Crimsham Farm Safeguarding Policy

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Making a Child Protection referral to Children's Social Care

As a part of the Alternative Provision sector in West Sussex and a provider of services for, or people who come into contact with, children and young people, we have an important role to play in keeping them safe. This includes volunteers who provide support and services to children.

Where a school places a pupil with us, they continues to be responsible for the safeguarding of that pupil, however we will work with the school Local Authority and partners to ensure we can meet the needs of the child, young person to keep them safe whilst they access our support.

1. **Key Contacts**

Craig Pinkney (Safeguarding), 07793 816751

West Sussex Multi-Agency Safeguarding Hub/Integrated Front Door (MASH/IFD)

Telephone: 01403 229900 or call 999 and inform the police if a child is in immediate danger
Email WSChildrenservices@westsussex.gov.uk

Local Authority Designated Officers (LADO):
Miriam Williams and Donna Tomlinson
Email: lado@westsussex.gov.uk
Telephone: 03302226450

CSE/Radicalisation/PREVENT
Beverly Knight, Team Manager for Vulnerable Individuals
Email: Beverly.knight@westsussex.gov.uk

Or Safeguarding in Education Team
Telephone: 03302224030
Email: Safeguarding.Education@westsussex.gov.uk

2. Introduction

Safeguarding children and child protection applies to all children up to the age of 18.

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

Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering from, or likely to suffer, significant harm. This includes child protection procedures which detail how to respond to concerns about a child. Safeguarding children is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

The purpose of this policy is to inform staff[i], parents, volunteers, and committee members about our provision's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out.

We recognise that all adults, including temporary staff, supply, volunteers, and Committee Members, have a full and active part to play in protecting children from harm and that the child's welfare is our paramount concern.

All staff members believe that our provision should provide a caring, positive, safe, and stimulating environment that promotes the social, physical, and moral development of the individual child.

3. Safeguarding culture in our provision

Child Protection Statement

Our provision takes its responsibility to safeguard children extremely seriously and this provision will train and empower all staff to recognise and respond effectively to protect a child who may be at risk of significant harm.

Stay Alert, It can happen here…

We will ensure that all staff members in our provision maintain an attitude of 'it could happen here' and feel able to raise concerns either about a child at risk or a member of staff whose behaviour may present a risk to a child.

Our provision will

- Have safeguarding at the heart of everything we do.
- Maximise opportunities to teach our children / young people how to keep safe both in the real and virtual world.
- Support the child's development in ways that will foster security, confidence, and independence.
- Provide an environment in which children and young people feel safe, secure, valued, respected and confident.
- Ensure that ALL our children / young people know a member of staff they can communicate with if they are worried about something.
- Where there is a safeguarding concern, staff, volunteers, and leaders should ensure the child's voices, wishes and feelings are considered when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, all systems and processes should operate with the best interests of the child at heart.
- Make sure all our staff, including volunteers know how to contact child protection agencies should they need to.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the provision, contribute to assessments of need and support packages for those children.
- Emphasise the need for good levels of communication between all members of staff and between the provision and other agencies.
- Have and regularly review, a structured procedure within the provision which will be followed by all members of the provision community in cases of suspected abuse.

- Develop and promote effective working relationships with schools to ensure partnership working is at the heart of support for children, especially the Police and Children's Social Care, including Integrated Prevention & Early Help.

- Ensure that all adults within our provision who have access to children have been recruited and checked as to their suitability.

- Have in place, other, up to date policies which support safeguarding.

- Make sure all staff are aware of the systems within the provision which support safeguarding. We will explain this on induction together by sharing details of this policy, behaviour policy, staff behaviour policy, and role of the Designated Safeguarding Lead and in ongoing training of staff.

