**Safeguarding/Child Protection Policy and Procedures**

Name of Organisation: JK & Associates Therapy Services Ltd  
Venue Address for which policy applies: All venues  
Date of last review: 17th January 2020  
Date of next review: 17th January 2021  
Name of Author: Jo-Anne Karlsson

**Contents Page**

**1. Introduction**

* Aim of policy
* Context
* Principles

**2. Safeguarding Roles and Responsibilities of JK & Associates Therapy Services Ltd**

**Staff**

* Roles and responsibilities of Directors
* Roles and responsibilities of the Manager
* The Roles and responsibilities of the Designated Safeguarding Lead (DSL)
* Other key safeguarding contacts

**3. Environment – children are safe and feel safe**

* Specific forms of abuse and safeguarding issues
* Working with parents and carers

**4. Taking Action on Concerns**

* If you suspect a child has emerging needs, complex/serious needs or there are child protection concerns
* If information is disclosed to you
* Role of the Designated Senior Person following identification of needs or concerns
* Notifying parents
* Getting early help for the child
* Referral to Children's Social Care
* Action following referral
* Confidentiality sharing information and record keeping
* Support for those involved in a safeguarding/child protection issue

page1image3982355888page1image3982356144page1image3982356400page1image3982356720page1image3982356976

**5. Safer Recruitment and Selection of JK & Associates Therapy Services Ltd Staff**

• 'Extended JK & Associates Therapy Services Ltd' and off site arrangements

**6 Allegations against teachers and other staff (including volunteers)**

* If you have concerns about a colleague
* Initial actions following an allegation

**Appendices**

1. Types of abuse and possible indicators

2. Seven Golden Rules for Sharing Information

3. Role of Designated safeguarding Lead (DSL)

4. Referral Flowchart

5. Child referral form to Children’s Social Care

6. Safeguarding Report

7. Guidance and further information

**Introduction**

This document outlines JK & Associate’s child protection / safeguarding policy. It applies to all adults, including volunteers working in or on behalf of the company.

Child protection is defined as safeguarding and promoting the welfare of children by:

* Protecting children from maltreatment;
* Preventing impairment of children’s health or development;
* Ensuring children grow up in circumstances consistent with the provision of safe and effective care
* Taking action to enable all children to have the best outcomes.

Everyone working in, or for JK & Associates Therapy Services Ltd, shares an objective to help keep children and young people safe by contributing to:

* Providing a safe environment for children and young people to learn and develop in education and therapeutic settings;
* Identifying children who may be in need of extra help, or are suffering or likely to suffer significant harm, and taking the appropriate action, working with other services as needed.

We will ensure that parents and our partner agencies are aware of our child protection policy by ensuring that it is displayed at our sites, by raising awareness at initial meetings with new clients and ensuring that it is on the JK & Associates Therapy Services Ltd website.

**Policy Aims**

The aim of this policy is to outline how JK & Associates Therapy Services Ltd will:

* Promote a positive ethos where children can learn, develop, feel secure and be safe.
* Prevent unsuitable people working with children and young people.
* Promote safe practice and challenge poor and unsafe practice.
* Identify instances in which there are grounds for concern about a child's welfare, and initiate or take appropriate action to keep them safe.
* Contribute to effective partnership working between parents and all those involved with providing services for children and young people.

The policy will be reviewed annually, unless an incident or new legislation or guidance suggests the need for an earlier date of review.

**Context**

This policy enables JK & Associates Therapy Services Ltd to carry out our functions with a view to safeguarding and promoting the welfare of children under sections 175 and 157 of the Education Act (2002). The policy is in line with the following legislation and guidance:

* Working Together to Safeguard Children (2018)
* Children Act 1989 and 2004
* Keeping Children Safe in Education (2018)
* Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)
* Protection of Freedoms Act (2012)

The policy is consistent with Bracknell Safeguarding Children web-based procedures should a young person come from another local authority then the first point of call would be to contact the duty social care team or local safeguarding board for direction/guidance – see appendix 6).

Safeguarding the welfare of children is more than purely child protection; it should permeate all activity and functions. This policy therefore complements and supports a range of other company policies, such as, but not exclusively;

* Health and safety
* Behaviour Policy
* Providing first aid (see Health and Safety policy)
* Safer recruitment and selection, including single central record
* Staff behaviour (code of conduct)
* Complaints procedure
* Information sharing

**Principles**

Safeguarding arrangements within JK & Associates Therapy Services Ltd are underpinned by the 2 key principles:

* Everyone who comes in to contact with children and their families has a role to play in safeguarding children. All staff, trainees and volunteers have a responsibility and role to play to safeguard and promote the welfare of children. Staff members will maintain an attitude of “it could happen here” where safeguarding is concerned.
* When concerned about the welfare of a child, staff will always act in the best interests of the child. JK & Associates Therapy Services Ltd operates a client centred approach taking into account client’s views and voices. The client’s wishes and feelings will be taken into account when determining what action to take and services to provide to protect individuals children through ensuring there are systems in place for clients to express their views and give feedback.

**Safeguarding Roles and Responsibilities of Staff**

All adults working in, or on behalf of JK & Associates Therapy Services Ltd have a responsibility to safeguard and promote the welfare of children. This includes:

* Responsibility to provide a safe environment in which children can learn and develop.
* To identify children who may be in need of extra help or who are suffering, or are likely to suffer significant harm. All staff than have a responsibility to take appropriate action, working with services as needed.

Staff induction will include organisation vision, aspirations and expectation of all staff as well as what is considered acceptable and what is not. They will also receive information about systems within JK & Associates Therapy Services Ltd which support safeguarding. This includes the child protection/safeguarding policy, staff behaviour policy (code of conduct) and the role of the designated safeguarding lead (DSL) at JK & Associates Therapy Services Ltd and the organisations we are working with.

