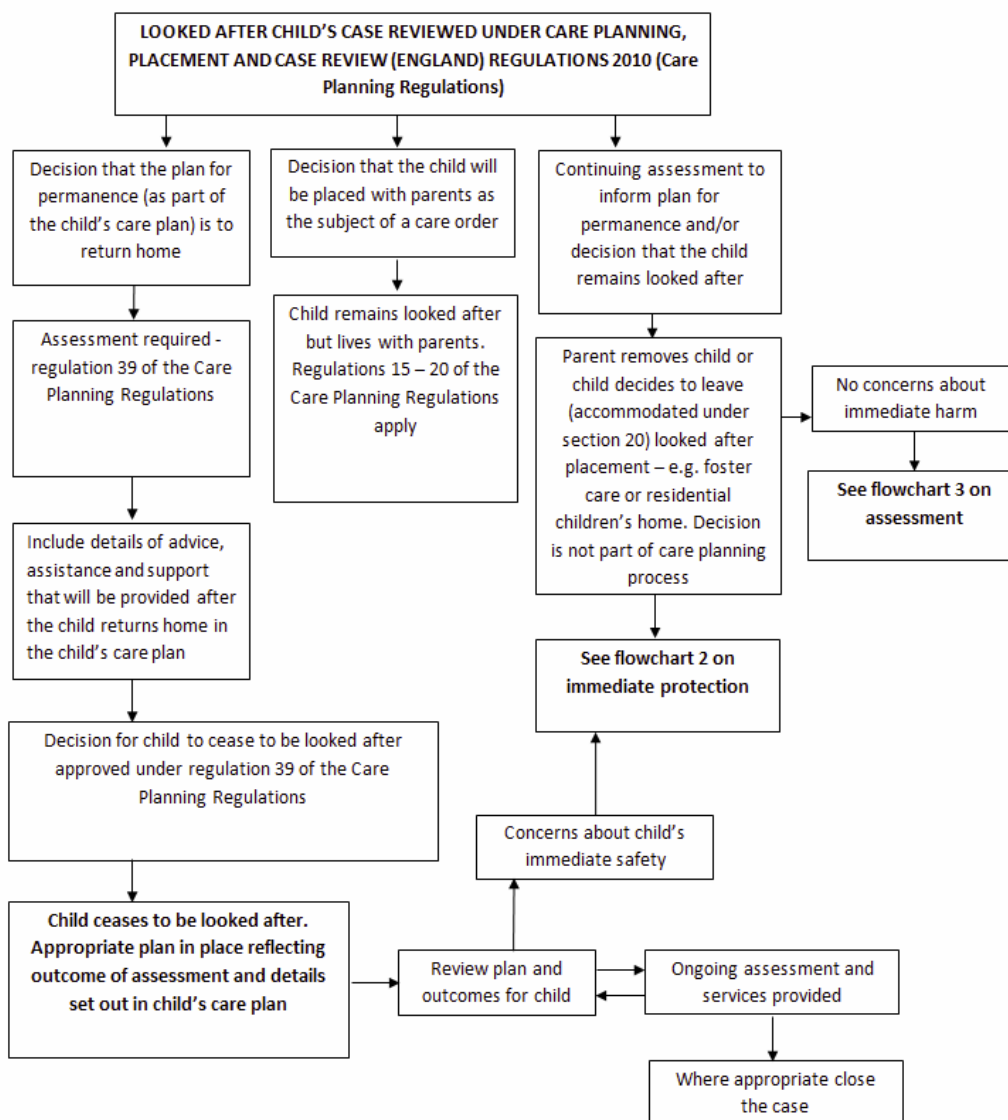
Action following a strategy discussion



What happens after the child protection conference, including the review



Children returning home from care to their families



Related Policies

County Lines

Data Protection (UK GDPR)

Duty of Candour

Equality, Diversity and Human Rights

Mental Capacity and Children Act

Notifications

Whistle blowing

Behaviour Management

Related Guidance

CQC News: CQC Updates Information 'Safeguarding' Children and Adults in England

<https://www.cqc.org.uk/news/stories/cqc-updates-information-safeguarding-children-adults-england>

