



# KISIMUL GROUP

## Operational and Educational Policy and Procedure

### Child Protection and Adult at Risk Safeguarding Policy

#### Policy

It is the policy of Kisimul Group to ensure that a safe and caring environment is provided at all times for the children/young people entrusted to its care, and to protect them from significant harm (Section 17 of the Children Act 1989). The Group is committed to ensuring that all children/young people attending services are kept safe and that any concerns about a child/young person are followed up in the right way, and to ensuring that everyone including parents/carers, staff, consultants/visiting professionals and children/young people know what should happen and what is expected of them.

These ideals are supported by the principles underpinning work to safeguard and promote the welfare of children set out in Working Together to Safeguard Children (2015), Keeping Children Safe in Education (September 2016) and Ofsted guidance 'Safeguarding Children and Young People and Young Vulnerable Adults' (February 2015). This policy is also supported by the Children's Homes Regulations 2015 (Reg. 5 – Engaging with the wider system to ensure children's needs are met and Reg. 12 – The protection of children standard).

Our policy applies to all staff and consultants/visiting professionals working in the group's homes and schools.

It is the philosophy of the group that the overriding principle to be followed is: **the child/young person's welfare is paramount and this takes precedence over doubt.** If after statutory investigation the concerns or allegations are found to be unsubstantiated, staff should not reproach themselves in any way for having raised the concern. It is the expectation of Kisimul Group that its employees shall report any concerns about children, young people or adults at risk to the relevant Designated Safeguarding Officer (DSO). There is also an expectation that staff will whistle blow on any practices, acts or omissions that are deemed to be safeguarding issues or give cause for concern in the opinion of the employee (see OPED59 Management of Allegations Policy and HR09 Whistle Blowing Policy).

This policy is compliant with the Lincolnshire Safeguarding Children Board Procedures (March 2015) Policy and Procedures Manual.

This policy is compliant with Lincolnshire's Raising Concerns about a Vulnerable Child or Adult at Risk Joint Protocol for Children's Services and Adult Care (February 2014).

This policy is compliant with the Surrey Safeguarding Children Board Procedures (March 2015).

This policy is compliant with the Shropshire Safeguarding Children Board Procedures (March 2015)

The term 'children' refers to those aged 0-18 years of age, therefore means children and young people.

The term 'adult at risk' refers to an adult aged 18 years or over who is or may be in need of care services by reason of mental health, age or illness, and who is or may be unable to take care of themselves, or protect themselves against significant harm or exploitation.

The overall responsibility of adhering to safeguarding children regulations and procedures as well as their implementation rests with the Operations Director who champions this cause within the organisation and maintains the links with relevant outside agencies (Section 11 Standards for the Safeguarding and Promotion of Child Welfare). All staff directly involved with working with the children/young people and adults shall be made aware of the Kisimul Group Safeguarding Children and adult at risk Procedures and the above guidelines by means of appropriate training. Everybody in the group shall have access to them at all times and all relevant members of staff have a duty to maintain their awareness and to conform to the procedures.

Good outcomes are achieved and risk is reduced through timely, effective interagency collaboration and flexible joint working across services and interfaces. Joint working needs to take place in all cases where there are both children and adults at risk.

Every setting in which children/young people and adults at risk live away from home should provide the same basic safeguards against abuse, founded on an approach that promotes their general welfare, protects them from harm of all kinds and treats them with dignity and respect. All children young people and adults at risk have an individual risk assessment to ensure that all reasonable action has been taken to ensure their safety. All staff receive regular training in risk management/assessment. As part of the risk assessment and providing a safe environment for our young people we use positive behaviour support and agreed process for restraint (Timian in Lincolnshire and Surrey and PRICE in Shropshire). From time to time we will need to keep children safe when they have lost control and display extreme challenging behaviour either towards themselves, others and/or property. Hence staff will use physical restraint in line with their training and guidelines (BILD Code of Practice 2010). Details of this process are to be found in both the Behaviour policy and the Physical Restraint policy.