All staff will:

* Read and sign to say that they have read and understood Keeping Children Safe in Education: for School and College Staff (part one) (2018).
* Receive safeguarding training which is regularly updated so they are equipped with the knowledge and skills to keep children safe.

We will engender the principle that safeguarding is 'everyone's responsibility'.

**Roles and Responsibilities of Directors**

The Directors have the responsibility to ensure that JK & Associates Therapy Services Ltd complies with safeguarding duties under legislation. Safeguarding is a standing item at all management and staff meetings.

The Directors will ensure that:

• The JK & Associates Therapy Services Ltd contributes to inter-agency working in line with Working Together to Safeguard Children (2018) by:

Providing a co-ordinated offer of early help when low level or emerging needs of children are identified;

Contributing to inter-agency support to children subject to child in need or child protection plans; and

Allowing access for Children’s Social Care to conduct or consider conducting an assessment.

JK & Associate’s safeguarding arrangements take into account procedures and practice of the local authority as part of the inter-agency safeguarding procedures

The Directors will liaise with the Local Authority Designated Officer (LADO) (also known as Designated Officer) and partner agencies in event of any allegations of abuse made against the Management.

* There is an effective child protection policy which is consistent with Bracknell’s procedures, along with a staff behaviour policy (code of conduct). This will be provided to all staff on induction, will be updated annually and available on JK & Associates Therapy Services Ltd’ website.
* All policies and procedure adopted by the Directors, particularly concerning referrals of suspected abuse and neglect, are followed by staff.
* A member of the Management team is appointed to the role of Designated Safeguarding Lead (DSL); this will be explicit in the role holder’s job description, have the appropriate authority and given time, funding, training, resources and support to fulfil their role effectively.

Should a young person come from another local authority then the first point of call would be to contact the duty social care team or local safeguarding board for direction/guidance (see appendix

**Roles and Responsibilities of the Manager**

The Manager will ensure that:

* The policies and procedures adopted by the Directors are fully implemented and followed by all staff.
* Sufficient time and resources are allocated to enable the Designated Safeguarding Lead (DSL) and other staff to discharge their responsibilities, including recording and monitoring safeguarding activities, taking part in strategy discussions, other inter-agency meetings and contributing to the assessment of children.
* All staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children, and concerns are addressed sensitively and effectively in a timely manner.
* The child's safety and welfare is addressed through the therapeutic work
* Education Welfare Staff and Social Workers are informed immediately when a child who is looked after or subject to a child in need plan or a protection plan goes missing
* They undertake appropriate training to carry out their safeguarding responsibilities effectively and keep this up-to-date.

**The Roles and Responsibilities of the Designated Safeguarding Lead (DSL)**

The DSL is a senior member of staff who co-ordinates JK & Associates Therapy Services Ltd safeguarding and child protection arrangements by providing advice and support to other staff on child welfare and child protection matters, to take part in strategy meetings and inter-agency meetings – and /or to support other staff to do so - and to contribute to the assessment of children.

The DSL liaises with the local authority and works with other agencies in line with Working Together to Safeguard Children (2018). Where there are serious/complex needs or child protection concerns, this includes referrals to Children’s Social Care. In exceptional circumstances, i.e. in an emergency or concern that appropriate action hasn’t been taken, staff members can speak directly to Children’s Social Care.

**Roles and Responsibilities of other JK & Associates Therapy Services Ltd Staff**

Any concerns must be discussed with the Designated Safeguarding Lead (DSL).

If staff members are unsure they should always speak to the DSL to clarify the situation and agree if any action is needed. Staff have a responsibility to record all concerns (using JK & Associate’s concerns form) and forward this to the DSL or their deputy. All staff will work with the DSL and where appropriate support Social Workers to take decisions about individual children.

All staff, including volunteers and temporary staff must have an understanding of how JK & Associates Therapy Services Ltd safeguards and promotes the welfare of children, including the JK & Associates Therapy Services Ltd child protection policy, their role and responsibilities in this and how to report any concerns.

**JK & Associates Therapy Services Ltd staff with specific safeguarding responsibilities**

**Safe Environment – children are safe and feel safe**

• Name of Designated Safeguarding Lead: *Jo-Anne Karlsson, Director and Manager.*

JK & Associates Therapy Services Ltd adopts an open and accepting attitude towards children as part of our responsibility. Children, parents and staff will be free to talk about any concerns and will see JK & Associates Therapy Services Ltd as a safe place when there are difficulties. Children's and clients worries and fears will be taken seriously and children and clients are encouraged to seek help from staff.

JK & Associates Therapy Services Ltd will therefore ensure that:

* An ethos where children and clients feel secure and are encouraged to talk and are listened too, taken seriously and responded to appropriately is established and maintained.
* Children and clients are involved in the decision-making which affects them.
* Children and clients know that there are staff whom they can approach if they are worried or have difficulties and JK & Associates Therapy Services Ltd has well developed listening systems.
* Posters are displayed which detail contact numbers for appropriate support services and child protection helplines i.e. MASH and Childline.
* There is a clear written statement of the standards of behaviour and the boundaries of appropriate behaviour expected of staff and clients (see behaviour policy) that is understood and endorsed by all.
* Positive and safe behaviour is encouraged among clients and staff are alert to changes in child’s or client’s behaviour and recognise that challenging behaviour may be an indicator of abuse.
* Effective working relationships are established with parents and colleagues from partner agencies.
* There is an awareness that personal and family circumstances and lifestyles of some children lead to an increased risk of neglect and or abuse.
* Staff are appropriately trained in safeguarding according to their roles and responsibilities, have regular opportunities for safeguarding briefings and records are kept of all training undertaken.
* Safer recruitment procedures are used to make sure that all appropriate checks are carried out on staff (and volunteers) who work with children.
* Volunteers are appropriately supervised.
* Any groups using JK & Associates Therapy Services Ltd’ premises for the provision of services to children have their own safeguarding policies, or adopt JK & Associates Therapy Services Ltd’ policy, and have satisfactorily completed all appropriate checks.