Voice of the Child – Working Together to Safeguard Children 2020
Our provision recognises the findings in Working Together to Safeguard Children 2029, where children expressed that they wanted an effective safeguarding system to be:

- vigilant: to have adults notice when things are troubling them
- understanding and actioned: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- stable: to be able to develop an ongoing stable relationship of trust with those helping them
- respectful: to be treated with the expectation that they are competent rather than not
- informed and engaged: to be informed about and involved in procedures, decisions, concerns and plans
- supported: to be provided with support in their own right as well as a member of their family
- child centre: listen to the child /young person's voice
- protective: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee

We will use this information to support the training of our staff and review this and other policies as appropriate.

4. STATUTORY FRAMEWORK

Our provision will act in accordance with the following.

Government legislation and guidance

- Alternative Provision, Statutory guidance for local authorities 2013 HERE
- The Children Act 1989
- The Children Act 2004
- Education Act 2002
- Keeping Children Safe in Education (DfE September 2022) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2022_September_guidance.pdf
- Working Together to Safeguard Children 2018: here
- Regulated Activity in relation to children: scope here
- The Education (Child Information) (England) Regulations 2005
- Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act 2015
- Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015)
- West Sussex Safeguarding Children Partnership and Pan-Sussex safeguarding procedures West Sussex Safeguarding Children Partnership

5. Confidentiality

Our Provision Will:

- As a general principle, all matters relating to child protection are confidential and should only be shared on a 'need-to-know' basis.

- Our Designated Safeguarding Lead will disclose any child protection related information about a child to other members of staff on a need to know basis only, where the receiving member of staff can play an active role in safeguarding that child.

- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

- All staff must be aware that they cannot promise a child to keep secrets if doing so might compromise the child's safety or wellbeing.

- The intention to refer a child to Children's Social Care will be shared with parents/carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, advice should be sought from the MASH/IFD.

6. Roles and Responsibilities

Our Provision

As an Alternative Provider we recognise staff have a vital role to play in safeguarding children because staff can identify concerns early, provide help for children, and prevent these concerns escalating. We also recognise that ALL staff have a responsibility to provide a safe environment in which children can learn.

We will

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.

- Be aware of the signs of abuse and maintain an attitude of "Stay Alert, it could happen here" with regards to child protection.

- Ensure that children know that there are adults in the provision whom they can approach if they are worried about any anything, whether in provision, at home, or in general.

- Know what to do if a child tells them they are being abused or neglected.

- Know how and where to record their concerns and report these to the Designated Safeguarding Lead, as soon as possible.

- If a child is in immediate danger, know how to refer the matter to Children's Social Care and/or the police immediately.

- Actively plan opportunities according to objectives in the referral for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.

- Be aware of and follow the Sussex Child Protection & Safeguarding Procedures, produced by West Sussex, East Sussex, and Brighton & Hove. This will include the referral process.

- Have ***read and understand Part 1 of Keeping Children Safe in Education September 2022*** and be alert to signs of abuse and know to whom they should report any concerns or suspicions.

- Participate in safeguarding training as part of our induction process.

- Ensure all staff receive safeguarding and child protection updates as required, but **at least annually,** to provide them with relevant skills and knowledge to safeguard children.

- Ensure that they know who the Designated and Deputy Safeguarding Lead(s) is/are and how to contact them.

Safeguarding oversight (Committee)

Crimsham Farm takes seriously its responsibility to safeguard and promote the welfare of children in its care and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support children who are, or who may be, suffering harm.

Our Provision is fully committed to this and will ensure all our policies and practices enable our provision to take action in a timely manner to safeguard and promote the welfare of the children and young people attending our farm.

As a CIC, a committee is a comprised of members of the local community with various responsibilities including oversight and review of Safeguarding and Child Protection.

Responsibilities of Oversight and Review (Committee)

- Making sure that the safeguarding policies & procedures on the farm are effective and always comply with the law. This should include a Child Protection Policy (reviewed at least annually and available online); and a Staff Behaviour Policy (sometimes called a Code of Conduct) which should, amongst other things, include acceptable use of technologies staff/pupil relationships and communications including the use of social media.