The Head of Care and Head Teacher as well as people listed in Appendix 1 have the booklet 'What to do if you are worried a child/young person at risk is being abused 2015 – Advice for Practitioners'. This booklet and this policy will be readily available in all staff areas, both education and care and will be also be available on the company website.

**Definitions of Abuse:****Neglect:**

Neglect is a form of Significant Harm which involves 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 and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Physical Abuse:**

Physical Abuse is a form of Significant Harm which may involve including 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 fabricates the symptoms of, or deliberately induces illness in a child.

**Sexual Abuse:**

Sexual abuse is a form of Significant Harm which involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. 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.

**Emotional Abuse:**

Emotional abuse is a form of Significant Harm which involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children/young people or adults at risk 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 individual 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 individual participating in normal social interaction. It may

involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including Cyberbullying) causing individuals to frequently feel frightened or in danger, or the exploitation or corruption of children/young people and adults at risk.

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

Significant Harm:

The Children Act 1989 introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria on which to rely when judging what constitutes Significant Harm but consideration should be given to the following:

- The severity of ill-treatment which may include the degree and extent of physical harm including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- The duration and frequency of abuse and neglect;
- The extent of premeditation.

## **Procedure**

### **General**

### **Responsibilities**

Staff will be trained to appreciate the great importance which is attached to safeguarding children/young people and adults at risk (Sources of abuse can be staff, children/young people, external carers, parents, visitors, etc.) **No one who is involved in any way with the care of children/young people and adults at risk can escape responsibility for identifying the signs of abuse and having done so, for taking appropriate action as detailed in this procedure. To this end the Group has set up a whistleblowing helpline, (number below) which enables staff to ring in and voice their concerns without having to approach a senior member of staff if they haven't got the confidence to do so.**

**All staff have a duty to conform to this procedure and to be conversant with the LSCB Policy and Procedures Manual, Lincolnshire's Raising Concerns about a Vulnerable Child or Adult at Risk Joint Protocol for Children's Services and Adult Care and Kisimul Group's Code of Conduct.**

**Failure to follow the Child Protection and Safeguarding children/young people and adults at risk procedure is serious and may result in disciplinary action being taken.**

Each site has at least one member of staff designated as the 'Designated Safeguarding Lead (DSL)'. The DSL acts as a focal point for all matters concerning safeguarding children/young people and adults at risk; and acts as the contact between the group and the safeguarding children and adult agencies. DSL's are listed at the end of this document. Unless agreed by a

Director, the Head of Care and the Head Teacher will act as the named DSL's at each site. A named DSL will be on site during normal office working hours.

DSL's will receive initial and refresher training in line with the local protocol for each Local Authority to enable them to carry out their role in line with current legislation and regulations.

The Responsible Person in terms of Child Protection and Safeguarding across the Kisimul Group is Donna Varley-Turner, Operations Director. She has responsibility to ensure that appropriate measures and processes are in place to effectively manage any issues of a safeguarding nature. This includes ensuring that staff are trained to identify and effectively respond to any safeguarding concerns.

### **Procedures**

Incidents of possible abuse obviously need to be handled with sensitivity and confidentiality consistent with the multidisciplinary approach. Any staff member upon receiving an allegation of abuse will avoid asking leading questions or giving inappropriate guarantees of confidentiality.

If somebody believes that a child/young person or adult at risk may be suffering, or may be at risk of suffering significant harm, then they must report this to the senior person on duty, who will contact the DSL who will in turn inform the relevant local authorities when a child / young person or adult at risk is from a Local Authority outside the area where the school is based both the schools Local Authority and the home Local Authority must be informed. If the concern regards a member of Kisimul Group staff then the 'Managing Allegations' policy must be followed. If a senior manager (Education or Care) at Kisimul School is associated in any way with the alleged abuse then the appropriate Director must be contacted.

The senior manager receiving information about an allegation should not need to determine its validity. Failure to report it to the relevant Local Authority in accordance with procedures is a potential disciplinary matter.