**Specific forms of abuse and safeguarding issues.**

We recognise that some children will be at increased risk of neglect and or abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse happens, or who have a high level of tolerance in respect of neglect.

To ensure that all of our children receive equal protection, we will give special consideration and attention to children who are:

* disabled and has specific additional needs;
* has special educational needs (whether or not they have a statutory education, health and care plan);
* 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;
* is frequently missing/goes missing from care or from home;
* is misusing drugs or alcohol themselves;
* is at risk of modern slavery, trafficking or exploitation;
* is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
* has returned home to their family from care;
* is showing early signs of abuse and/or neglect;
* is at risk of being radicalised or exploited;
* is a privately fostered child.

Special consideration, where possible, includes the provision of safeguarding information, resources and support services in community languages and accessible formats.

**Children Missing Education (CME):**

All JK & Associates Therapy Services Ltd staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of the client’s or college’s procedures for dealing with children that go missing from therapy, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.

It is essential that all JK & Associates Therapy Services Ltd staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.

**Children with family members in prison**:  
Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

**Child sexual exploitation**:  
Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

a) in exchange for something the individual needs or wants, and/or

b) for the financial advantage or increased status of the perpetrator or facilitator.

The individual may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:

* can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex;
* can still be abuse even if the sexual activity appears consensual;
* can include both contact (penetrative and non-penetrative acts) and noncontact sexual activity;
* can take place in person or via technology, or a combination of both;
* can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
* may occur without the child or young person’s immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
* can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse;
* is typified by some form of power imbalance in favour of those perpetrating the abuse.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. Some of the following signs may be indicators of child sexual exploitation:

* children who appear with unexplained gifts or new possessions;
* children who associate with other young people involved in exploitation;
* children who have older boyfriends or girlfriends; children who suffer from sexually transmitted infections or become pregnant;
* children who suffer from changes in emotional well-being;
* children who misuse drugs and alcohol;
* children who go missing for periods of time or regularly come home late;
* children who regularly miss school or education or do not take part in education.

**Child criminal exploitation - county lines**:  
Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the individual may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered. Like other forms of abuse and exploitation, county lines exploitation:

* can affect any child or young person (male or female) under the age of 18 years;
* can affect any vulnerable adult over the age of 18 years;
* can still be exploitation even if the activity appears consensual;
* can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
* can be perpetrated by individuals or groups, males or females, and young people or adults;
* is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

**Domestic abuse:**

The cross-government definition of domestic violence and abuse is: Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

• psychological, physical;  
• sexual;• financial; • emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

* NSPCC - UK domestic-abuse signs symptoms effects
* Refuge - what is domestic violence/effects of domestic violence on children
* Safelives: young people and domestic abuse

**Homelessness**:  
Being homeless or being at risk of becoming homeless presents a real risk to a child’s welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. 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.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties: Homeless Reduction Act Factsheets. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

In most cases JK & Associates Therapy Services Ltd staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16- and 17-year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children’s services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child’s circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16- and 17-year olds who may be homeless and/ or require accommodation: here.

**Private Fostering:**

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

A close family relative is defined as a ‘grandparent, brother, sister, uncle or aunt’ and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases, privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.

JK & Associates Therapy Services Ltd staff should notify the designated safeguarding lead when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the JK & Associates Therapy Services Ltd of the child involved to check that they are aware of their duty to inform the LA. The JK & Associates Therapy Services Ltd itself has a duty to inform the local authority of the private fostering arrangements.

**So-called ‘honour-based’ violence:**

So-called ‘honour-based’ violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving “honour” often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

If JK & Associates Therapy Services Ltd staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children’s social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers that requires a different approach (see following section).

**FGM**:  
FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

**FGM mandatory reporting duty for teachers**

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the individual or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: Mandatory reporting of female genital mutilation procedural information.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out.100 Unless the teacher has good reason not to, they should still consider and discuss any such case with the school or college’s designated safeguarding lead (or deputy) and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the individual or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures.

**Forced marriage**:  
Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. JK & Associates Therapy Services Ltd can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines, with pages 35-36 of which focus on the role of schools and colleges. JK & Associates Therapy Services Ltd staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmu@fco.gov.uk.

**Preventing radicalisation**:

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is part of a JK & Associates Therapy Services Ltd safeguarding approach.

Extremism is the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child’s vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, JK & Associates Therapy Services Ltd staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. JK & Associates Therapy Services Ltd Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme.

**The Prevent duty**:

All schools and colleges are subject to a duty under section 26 of the Counter Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have “due regard103 to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

The Prevent duty should be seen as part of JK & Associates Therapy Services Ltd wider safeguarding obligations. Designated safeguarding leads and other senior leaders will be familiar with the Revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76 which are specifically concerned with schools (and also covers childcare). The guidance is set out in terms of four general themes: Risk assessment, working in partnership, staff training, and IT policies.

**Channel**:  
Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for JK & Associates Therapy Services Ltd to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual’s engagement with the programme is entirely voluntary at all stages. Guidance on Channel is available at: Channel guidance, and a Channel awareness e-learning programme is available for staff at: Channel General Awareness.

JK & Associates Therapy Services Ltd Designated Safeguarding Lead (and any deputies) are aware of local procedures for making a Channel referral.