- Through regular review and audit, ensure that any safeguarding deficiencies or weaknesses on the farm are remedied without delay.

- Ensuring that there are procedures in place to effectively manage allegations against all staff members.

- Making sure all staff are familiar with the contents of part 1 of Keeping Children Safe in Education, and that all staff have been trained appropriately and that this is updated in line with guidance.

- Ensuring that the farm is contributing to inter-agency working.

Safer Recruiting

At Crimsham, we well ensure the provision creates a culture of safe recruitment and as part of that adopt recruitment procedures that help deter, reject, or identify people who might abuse children.

At Crimsham we will follow the procedures set out in Part 3: Safer Recruitment. Keeping Children Safe in Education, September 2022. This includes ensuring taking up references for each shortlisted candidate before interview and ensuring that at least one member of any appointing panel, including at shortlisting, will have attended safer recruitment training.

Where a school places a pupil with us, we will ensure they receive a copy of our safeguarding policy in addition to any safeguarding checks they would carry out with their own staff.

Disclosure and Barring Referrals

We recognise that our provision has a legal duty in Making a barring referral to the DBS regarding 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.

- the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that the individual has committed a listed relevant offence; and

- the individual has been removed from working (paid or unpaid) in regulated activity or would have been removed had they not left.

- We recognise that this is a legal duty for our provision and failure to refer when the criteria are met is a criminal offence.

The Designated Safeguarding Lead

The Safeguarding Lead will:

- Attend initial training for their role and refresh this within two years.
- Keep their knowledge and skills updated at least annually.
- Ensure that all staff know who the Designated Safeguarding Lead is, their role and how to make contact.
- Ensure that all staff understand their responsibilities in relation to signs of abuse and responsibility to refer any concerns to the Designated Safeguarding Lead. In addition, the Designated Safeguarding Lead should ensure that all staff read and understand Part 1 of Keeping Children Safe in Education 2022 and have a record of when this was done.
- Our DSL will pay particular attention to training staff and volunteers who have been unable to attend whole provision safeguarding training days.
- Ensure that new staff participate in safeguarding training as part of their induction.
- Ensure that all staff receive safeguarding and child protection updates as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children.
- The Designated Safeguarding Lead will also ensure staff are kept fully aware of any significant changes or updates to local authority child protection and safeguarding procedures, as and when they occur.
- The designated safeguarding lead will always be available to discuss any safeguarding concerns.
- Refer cases of suspected abuse to the West Sussex MASH/IFD. Where a referral is made that notes are completed that same day.

- Refer cases to the Channel programme where there is a radicalisation concern, as required.

- 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.

- Ensure all child protection files are kept separately and securely from other records and accessible only by staff that need to access them for safeguarding purposes.

- Act as a source of support, advice, and expertise for staff.

Training

As well as training all members of staff as above, the DSL and deputies should undergo training to provide them with the skills required to carry out the role. This training MUST be updated at least every two years.

Local Authority Designated Officer (LADO)

West Sussex County Council Designated Officer (LADO) Contact Details
The LADO's for West Sussex area:

LADO should be contacted either by email: LADO@westsussex.gov.uk or by phone, LADO Consultation Contact No. 0330 222 6450 (9.00am – 5.00pm)

West Sussex County Council Designated Officer Service: Guidance & Information
Full guidance, including the WSCC LADO information pack regarding the Designated Officer Service can be found on the West Sussex Safeguarding Children Partnership (WSSCP)

If a member of staff has concerns about another staff member, including volunteers.
This applies to any member of staff/volunteer whom the staff member has contact with in their personal, professional or community life.

An allegation is any information which indicates that a member of staff/volunteer may 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;
- behaved towards a child or children in a way that indicates he or she may pose a

- risk of harm to children; or
- behaved or may have behaved in a way that indicates they may not be suitable to
- work with children.

If staff have concerns about another staff member, then this should be referred to the director.

If the allegation is against the Director, then the referral should be made to the Safeguarding lead, if for any reason this causes a delay, then the Local Authority Designated Officer (LADO) should be approached directly.

