# **Safeguarding issues relating to individual needs.**

### **Homelessness**

We recognise that being homeless or being at risk of becoming homeless presents a real risk to a child’s welfare. The impact of losing a place of safety and security can affect a child’s behaviour and attachments.

In line with the Homelessness Reduction Act 2017, this setting will promote links into the Local Housing Authority for the parent or caregiver in order to raise/progress concerns at the earliest opportunity.

We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children’s social care where a child has been harmed or is at risk of harm.

### **Children and the Court System**

We recognise that children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. We know that this can be a stressful experience and therefore the setting will aim to support children through this process.

Along with pastoral support, the setting will use age-appropriate materials published by HM Courts and Tribunals Services (2017) that explain to children what it means to be a witness, how to give evidence and the help they can access.

We recognise that making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. This setting will support children going through this process.

Alongside pastoral support this setting will use online materials published by The Ministry of Justice (2018) which offers children information & advice on the dispute resolution service.

These materials will also be offered to parents and carers if appropriate.

### **Children with family members in prison**

Children who have a family member in prison are at greater risk of poor outcomes including poverty, stigma, isolation and poor mental health.

This setting aims to:

* understand and respect the child’s wishes. We will respect the child’s wishes about sharing information. If other children become aware, the setting will be vigilante to potential bullying or harassment
* keep as much contact as possible with the parent/caregiver.

We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions, we will develop appropriate systems for keeping the imprisoned caregiver updates about their child’s education.

* be sensitive in lessons.This setting will consider the needs of any child with an imprisoned parent/caregiver during lesson planning.
* Provide extra support. We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and serious. We will provide support and mentoring to help a child work through their feelings on the issue.

Alongside pastoral care the setting will use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances.

### **Children with medical conditions (in setting)**

We will make every effort to ensure that sufficient staff are trained to support any child with a medical condition.

All relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child.

An individual healthcare plan may be put in place to support the child and their medical needs.

### **Special educational needs and disabilities**

Children who have special educational needs and/or disabilities can have additional vulnerabilities when recognising abuse and neglect. These can include:

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

• The potential for a disproportionate impact on children with SEND, for example by behaviours such as bullying, without outwardly showing any signs

• Communication barriers and difficulties in overcoming these barriers

• Having fewer outside contacts than other children

• Receiving intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries

• Having an impaired capacity to resist or avoid abuse

• Having communication difficulties that may make it difficult to tell others what is happening

• Being inhibited about complaining for fear of losing services

• Being especially vulnerable to bullying and intimidation

• Being more vulnerable than other children to abuse by their peers.

We will respond to this by:

• Making it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment

• Ensuring t disabled children receive appropriate personal, health and social education (including sex education)

• Ensuring disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child’s preferred method of communication

• Recognising and utilising key sources of support including staff in settings, friends and family members where appropriate

• Developing the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services

• Ensuring that guidance on good practice is in place and being followed in relation to: intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among young people; monitoring and challenging placement arrangements for young people living away from home.

### **Intimate and personal care**

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. The Intimate Care tasks specifically identified as relevant include:

* Dressing and undressing (underwear)
* Helping someone use the toilet
* Changing continence pads (faeces/urine)
* Bathing / showering
* Washing intimate parts of the body
* Changing sanitary wear
* Inserting suppositories
* Giving enemas
* Inserting and monitoring pessaries.

‘Personal Care’ involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care.

Those Personal Care tasks specifically identified as relevant here include:

* Skin care/applying external medication
* Feeding
* Administering oral medication
* Hair care
* Dressing and undressing (clothing)
* Washing non-intimate body parts
* Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Where Intimate Care is required, we will follow the following principles:

1. **Involve the child in the intimate care**

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
2. **Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.
3. **Be aware of your own limitations**
Only carry out activities you understand and with which you feel competent. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
4. **Promote positive self-esteem and body image**

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
5. If you have any concerns you must report them.