**Peer on peer abuse**:  
Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

**Sexual violence and sexual harassment between children:**

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. Children who are individuals of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment.

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 important that all individuals are taken seriously and offered appropriate support. JK & Associates Therapy Services Ltd staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

JK & Associates Therapy Services Ltd staff should be aware of the importance of:

* making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
* not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”;
* challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them

**What is Sexual violence and sexual harassment?**

**Sexual violence:**

It is important that JK & Associates Therapy Services Ltd staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003105 as described below:

1. a)  Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
2. b)  Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
3. c)  Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

**What is consent?**

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g.to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

**Sexual harassment:**

When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

* sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
* sexual “jokes” or taunting;
* physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the individual) and displaying pictures, photos or drawings of a sexual nature;  
  • online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

It may include:  
o non-consensual sharing of sexual images and videos;  
o sexualised online bullying;  
o unwanted sexual comments and messages, including, on social media;

o sexual exploitation; coercion and threats

**The response to a report of sexual violence or sexual harassment:**

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

If JK & Associates Therapy Services Ltd staff have a concern about a child or a child makes a report to them, they should follow the referral process as set out in Appendix 7 guidance. As is always the case, if JK & Associates Therapy Services Ltd staff are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

**Taken from Keeping Children Safe in Education 2018 pages 76-86**

**Working with parents and carers**

We recognise the importance of working with together with parents/carers to educate as well as safeguard and promote the welfare of children.

JK & Associates Therapy Services Ltd will ensure that;

* We work with parents positively, openly and honestly.
* Parents are encouraged to discuss their issues or concerns about safety and welfare of children, and they will be listened to and taken seriously.
* We will provide parents with information about the support available to keep children safe within therapy, locally and nationally.
* Up to date and accurate information is kept about clients i.e. names and contact persons with whom the child normally lives, those with parental responsibility, emergency contact details, if different from the above those authorised to collect the child from JK & Associates Therapy Services Ltd, name and contact details of GP, any relevant court orders or any other factors which may impact on the safety and welfare of the child.
* Information about clients given to us by children themselves, their parents or carers or by other agencies will remain confidential. Staff will be given relevant information on a 'need to know' basis in order to support the child.
* It is made clear to parents and carers that JK & Associates Therapy Services Ltd has a duty to share information when there are any safeguarding concerns. Also that there is a duty to keep records which relate to safeguarding work by JK & Associates Therapy Services Ltd, or partner agencies. These will be kept securely, kept apart from the main client record and only accessible to key members of staff. Copies of these records will be deleted once they have been securely sent to the referring JK & Associates Therapy Services Ltd’s DSL.
* Where we have reason to be concerned about the welfare of a child we will always seek to discuss this with the child's parents or carers first, however there may be occasions where we are not able to do this.
* There may be specific times through the work of the police and/or social care where we are instructed not to contact parents should their child be required for interview or investigation. Should a child be removed from JK & Associates Therapy Services Ltd under these circumstances then full ID and other checks will be made on behalf of the parent to ensure the safety of their child. The referring JK & Associates Therapy Services Ltd will also be informed.

**Taking Action on Concerns:**

If JK & Associates Therapy Services Ltd staff have any concerns about a child’s welfare, they should act on them immediately.

See Appendix 4 for a flow chart setting out the process for JK & Associates Therapy Services Ltd staff when they have concerns about a child.

If JK & Associates Therapy Services Ltd staff have a concern, they should follow JK & Associates Therapy Services Ltd child protection policy and speak to the designated safeguarding lead (or deputy).

Options will then include:

* managing any support for the child internally via our support processes;
* an early help assessment
* a referral for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer harm.

The designated safeguarding lead or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. JK & Associates Therapy Services Ltd staff should consider taking advice from local children’s social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

JK & Associates Therapy Services Ltd staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. Early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.

**Early help:**

**Using the Early Help Assessment (EHA):**

Where parents, carers or children tell us that they require support, or staff identify that there may be emerging needs and that services might be required an EHA is likely to be beneficial. In such cases staff will have an open discussion with the parents / carers and child about the support and services that might help and agree how they would be accessed.

**Low level needs:**

Where JK & Associates Therapy Services Ltd and another service i.e. nurse, may be able to meet the needs, take swift action and prevent needs escalating, the EHA pre-assessment checklist and request for support form will be completed to identify and document the needs. This process may identify that an early help assessment may be needed and the action to be taken.

**Emerging needs:**

Where the child or parent are likely to require co-ordinated support from a range of early help services, or where there are concerns for a child's well-being or a child's needs are not clear, not known or not being met, staff should discuss the use of the early help assessment with the child and /or their parents or carers. Where a multi-agency response is needed a team around the family (TAF) should be formed to bring together practitioners from the different services so that they, along with the family, can work together to meet the child's needs.

**Statutory assessments**:

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children’s social care (and if appropriate the police) is made immediately. Referrals should follow the local authority’s referral process. The online tool Report child abuse to local council directs to the relevant local children’s social care contact number.

**Action following referral:**

The DSL or other appropriate member of staff will:

* Follow up the referral in writing, attaching appropriate assessment where necessary i.e. early help assessment or the child referral form (see appendix 5,6)
* Maintain contact with the allocated Social Worker.
* Contribute to the strategy discussion or meetings.
* Provide a report for, attend and contribute to any initial and review child protection conference.
* Share the content of this report with the parent and if appropriate the child, prior to the meeting.
* Attend core group meetings for any child subject to a child protection plan or child in need meeting for any child subject to a child in need plan.
* Where a child on a child protection plan, child in need plan or is looked after goes missing, immediately inform the key worker in Social Care.
* If the child’s situation does not appear to be improving the DSL should press for re-consideration.