Gov.UK Report Child Abuse:

<https://www.gov.uk/report-child-abuse>

Gov.UK : Safeguarding Disabled Children

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2009DOM-EN.pdf

Gov.UK: Every Child Matters

<https://www.gov.uk/government/publications/every-child-matters>

Gov.UK: Working Together to Safeguard Children

<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

Gov.UK: Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

The United Nations Convention on the Rights of the Child:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296368/uncrc_how_legislation_underpins_implementation_in_england_march_2010.pdf

Gov.UK: United Nations Convention on the Rights of the Child (UNCRC):

<https://www.gov.uk/government/publications/united-nations-convention-on-the-rights-of-the-child-uncrc-how-legislation-underpins-implementation-in-england>

National Referral Mechanism: guidance for child first responders

<https://cscp.org.uk/wp-content/uploads/2019/06/National-Referral-Mechanism-guidance-for-child-first-responders-28-08-2013.pdf>

CQC: Safeguarding people:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people>

Gov.UK: UK Data Protection Act:

<https://www.gov.uk/data-protection>

Gov.UK: Action plan to stop child abuse in the name of faith or belief

<https://www.gov.uk/government/news/action-plan-to-stop-child-abuse-in-the-name-of-faith-or-belief>

Community Care: Responding to children's disclosures of domestic abuse: a three-step approach

<https://www.communitycare.co.uk/2023/11/15/responding-to-childrens-disclosures-of-domestic-abuse-a-three-step-approach/>

Action for Children: Family Group Conferences

<https://www.local.gov.uk/sites/default/files/documents/family-group-conferencing-95c.pdf>

Community Care: Parental Advocacy

<https://www.communitycare.co.uk/2024/07/17/the-case-for-parental-advocacy-in-child-protection/>

Training Statement

All staff, including temporary staff and volunteers during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates.

All staff, including temporary staff and volunteers, will receive induction in Safeguarding Children. The induction programme will include:

The child protection policy, including the procedures to deal with child-on-child abuse

Child protection training

The Designated Safeguarding Lead and Deputy Designated Safeguarding Leads (Arran Taylor, Danielle Cooves and Ewan Harding-Payne) undertake advanced safeguarding training appropriate to their role, refreshed at least every two years, in line with statutory guidance.

On-line safety (to include an understanding of the expectations, applicable roles and responsibilities in relation to filtering and monitoring)

The pupil behaviour policy

The pupil anti-bullying policy

The staff Code of Conduct, IT acceptable use policy as well as the Whistleblowing procedure

The safeguarding response to children who go missing from education

The role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies)

All staff will receive training in child protection and safe working practice, in line with advice from the Essex Safeguarding Children Board (ESCB). The Designated Safeguarding Leads will receive updated Child Protection Training, Level 3, at least every two years this covers inter- agency working, participation in child protection case conferences, supporting children in need, identifying children at risk of radicalisation, record keeping and promoting a culture of listening to children.

All staff take part in Prevent awareness training in order to equip them to identify pupils at risk of being drawn into terrorism and to challenge extremist ideas. This will also help staff to protect pupils from the risk of Radicalisation as referred to in the Counter-Terrorism and Security Act 2015 and Prevent Duty.

Staff Handbook will be given to all staff

All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one-to-one, online, workbook, group meetings, and individual supervision.

Useful Numbers

The Children and Families Operation Hub (Essex) is available for advice and consultation on Child Protection matters: 0345 603 7627

The Local Authority Designated Officer (LADO) is also able to provide advice and consultancy to educational settings and must be consulted within 24 hours whenever complaints, concerns or allegations of a child protection nature are made against staff or volunteers linked to the school: 03330 139 797.

REFERRAL TO CHILDREN'S SOCIAL CARE

Where schools have URGENT and IMMEDIATE concerns for the safety and welfare of a child or young person during office hours telephone the Essex Safeguarding Children's Board (ESCB): 0345 603 7627

To make URGENT referrals OUT OF OFFICE HOURS telephone 0345 606 1212 Barking & Dagenham: Children's Services,

Duty, and Assessment Team: 02082273811

Children Missing from Education: 03330 322962