The Local Authority will advise staff and managers if the concerns constitute sufficient grounds for the initiation of action under this procedure, having regard to the Managing Allegations Policy. (if this is not clearly identified from the safeguarding thresholds provided within the Local Authority's policy). Children's / Adult Social Care Services or the Police Public Protection Investigation Unit (PPIU) may be consulted for advice

If the PPIU consider it necessary to interview staff members it is the expectation of the group that staff will comply with this request and complete a formal statement in relation to any information they may have. Failure to do so may be considered as a failure to safeguard and could result in disciplinary action being taken.

Any member of staff who believes that allegations or suspicions, which have been reported to their line manager, have not been passed onto the relevant Local Authority properly has a responsibility to report it to a higher level in the organisation.

If for any reason, there are difficulties with following the above procedure, the whistle blowing procedure should be considered.

Staff are reminded to be aware of other indications such as distress at the onset of a holiday period or signs of abuse on return from holiday which could indicate that a child/young person or adult at risk may be subject to abuse while at home or during respite care breaks. Staff should be vigilant regarding bruises and injuries and any such concerns should be recorded and brought to the attention of the DSL. The Anti-Bullying policy sits alongside this policy and if there is a serious case of bullying which meets the threshold for safeguarding, it will then be passed onto the local authority as a referral.

The procedures to be followed are set out below:-

- Any suspicion of child abuse **must** be reported **immediately** to the DSL or another designated member of staff.
- If any child/young person or adult at risk appears to be in need of immediate medical treatment they should be taken to the local Accident and Emergency Department in accordance with the procedure for Emergency Medical Treatment. If in the judgement of the DSL there are indications that the cause of the problem may be related to child abuse then the relevant local authority must be immediately informed in order to give direction to the process to be followed. If the injuries are potentially non accidental and the local authority direct the school to have the child medically assessed then the Accident and Emergency Department must be informed.
- Staff must fill out the Incident Report form with the senior they reported to and this will be kept for future reference. Please note: if the incident concerns a particular member of staff, then the team leader/teacher should ensure that the member of staff in question is temporarily removed from the area while the DSL is contacted.
- Staff should not take any further action, unless any relevant information is volunteered by a parent, guardian or any other individual in which case it should be recorded and passed on to the DSL for action.
- Any case of suspected abuse or allegation of abuse, even in the absence of physical evidence, must be brought to the immediate attention of the relevant Local Authority (ies) by the DSL and their advice obtained. This is particularly relevant where the abuse is alleged or suspected to have been perpetrated by an outside caregiver and therefore the children/young people or adult at risk is particularly vulnerable to further abuse.
- Any allegations about past abuse or neglect must be referred to the local safeguarding children's or adult's team and, if different, the local authority in whose area the alleged abuse or neglect occurred.
- Should a member of staff feel that a young person is at an immediate and serious risk of harm then the emergency services should be contacted, if in the opinion of that member of staff that is immediately necessary. However, in all but the most urgent and serious of circumstances the DSL should be consulted prior to this happening. In any event, the DSL should be consulted without unnecessary delay.

- Should any incident occur out of hours the DSL will give consideration to informing the relevant Local Authority out of hours' team.
- In line with the Quality Standards for Children's Homes 2015 the registered manager has a duty to inform Ofsted about any referral under the Safeguarding Children Procedure, and/or a serious incident alleged or otherwise, as a notifiable event if it is deemed to be a Section 47 enquiry. (Regulation 40.)
- The Responsible Person may contact the Reviewing Unit in order to ascertain previously recorded and/or ongoing issues.
- The DSL must keep hand written records of all observations and actions taken, timed, dated and signed. These records are to include any signs of abuse, neglect or injury where appropriate and must also include records of any communication with the relevant Local Authority and/or Police. All documentation is stored securely in a locked cabinet or is saved electronically and password protected.
- When a referral is made to a statutory protective agency such as Social Care, the Responsible Person should ensure that there is no misunderstanding regarding:
  1. The reasons for making the referral
  2. Any special needs of the child/young person or adult at risk including any linguistic, cultural, religious, physical or psychological factors (and where appropriate the child/person's family)
  3. Their expectations of the agency to which the referral has been made.
- The DSL must confirm all verbal communication in writing within 24 hours repeating all relevant information and agreed actions.
- Following an investigation, if the DSL still has concerns about the safety of the child/young person, this will be discussed with the placing authority.
- At each stage of a referral there will be a review of the child's / young person's risk assessment to ensure safeguarding measures are adhered to (such as suspending a member of staff or re-assigning them to a different area). There is a clear risk reduction plan post incident subsequent to the outcome of a referral. Both the risk assessment and the placement plan (Individual Pupil Care Plan - IPCP) is updated to reflect this (See the Risk Assessment policy).
- A summary of what to do if you suspect abuse is seen in the flowchart below.
- If a member of staff has concerns or receives concerns from a third party about the DSL then this needs to be reported to a Kisimul