**Children in need**:

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.

**What will the local authority do?**:

The local authority should make a decision, within one working day of a referral being made, about the type of response that is required and should let the referrer know the outcome. This will include determining whether:

* the child requires immediate protection and urgent action is required;
* whether the child is in need, and should be assessed under section 17;
* there is reasonable cause to suspect the child is suffering, or likely to suffer, significant harm, and whether enquiries must be made and the child assessed under section 47;
* any services are required by the child and family and what type of services;
* further specialist assessments are required in order to help the local authority to decide what further action to taken.

JK & Associates Therapy Services Ltd will follow up if this information is not forthcoming.

If social workers decide to carry out a statutory assessment, JK & Associates Therapy Services Ltd staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or deputy) as required).

If, after a referral, the child’s situation does not appear to be improving, JK & Associates Therapy Services Ltd will follow local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child’s situation improves.

**Record keeping**:

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing using the Safeguarding Report form (Appendix 6).

Key points to remember for taking action are;

* In an emergency take the action necessary to help the child, for example, call 999.
* Report your concern to the DSL or their deputy as soon as you can and by the end of the day at the latest.
* If the DSL or their deputy is not around, ensure the information is shared with the most senior person in the JK & Associates Therapy Services Ltd that day and ensure action is taken to report complex/serious or child protection concerns to Children’s Social Care.
* Do not start your own investigation.
* Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family.
* Complete a record of the concerns (see Appendix 6).
* Seek support for yourself if you are distressed.

**All staff should follow their local Safeguarding Children Procedures**

It is ***not*** the responsibility of JK & Associates staff to investigate welfare concerns or determine the truth of any disclosure or allegation; this is the responsibility of Children's Social Care. All staff however have a duty to recognise concerns and maintain an open mind. Accordingly, all concerns regarding the welfare of pupils will be recorded and discussed with the Designated Safeguarding Lead (or another senior member of staff in the absence of the designated lead) prior to any discussion with parents.

**If you suspect a child has emerging, complex/serious needs or there are child protection concerns:**

Information about abuse and neglect can be found in Appendix 1.

There will be occasions when you suspect that a child may be at risk, but you have no ‘real’ evidence. The child’s behaviour and or appearance may have changed, their attendance in therapy may have reduced, their ability to concentrate and focus may have altered or you may have noticed other physical but inconclusive signs. In these circumstances, you should try to give the child the opportunity to talk. The signs you have noticed may be due to a variety of factors and it is fine to ask the child if they are alright or if you can help in any way.

Ensure you record these early concerns using the Safeguarding form (Appendix 6)*.* If a child or adult does begin to reveal that a child is being harmed you should follow the advice in the section ‘If information is a disclosed to you’.

**If information is disclosed to you :**

It takes a lot of courage for a child, parent, carer or other significant adult to disclose that they are worried or have concerns. They may feel ashamed, the abuser may have threatened what will happen if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault.

If a child or adult talks to you about any risks to a child's safety or wellbeing you will need to let them know that **you must** pass the information on – you are not allowed to keep secrets. The point at which you do this is a matter for professional judgement. If you jump in immediately the child or adult may think that you do not want to listen, if you leave it till the very end of the conversation, they may feel that you have misled them into revealing more than they would have otherwise.

During your conversation with the child or adult:

* Allow them to speak freely, listen to what is being said without interruption and without asking leading questions.
* Keep questions to a minimum and of an open nature i.e. 'can you tell me what happened?' rather than 'did x hit you?'
* Remain calm and do not overreact – the child or adult may stop talking if they feel they are upsetting you.
* Give reassuring nods or words of comfort – ‘I’m so sorry this has happened’, ‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing in talking to me’.
* Do not be afraid of silences – remember how hard this must be for the child or adult.
* Under no circumstances ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what do other family members think about all this.
* At an appropriate time tell the child or adult that in order to help them you must pass the information on.
* Do not automatically offer any physical touch as comfort; it may be anything but comforting to a child who has been abused.
* Avoid admonishing the child or adult for not disclosing earlier. Saying ‘I do wish you had told me about this when it started’ or ‘I can’t believe what I’m hearing’ may be your way of being supportive but they may interpret it that they have done something wrong.
* Tell the child or adult what will happen next. The child or adult may agree to go with you to see the
* Report verbally to the Designated Safeguarding Lead (DSL).
* Write up your conversation as soon as possible and hand it to the Designated Safeguarding Lead.
* Seek support if you feel distressed.

If you are unsure you should always have a discussion with the Designated Safeguarding Lead to agree the best way forward.

**Staff must always immediately inform the Designated Safeguarding Lead (DSL) if there is:**

* Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play.
* Any explanation given which appears inconsistent or suspicious.
* Any behaviours which give rise to suspicions that a child may have suffered harm.
* Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment.
* Any concerns that a child is presenting signs or symptoms of abuse or neglect.
* Any significant changes in a child’s presentation, including non-attendance.
* Any hint or disclosure of abuse about or by a child / young person.
* Any concerns regarding person(s) who may pose a risk to children e.g. living in a household with children present.
* Information which indicates that the child is living with someone who does not have parental responsibility for them (private fostering).
* Any concerns that a child is at risk of forced marriage, honour based violence or female genital mutilation (FGM).

**Role of the Designated Safeguarding Lead following identification of needs or concerns:**

The Designated Safeguarding Lead (DSL) will:

* Assess any urgent medical needs of the child.
* Consider whether the child has low level, emerging needs or complex/serious needs or if there are child protection concerns.
* Check whether the child is currently subject to a child protection plan, or has previously been subject to a plan, is looked after, has child in need plan or an early help assessment (EHA) or is open to a Multi-Agency Team (MAT) or known to another agency.
* Confirm whether any previous concerns have been raised by staff.
* Consider whether the matter should be discussed with the child's parents or carers or whether to do so may put the child a further risk of harm (see below).
* If unsure that a child protection referral should be made, seek advice from Children's Social Care.