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's child protection record.
6. **Helping through communication**
There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
7. **Support to achieve the highest level of autonomy**
As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

###  **Perplexing presentations (PP) / Fabricated or induced illness (FII)**

The Royal College of Paediatrics and Child Health have added the term “Perplexing presentations” to the guidance around FII.

Perplexing Presentations (PP) has been introduced to describe those situations where there are indicators of possible FII which have not caused or brought on any actual significant harm.

It is important to highlight any potential discrepancies between reports, presentations of the child and independent observations of the child. What is key to note are implausible descriptions and/or unexplained findings and/or parental behaviour.

There are three main ways that a parent/carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

* fabrication of signs and symptoms. This may include fabrication of past medical history
* fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents
* induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness, we will follow the HIPS protocol and inform children’s social care.

### **Mental Health**

Staff see the children day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of children. All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

The balance between the risk and protective factors is most likely to be disrupted when difficult events happen in childrens’ lives. These include:

* + **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted
	+ **life changes** – such as the birth of a sibling, moving house or changing settings or during transition from primary to secondary setting, or secondary setting to sixth form
	+ **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, setting staff will provide opportunities for the child to talk or receive support within the setting environment. Parents will be informed of the concerns and a shared way to support the child will be discussed.

Where the needs require additional professional support, referrals will be made to the appropriate team or service with the appropriate agreement.

If staff have a mental health concern about a child that is also a safeguarding concern, they will take immediate action, raising the issue with the designated safeguarding lead or a deputyPart 3 – Other safeguarding issues that may potentially have an impact on pupils

### **Bullying**

The AYA has a separate bullying policy.

### **Prejudice-based abuse**

Prejudice-based abuse or hate crimeis any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice-based on a person’s real or perceived:

* + Disability
	+ Race
	+ Religion
	+ Gender identity
	+ Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender does not have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

* + threatened or actual physical assault
	+ derogatory name calling, insults, for example racist jokes or homophobic language
	+ hate graffiti (e.g. on setting furniture, walls or books)
	+ provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations
	+ distributing literature that may be offensive in relation to a protected characteristic
	+ verbal abuse
	+ inciting hatred or bullying against pupils who share a protected characteristic
	+ prejudiced or hostile comments in the course of discussions within lessons
	+ teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
	+ refusal to co-operate with others because of their protected characteristic, whether real or perceived
	+ expressions of prejudice calculated to offend or influence the behaviour of others
	+ attempts to recruit other pupils to organisations and groups that sanction violence, terrorism or hatred.

We will respond by:

* + clearly identifying prejudice-based incidents and hate crimes and monitor the frequency and nature of them within the setting
	+ taking preventative action to reduce the likelihood of such incidents occurring
	+ recognising the wider implications of such incidents for the setting and local community
	+ providing regular reports of these incidents to the Governing Body
	+ ensuring that staff are familiar with formal procedures for recording and dealing with prejudice-based incidents and hate crimes
	+ dealing with perpetrators of prejudice-based abuse effectively
	+ supporting victims of prejudice-based incidents and hate crimes
	+ ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again

### **Drugs and substance misuse**

The AYA has a separate drug policy.

###

###

### **Faith Abuse**

The number of known cases of child abuse linked to accusations of ‘possession’ or ‘witchcraft’ is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem.

Such abuse generally occurs when a carer views a child as being ‘different’, attributes this difference to the child being ‘possessed’ or involved in ‘witchcraft’ and attempts to exorcize him or her.

A child could be viewed as ‘different’ for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of ‘possession’ or ‘witchcraft’. These include family stress and/or a change in the family structure.

The attempt to ‘exorcise’ may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the setting becomes aware of a child who is being abused in this context, the DSL will follow the normal referral route to children’s social care.

### **Gangs and Youth Violence**

The majority of young people will not be affected by serious violence or gangs. However, where these problems do occur, even at low levels there will almost certainly be a significant impact.

We have a duty and a responsibility to protect our children. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While children generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education.

Primary settings are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work can be done within settings to prevent negative behaviour from escalating and becoming entrenched.