Director without delay by using the whistle blowing hotline (on the appendices).

- In cases where Female Genital Mutilation (FGM) is suspected / has occurred this will be reported to the Police.

## OTHER TYPES OF ABUSE

### **Child Sexual Exploitation**

The sexual exploitation of children and young people is a form of Sexual Abuse.

The sexual exploitation of children is described in the government guidance document as “involving exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of their performing, and/or another or others performing on them, sexual activities.

It can occur through the use of technology without the child’s immediate recognition; e.g. being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.

What marks out sexual exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Children involved in any form of sexual exploitation should be treated primarily as the victims of abuse and their needs carefully assessed. The aim should be to protect them from further harm and they should not be treated as criminals. The primary law enforcement response should be directed at perpetrators who groom children for sexual exploitation. If any member of staff has concerns that young person is potentially the victim of CSE then this should be reported to the DSO without delay.

### **Female Genital Mutilation**

Female Genital Mutilation (FGM) is a collective term for procedures, which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is an extremely harmful practice that violates the most basic human rights

Female circumcision, excision or infibulation was made illegal in this country by the Prohibition of Female Circumcision Act 1985, except on specific physical and mental health grounds. The Female Genital Mutilation Act 2003 strengthens and amends the 1985 legislation. It makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM



abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

FGM involves the use of instruments to circumcise, mutilate or alter female genitalia, without reference to medical or surgical procedures, and with or without the supervision of a registered medical practitioner.

This practice is not required by any major religion.

The practice is illegal and medical evidence indicates that FGM causes harm to those who are subjected to it.

Girls may be circumcised or genitally mutilated illegally by doctors or traditional health workers in the UK, or sent abroad for the operation.

A child may be considered to be at risk if it is known that older girls in the family have been subject to the procedure. FGM is typically performed on girls aged between 4 and 13, although in some cases it is performed on new born babies or young women prior to marriage or pregnancy

Prepubescent girls of seven to ten are the main subjects, though the practice has been reported amongst babies.

If any agency is informed that a girl has been or may be subject to these practices, a referral must be made to Children's Services and the matter must be reported to the Police.

### **Safeguarding Children and adults at risk with Disabilities**

Disabled children/young people/adults at risk may be especially vulnerable to abuse for a number of reasons. Some disabled children/young people/adults at risk may:

- Have fewer outside contacts than other children/young people.
- Receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.
- Have an impaired capacity to resist or avoid abuse.
- Have communication difficulties that may make it difficult to tell others what is happening.
- Be inhibited about complaining because of a fear of losing services.
- Be especially vulnerable to bullying and intimidation and/or more vulnerable than other children/young people/adults at risk to abuse by their peers.

The teaching and care staff at Kisimul Group are particularly well placed to observe the children/young people/adults at risk in their care and to report instances where they have cause for concern about colleagues, other children/young people or external care providers.

### **Preventing Radicalisation: The Prevent Duty**

The Counter-Terrorism and Security Act (February 2015) places a duty on Kisimul as a provider of care and education, in the exercise of its functions, to

have due regard to the need to prevent people from being drawn into terrorism (“the Prevent Duty”) and other expressions of radicalisation. Kisimul also recognises its duty to ensure that members of staff identify where young people are vulnerable to being drawn into terrorism, and the senior management team understands that it has a role to play in working with the police and local authorities to provide support to these individuals. With regard to ‘Keeping Children Safe in Education 2016’ Kisimul recognises its duty to take part in Channel panels where required.