**Notifying parents:**

JK & Associates Therapy Services Ltd will normally seek to discuss any needs or concerns about a child with their parents or carers. This must be handled sensitively. Where an early help assessment would benefit the child and their family the most appropriate member of staff should approach the parent/carer to take this forward. In situations where there are serious/complex needs or child protection concerns the DSL will make contact with the parent or carer. However, if JK & Associates Therapy Services Ltd believes that notifying parents could increase the risk to the child or exacerbate the problem, then advice will first be sought from Children’s Social Care.

**Confidentiality, sharing information and record keeping:**

Information sharing is vital in identifying and tackling all forms of abuse. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

JK & Associates Therapy Services Ltd will operate with regard to HM Government Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015) and Bracknell Forest Local Safeguarding Children Board ( All staff will be mindful of the seven golden rules to sharing information (please see Appendix 2).

Staff should only discuss concerns with the Designated Safeguarding Lead, Manager or Directors (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a ‘need-to-know’ basis.

Wherever possible consent will be sought to share information however where there are safeguarding concerns about a child, information will be shared with the appropriate organisations such as Children's Social Care. In most cases concerns will be discussed with parents and carers prior to the referral taking place unless by doing so would increase risk.

JK & Associate’s policy on confidentiality and information-sharing is available to parents and children on request.

**Record keeping:**

Records of concerns documentation and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals. Safeguarding information will be stored separately from the client’s therapy file and the therapy file will be ‘tagged’ to indicate that separate information is held.

Copies of these records will be securely sent to any referring JK & Associates Therapy Services Ltd and a confirmation of receipt obtained.

**Support for those involved in a safeguarding/child protection issue:**

Child neglect and abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. We will support the children and their families and staff by:

* Taking all suspicions and disclosures seriously.
* Nominating a link person who will keep all parties informed and be the central point of contact.
* Where a member of staff is the subject of an allegation made by a child, a separate link person will be nominated to avoid any conflict of interest.
* Responding sympathetically to any request from a child or member of staff for time out to deal with distress or anxiety.
* Maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies.
* Storing records securely.
* Offering details of helplines, counselling or other avenues of external support.
* Following the procedures laid down in our whistle blowing, complaints and disciplinary procedures.
* Co-operating fully with relevant statutory agencies.

**5. Safer Recruitment and Selection of JK & Associates Therapy Services Ltd Staff**

JK & Associates Therapy Services Ltd has adopted robust recruitment and selection procedures that minimise the risk of employing people who might abuse children, or are otherwise unsuitable to work with them. We complete a full range of checks which are carried out to minimise the possibility of children and young people suffering harm from those they consider to be in positions of trust.

We ensure that all appropriate measures are applied in relation to everyone who works at JK & Associates Therapy Services Ltd, including volunteers and staff employed by contractors. This is an essential part of creating a safe environment for children and young people.

Safer practice in recruitment means thinking about and including issues to do with child protection and safeguarding children at every stage of the process. This includes obtaining and scrutinising comprehensive information about applicants. For example, obtaining professional references, verifying academic or vocational qualifications, previous employment history, verifying health and physical capacity for the job as well as resolving any discrepancies or anomalies in references.

It also includes ensuring that advertising, job descriptions, person specifications and interview processes includes safeguarding and right to work in England checks.

Everyone who works in the JK & Associates Therapy Services Ltd, including volunteers will have appropriate Disclosure and Barring (DBS) and where necessary, disqualification by association checks. See DBS policy statement.

**6. Allegations against therapists and other staff (including volunteers)**

Safe recruitment practices are vital whenever someone is recruited to work with children however this is not the end of the matter. Therapy settings are a safe environment for the majority of children and the majority of people who work with children have their safety and welfare at heart. Everyone at JK & Associates Therapy Services Ltd should be mindful that some individuals seek access to children in order to abuse them and that the nature of abuse means that children often don't disclose. It is crucial that everyone is aware of these issues, and the need to adopt ways of working and appropriate practice to help reduce allegations. It is also important that everyone is able to raise concerns about what seems to be poor or unsafe practice by colleagues. These concerns and concerns expressed by children, parents and others are listened to and taken seriously. Where appropriate, action is taken in accordance with procedures for dealing with allegations against staff.

It is essential that any allegation against a therapist or other member of staff, or volunteer is dealt with quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is subject to the allegation.

Where an allegation is made against a therapist or member of staff (including volunteers) that they have:

* 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; or
* Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.

JK & Associates Therapy Services Ltd will always comply with the Bracknell Forest Local Safeguarding Children Board, chapter 2.2, Allegations against Staff, Carers and Volunteers

**If you have concerns about a colleague**

Staff who are concerned about the conduct of a colleague towards a child are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague’s career. All staff must remember that the welfare of the child is paramount. All concerns of poor practice or concerns about a child’s welfare brought about by the behaviour of colleagues should be reported.

**Duty to refer to DBS**

JK & Associates Therapy Services Ltd will uphold our legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult; where the harm test is satisfied in respect of that individual; where the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that individual has committed a listed relevant offence; and that individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left.

**Initial actions following an allegation**

* The person who has received an allegation, or witnessed an event will immediately inform the Manager (or the Directors/DCSB) if the allegation is against the Manager) and make a record which will include time, date, place of incident, persons present, what was witnessed, what was said etc; this should then be signed and dated (see Appendix 6).
* The Manager where appropriate will take steps to secure the immediate safety of children and urgent medical needs.
* The member of staff will not be approached at this stage unless it is necessary to address the immediate safety of children.
* The Manager may need to clarify any information regarding the allegation; no person will be interviewed at this stage.

page24image1567323152

Some allegations will be so serious as to require immediate intervention by Children's Social Care and/or police.