The person to whom an allegation against another member of staff is first reported, should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification. It is important not to make assumptions. Confidentiality should not be promised, and the person should be advised that the concern will be shared on a 'need to know' basis only.

Managing Complaints

Complaints by parents about any aspect of provision MUST be reviewed to ensure there are no allegations against staff, including volunteers, contained within the complaint which require referral to LADO.

Allegations against member of staff, including volunteers

An immediate written record of the allegation using the informant's words including time, date, and place where the alleged incident took place, brief details of what happened, what was said and who was present.

This record should be signed, dated, and immediately passed on to the Director.

The recipient of an allegation must not unilaterally determine its validity and failure to report it in accordance with procedures is a potential disciplinary matter. The Director will not investigate the allegation themselves, or take written or detailed statements, but will assess and decide whether to refer the concern to the LADO. If there is any doubt as to whether to refer, advice should be taken from the LADO.

If there are concerns that a child is at risk, the matter must be immediately reported to IFD.

Any records generated during such matters must be retained securely, away from other child protection and personnel records and only be accessed by those who need to for investigation/review purposes.

Guidelines contained within the Pan Sussex Child Protection and Safeguarding Procedures in respect of managing allegations made against people who work or volunteer with children, found **here** , must be followed on each occasion.

If there is any doubt, then advice must be taken from the LADO.

What staff should do if they have concerns about safeguarding practices within the provision?

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the provisions safeguarding regime and know that such concerns will be taken seriously by Leaders.

Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the provision directors.

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them, advice can always be taken from LADO.

Whistleblowing/Confidential reporting

We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the actions or attitudes of colleagues. If necessary, the member of staff can speak with the Director, Safeguarding Lead, Chair of Committee or with the LADO.

We will ensure staff should are aware of and know how to access West Sussex Confidential Reporting Policy, found HERE.

Further assistance for staff to raise concerns can be accessed by calling the NSPCC whistleblowing helpline on 0800 028 0285 or visiting the Whistleblowing advice line | NSPCC

7. Planning and delivery of activities

All activities or assignments involving children or vulnerable adults will be planned to ensure they consider the age range and ability of the participants. Staff, volunteers, or freelancers supervising assignments involving children or vulnerable adults will be competent and trained to do so. Ratios of the number of skilled and experienced supervisors to the number of learners /participants will be selected to ensure that both the quality of learning and safety are maximised. Our approach is that activity supervision plans, including ratios, will match the level of risk involved. Decisions on ratios and effective supervision will consider, as part of the risk assessment, the following factors:

- Competence of staff and the person in charge.
- Competence of volunteer assistants and apprentices.
- Gender, age, needs and abilities of participants.
- Any special medical, educational or capability needs of the participants.
- The duration and nature of the activity e.g., classroom based, land based, ICT based.
- The nature of the site and environment.
- Level of first aid cover required.
- Access to emergency services.
- This guidance applies also to transport in vehicles.

8. Physical Contact and Positive Handling

If a child/vulnerable adult is hurt or distressed, the worker should do his/her best to comfort or reassure the affected person without compromising his/her dignity or doing anything to discredit the person's own behaviour. If a child or vulnerable adult requires intimate care this will be written into a care plan delivered by their carer, that staff will adhere to and be trained to support. If first aid is needed this will be delivered by a trained member of staff and fully recorded.

The use of Force, Keeping Children Safe in Education 2022 recognises that there are circumstances when staff (not volunteers) will have to use reasonable force to safeguard children and young people. The term ‘reasonable force’ covers a broad range of actions used by staff that involve either physical contact or control to restrain a child. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be positively handled to prevent violence or injury. ‘Reasonable’ in these circumstances means ‘using no more force than is needed’ The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil’s path, or active physical contact such as leading a pupil by the arm. A ‘no contact’ policy can leave staff unable to fully support and protect students Please refer to KCSIE 2022 guidance and Use of Reasonable Force Guidance.