With regard to the Independent Schools Regulations (2014), Kisimul recognises its duty to actively promote British values, and this duty is appropriately reflected in the school’s 24 hour curriculum and operational policies.

### **Staff training in Prevent**

Staff will be trained to identify children, young people and adults at risk of being drawn into terrorism, and to challenge extremist ideas.

### **E-Safety and Prevent**

It is recognised that children, young people and adults at risk can be drawn into acts of terrorism through the use of IT. Kisimul schools have therefore reduced the risk by ensure children are safe from terrorist and extremist material when accessing the internet in school by establishing appropriate levels of filtering and by monitoring the use of websites by students.

### **The curriculum and Prevent**

Where relevant Kisimul schools to create opportunities for debating issues connected to extremism within a safe and controlled setting. Any activities will be age and ability-appropriate.

### **Risk-assessments**

Headteachers and residential managers are responsible for assessing whether any students are at risk of being drawn into terrorism. Assessments will vary from school to school and should be based on local factors. They should also include some consideration of whether children are likely to be exposed to terrorist ideology, including extremist ideas, outside school.

Staff can access the DfE counter-extremism hotline for schools (open Monday to Friday excluding bank holidays). The contact details are [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk) and 020 7340 7264, and schools should not hesitate to seek advice in the event that they have any questions or concerns.

### **Child Missing From Education or Care (CME)**

Local authorities have a duty to identify children of compulsory school age who are missing education in their area. Kisimul School and its staff recognise their duty to co-operate with local authorities in this regard. A child missing from education is a potential indicator of abuse or neglect. The school has in place appropriate safeguarding policies and procedures for children who go missing from education, particularly on repeat occasions. Kisimul staff are alert to signs to look out for of potential safeguarding concerns, such as travelling to conflict zones, FGM and forced marriage. Kisimul staff maintain

an admissions and attendance register for this purpose. Kisimul School recognises its duty to inform the local authorities (both placing authority and Lincolnshire CC) of any pupil who is going to be deleted from the admissions register, for the reasons stated in KCSIE July 2015, or for any other reason.

### **Access to information on other types or contexts of abuse**

There are other forms of abuse and members of staff are encouraged to be familiar with contexts of abuse as described on the TES, NSPCC and GOV.UK websites.

These may include:

Self-injurious behaviour

Bullying and cyberbullying

Domestic violence

Drug use and abuse

Fabricated or induced illness

Forced marriage

Gangs and youth violence

Gender-based violence / violence against women and girls (VAWG)

Mental health

Private fostering

Sexting

Teenage relationship abuse

Trafficking

The Kisimul Group Child Protection and Safeguarding Policy should be considered alongside other Kisimul Group policies, including the following:

Allegations Management Policy

Whistleblowing Policy

E-Safety Policy

Missing persons Policy

Notifiable Events Policy

Anti-Bullying Policy

Confidentiality Policy

Behaviour Policy

Behaviour – Sanctions Policy

Physical Contact Policy

Personal intimate Care Policy

Health Policy

Medication Error Policy  
 Homely Remedies Policy  
 First Aid Policy  
 Risk Enablement Policy  
 Physical Restraint Policy  
 As Required Medication Policy  
 Disclosure Barring Service Policy  
 SEN & Inclusion Policy  
 Sex & Relationships Policy  
 Unauthorised Absence Policy  
 Health and Safety on Educational Visits Policy  
 Disciplinary Policy and Procedure  
 Code of Conduct  
 Equality and Diversity Policy  
 Health and Safety Policy

**Links to Local Adult and LSCB procedures are included as Appendix 1 for each site.**

**Cruckton Hall is a subsidiary of Kisimul School Holdings Limited and as such will adopt relevant policies, where appropriate, from Kisimul Group.**

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**FLOWCHART FOR REPORTING A SUSPICION OR DISCLOSURE OF ABUSE**