* The Manager, or Directors should immediately discuss the allegation with the Local Authority Designated Officer (LADO). This should take place within one working day; see other key safeguarding contacts list on page 8. The discussion will consider the nature, content and context of the allegation and agree a course of action.
* The Manager will inform the Directors of any allegation.
* Consideration will be given throughout to the support and information needs of pupils, parents and staff.
* If consideration needs to be given to the individual's employment, advice will be sought from ACAS for HR.

**Appendix 1 Indicators of Abuse and Neglect**

All JK & Associates Therapy Services Ltd staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

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

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse: 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (see below).

page26image1574234848page26image1574235104page26image1574235360page26image1574235680page26image1574235936page26image1574236256

page26image1574248368page26image1574248624

Neglect: 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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. Specific safeguarding issues

All JK & Associates Therapy Services Ltd staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

All JK & Associates Therapy Services Ltd staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

* bullying (including cyberbullying);
* physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
* sexual violence and sexual harassment;
* sexting (also known as youth produced sexual imagery);
* initiation/hazing type violence and rituals.

All staff should be clear as to the school or college’s policy and procedures with regards to peer on peer abuse.

Safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside the school or college. All staff, but especially the designated safeguarding lead (or deputy) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child’s life that are a threat to their safety and/or welfare. Children’s social care assessments should consider such factors so it is important that schools and colleges provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse. Additional information regarding contextual safeguarding is available here: https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding

Annex A contains important additional information about specific forms of abuse and safeguarding issues. School and college leaders and those staff who work directly with children should read the annex

**Appendix 2 Seven Golden Rules to Sharing Information**

page28image1571791376

1. **Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing,** but provide a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** for other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the person where possible.
4. **Share with informed consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is a good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, it shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

*Taken from Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers, (2015) HM Government*

**Appendix 3 Role of the Designated Safeguarding Lead (DSL)**

Directors should ensure that JK & Associates Therapy Services Ltd designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within JK & Associates Therapy Services Ltd to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

The broad areas of responsibility for the Designated Safeguarding Lead are:

**1. Managing referrals**

The Designated Safeguarding Lead should:

* refer cases of suspected abuse to the local authority children’s social care as required;
* support staff who make referrals to local authority children’s social care;
* refer cases to the Channel programme where there is a radicalisation concern as required; support staff who make referrals to the Channel programme;
* refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required;
* refer cases where a crime may have been committed to the Police as required.

**2. Work with Others**

The Designated Safeguarding Lead should:

* liaise with the headteacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
* as required, liaise with the “case manager” (as per Part four) and the designated officer(s) at the local authority for child protection concerns in cases which concern a staff member;
* liaise with staff (especially pastoral support staff, school nurses, IT Technicians, and SENCOs or the named person with oversight for SEN in a college) on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies;
* act as a source of support, advice and expertise for all staff.

**3. Training**

The designated safeguarding lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years.

The designated safeguarding lead should undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as

required, and at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

* understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children’s social care referral arrangements.
* have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
* ensure each member of staff has access to, and understands, JK & Associates Therapy Services Ltd child protection policy and procedures, especially new and part time staff;
* are alert to the specific needs of children in need, those with special educational needs and young carers;
* are able to keep detailed, accurate, secure written records of concerns and referrals;
* understand and support JK & Associates Therapy Services Ltd with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
* are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online;
* can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online;
* obtain access to resources and attend any relevant or refresher training courses;
* encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures that JK & Associates Therapy Services Ltd may put in place to protect them.

**4. Raising Awareness**

The Designated Safeguarding Lead should:

* ensure JK & Associates Therapy Services Ltd child protection policies are known, understood and used appropriately;
* ensure JK & Associates Therapy Services Ltd child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
* ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of JK & Associates Therapy Services Ltd in this;
* link with the local LSCB to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.

**5. Availability**

During term time the designated safeguarding lead (or a deputy) should always be available (during office hours) for staff in JK & Associates Therapy Services Ltd to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, it is a matter for JK & Associates

Therapy Services Ltd, working with the designated safeguarding lead, to define what “available” means and whether in exceptional circumstances availability via phone and or Skype or other such media is acceptable. It is a matter for individual schools and colleges and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

**Taken from Keeping Children Safe in Education 2018 pages 89-91**

**Appendix 4 Referral Flowchart**



1. Early help means providing support as soon as a problem emerges at any point in a child’s life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged, Chapter One of Working together to safeguard children provides detailed guidance on the early help process.
2. Referrals should follow the local authority’s referral process. Chapter One of Working together to safeguard children.
3. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include section 17 assessments of children and section 47 assessments of children at risk of significant harm. Full datails are in Chapter One of Working together to safeguard children.
4. This could include applying for an Emergency Protection Order (EPO)