We will work with school:

* + develop skills and knowledge to resolve conflict as part of the curriculum
	+ challenge aggressive behaviour in ways that prevent the recurrence of such behaviour
	+ understand risks for specific groups, including those that are gender-based, and target interventions
	+ safeguard, and specifically organise child protection, when needed
	+ make referrals to appropriate external agencies
	+ work with local partners to prevent anti-social behaviour or crime.

###

###

###

### **Private fostering**

Private fostering is an arrangement by a child’s parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility, for 28 days or more.

It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the Children’s Services Department of any private fostering arrangement.

If the setting becomes aware that a child is being privately fostered, we will inform the Children’s Services Department and inform both the parents and carers that we have done so.

### **Parenting**

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren).

Some children have medical conditions and/or needs e.g. Tourette’s Syndrome, some conditions associated with autism or ADHD that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the child(ren) in situations of risk or harm.

In situations where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the child(ren) without the requirement for a social work assessment or plan being in place.

We will support parents in understanding the parenting role and providing them with strategies that may assist:

* providing details of community-based parenting courses
* linking to web-based parenting resources
* referring to the setting parenting worker/home setting link worker (where available)
* discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence-based parenting programmes)
* signposting to support services
* Considering appropriate early help services

# **Part 4 –Safeguarding processes**

### **Safer Recruitment**

The AYA has a separate bullying policy.

### **Staff Induction**

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff behaviour policy/code of conduct, and part one of Keeping Children Safe in Education.

This induction may be covered within the annual training if this falls at the same time; otherwise it will be carried out separately during the initial starting period.

### **Health and Safety**

There is a requirement that all settings must have a Health and Safety Policy that details the organisation, roles and responsibilities and arrangements in place at the premise for the managing and promoting of Health and Safety in accordance with the Health and Safety at Work act 1974 and regulations made under the act.

Settings must assess all their hazards and record any significant findings along with what control measures are required. The plans should wherever possible take a common sense and proportionate approach with the aim to allow activities to continue rather than preventing them from taking place. The Setting H&S policy can be accessed in the settings policy folder or on our website.

### **Site Security**

We aim to provide a secure site but recognise that the site is only as secure as the people who use it. Therefore, all people on the site have to adhere to the rules which govern it. These are:

* Doors are kept closed to prevent intrusion
* Visitors and volunteers enter at the reception and must sign in
* Professional Visitors are asked to show the relevant ID
* Children are only allowed home during the setting day with adults/carers with parental responsibility or permission being given
* All children leaving or returning during the setting day have to be signed out and in
* Empty classrooms have windows closed.

###

### **First Aid**

The AYA’s first aid arrangements/policy can be in our policies folder.

### **Physical Intervention (use of reasonable force)**

We have a separate policy outlining how we will use physical intervention. This can be found in our Physical handling policy.

### **Taking and the use and storage of images**

We will seek consent from the parent/carer of a child and from staff and other adults before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in setting publications, printed media or on electronic publications.

We will seek consent for the period the child remains registered with us and, unless we have specific written permission we will remove photographs after a child (or staff member) appearing in them leaves the setting or if consent is withdrawn.

Photographs will only be taken on setting owned equipment and stored on the setting network. No images of children will be taken or stored on privately owned equipment by staff members.

### **Disqualification under the childcare act**

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare.

We will check for disqualification under the Childcare Act as part of our safer recruitment processes for any offences committed by staff members or volunteers.

###

###

### **Community Safety Incidents**

Other community safety incidents in the vicinity of a setting can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation, or gang related activity.

As children get older and are granted more independence (for example, as they start walking to setting on their own) it is important they are given practical advice on how to keep themselves safe. Many settings provide outdoor-safety lessons run by teachers or by local police staff. It is important that lessons focus on building children’s confidence and abilities rather than simply warning them about all strangers. Further information is available at: [www.clevernevergoes.org](http://www.clevernevergoes.org)

| This policy was adopted by: AYA  | Date: August 2023 |
| --- | --- |
| To be reviewed: 01/09/24 | Signed |