**Taken from Keeping Children Safe in Education 2018 page 13**

**Appendix 5 Child Referral Form to Children's Social Care**

**Sent to:**.............................................................................**Children’s Social Care**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRED BY:** (print) | | | | | Status | | | | |
| Address: | | | | | | | | | |
| Postcode: | | Telephone: | | | | | | | |
| Confirmation of verbal referral: Yes / No | | If Yes Date: | | | | | Receiving Worker: | | |
| **Child / Young Person / Expected Baby details** | | | | | | | | | |
| page33image1571733968  Family Name: | | Forename: | | | | | | | DOB: |
| Gender: M / F | | page33image1575474992  Disability: | | | | | Ethnic Origin: | | |
| Address: | | | | | | | | | |
| Postcode: | | Telephone: | | | | | Mobile:  page33image1575489328 | | |
| Main Address if different from above: | | | | | | | | | |
| Postcode: | | Telephone: | | | | | | | |
| **Child / Young Person’s principal carers / expectant mother** | | | | | | | | | |
| Name  DOB | Relationship to child | | page33image1575521120  Address  page33image1575520000 | | | Tel No: | | Parental responsibility | | page33image1575530320  Ethnic Origin  page33image1575532016 | Disability |
|  |  | |  | | |  | | Yes / No | |  |  |
|  |  | | page33image1575554448page33image1575553136 | | |  | | Yes / No | | page33image1575562224page33image1575558256 |  |
| **Other household members (including children and non family members)** | | | | | | | | | |
| Surname | | Forename | page33image1575577200  DOB | | | Relationship to child | | Concerns | | page33image1575589760  Ethnic Origin | Disability |
|  | |  | page33image1575600704 | | |  | | Yes / No | | page33image1575606368 |  |
|  | |  | |  | |  | | Yes / No | |  | |  |
|  | |  | |  | |  | | Yes / No | |  | |  |
|  | |  | |  | |  | | Yes / No | |  | |  |
| Other contact addresses & Tel No (e.g. Grandparents) | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agencies Involved** | | | | |
| GP: | | Base: | | Tel No: |
| Health Visitor: | | Base: | | Tel No: |
| School Nurse: | | Base: | | Tel No: |
| School / Day care: | | | | |
| Others Agencies Involved: | | | | |
| **Is parent / carer aware of referral?** | Yes / No | | Re referral | Yes / No |
| Has consent been obtained to refer? | Yes / No | | Date discussed  page35image1575281584 |  |
| If No, Reason: | | | | |
| Has an Early Help Assessment (EHA) been completed? | Yes / No Date | | page35image1575284256  Lead Professional details: |  |
| Is an Interpreter / Signer required? | page35image1575377440  Yes / No | | Language / method required:  page35image1575386736 |  |
| Additional Information | | | | |

**Additional Information**

**According to YOUR current knowledge of the family, complete where possible each section with information you currently hold. Be clear and specific about why you feel Children’s Social Care involvement is warranted now.**

page35image1575406848

|  |
| --- |
| **CHILDS NAME:** |
| **Child’s Profile and Story** (may include health, education, emotional and behavioural development, family and social relationships, social presentation, self-care skills): |
|  |
| **Parent’s and Carer’s Profile and how they look after the children** (may include basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability): |
|  |

|  |
| --- |
|  |
| **Family, Home and Community Support Networks** (may include wider family, housing employment, social/community integration – include any worker safety issues): |
|  |

**Do you believe the evidence indicates that the child’s needs are serious or complex?**

Yes No

**Do you believe the evidence indicates that there are child protection concerns?**

Yes No

**Is a previous assessment available to explain in more detail the needs of the child and / or their siblings?**

**Please specify type of assessment, on which child and who to contact for a copy:**

**Reason for request for Children’s Social Care Assessment:**

**Signature: Date:**

**Taken from DSCB procedures April 2015**

**Appendix 6 Safeguarding Report**

This form is the formal record of a safeguarding concern about a child or young person within JK & Associates Therapy Services Ltd and should be completed immediately and in full. Please pass to Designated Safeguarding Person on the same day as the incident (or as soon as possible).

|  |  |
| --- | --- |
| **Name of child:** | **Date of Birth:** |
| **Date of concern:** | **Time of concern:** |
| **Concern identified by:** | **Role/Position:** |
| **Name of alleged person(s) responsible for the harm:** | **How is this person known to the individual:** |
| **Witnesses:** | page37image1577007472  **Place of incident:** |

|  |
| --- |
| **Concern/Incident/Disclosure:** |
| (Why are you concerned about this child? What have you observed, when? What have you been told and when? Please provide a description of any incidents or anything you have been told by a child or another person. Remember to make clear what is fact and what is hearsay/opinion. Note the language/terminology used by the child, or adult, and be clear about who has said what.) |

|  |
| --- |
| **Has any action been taken in relations to this concern:** |
| (This could be action taken by yourself or anybody else including other agencies, parents etc) |

page38image1580482800page38image1580370864

|  |
| --- |
| **Any relevant historic information that should be considered:** |
| (include any known agencies involved relevant to the disclosure/concern. Include any information that may guide decision making ie is the child on the CP register, are they known to the CSE strategy, previous allegations made and any other relevant information known to adds to this concern). |
|  |

|  |  |
| --- | --- |
| **This section completed by:** | **Date & Time:** |
| **Concern passed to/discussed with:** | **Date & Time:** |
| **Was there a delay in passing on the concern:** | **YES / NO** |
| **If yes, please comment on the reasons for the delay:** | |

|  |  |
| --- | --- |
| **Action to be taken/recommendations from DSP:** | |
| **Who did you report this incident to DSP, Asst DSP?** | **What time was this reported?** |
| **(highlight here the recommended actions to be taken)**  • **Xx** | **Actions completed – please evidence** • **xx** |
| **Signed:** | **Dated:** |

**FOR COMPLETION BY (ASST)DSP ONLY**

|  |  |
| --- | --- |
| Have all requested actions been completed | YES/NO |
| Any action taken by the DSP: | |
| Has this been fed back to referrer | YES/NO |
| Signed by (ASST)DSP - (involved in the | Signed by MANAGER or (ASST)DSP – |

|  |  |
| --- | --- |
| incident) SIGNATURE: PRINT NAME: | (Clarification) SIGNATURE: PRINT NAME: |