Any physical restraint is only permissible when a child is in imminent danger of inflicting an injury on himself/herself or on another, and then only as a last resort when all efforts to defuse the situation have failed. Another member of staff or volunteer should, if possible, be present to act as a witness. All incidents of the use of physical restraint should be recorded in writing and reported immediately to the DSL who will decide what to do next.

9. Images and E Safety

Photographs and videos of the companies' work are sometimes taken for publicity purposes and/or at a funder's request, but we always seek prior consent from adults, or form the referring organisation, to take any image of their children. Their permission to do so is recorded on our Photo / Video Consent form. We do not use children's names against any image. We also ensure that children and vulnerable adults in our care tell a member of staff if they are concerned that someone is taking pictures of them. This approach also extends to children sending messages that could be considered as cyber bullying and/or sexting. Crimsham will treat any such issues just as seriously as any other type of bullying and will be dealt with in line with behavioural expectations. Some social network sites, chat rooms and websites are a clear source of inappropriate material and we do not allow access to such sites on our premises. Acceptable Use of IT for staff and volunteers is laid out in a related policy. All our staff, workers and volunteers should:
Not photograph/video a child or vulnerable adult, without their valid consent and that of their parent/guardian or carer.
Ensure that any photographs/videos taken are appropriate.
Report any inappropriate use of images.

Crimsham will ensure that all our staff and volunteers using ICR projects with children and vulnerable adults will:

- Be made aware of the dangers associated with social networking sites and the internet and know to tell someone if they encounter anything that makes them feel unsafe or threatened.
- Be always supervised.
- Design access to the Internet and ICT services expressly for their use and will include filtering appropriate for their age.
- Give clear objectives for how the ICT is to be used, relevant to the activity requirement.
- Limit the amount of time spent accessing the computer, relevant to the activity requirements.

Contact will not be made with any of the children or vulnerable adults with whom we are working for any reason unrelated to the piece of work. Our employees and volunteers are

required to maintain our reputation for integrity and responsibility in dealing with children and vulnerable adults and should not enter into any social or other non-work-related arrangements with them.

10. Annex 1 – Signs and Indicators of Abuse.

Our provision recognises that all children and young people are vulnerable to abuse. Our provision is determined that all staff and volunteers will be aware of the main categories of abuse and the signs and symptoms so they can respond quickly and effectively by informing
the Designated Safeguarding Lead where there are concerns.

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. Children 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 ability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. 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 violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet) by establishing a close relationship or friendship. Sexual abuse is not solely perpetrated by adult males; women can also commit acts of sexual abuse as can other children.

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 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.

1. Recognising Physical Abuse

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

Indicators in the child

Bruising
It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

- bruising in or around the mouth
- two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- variation in colour possibly indicating injuries caused at different times
- the outline of an object used e.g. belt marks, handprints or a hairbrush
- linear bruising at any site particularly on the buttocks, back or face

- bruising or tears around or behind, the earlobe/s indicating injury by pulling or twisting
- bruising around the face
- grasp marks to the upper arms, forearms or leg
- petechial haemorrhages (pinpoint blood spots under the skin) commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures
Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent
- there are associated old fractures
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries
Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning
Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer but it may be self-harm even in young children.

Bite Marks
Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.
Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds, which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars
A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional / behavioural presentation:

- refusal to discuss injuries
- admission of punishment which appears excessive
- fear of parents being contacted and fear of returning home
- withdrawal from physical contact
- arms and legs kept covered in hot weather
- fear of medical help
- aggression towards others
- frequently absent from provision
- an explanation which is inconsistent with an injury
- several different explanations provided for an injury.

Indicators in the parent:

- may have injuries themselves that suggest domestic violence
- not seeking medical help/unexplained delay in seeking treatment reluctant to give information or mention previous injuries
- absent without good reason when their child is presented for treatment
- disinterested or undisturbed by accident or injury
- aggressive towards child or others

- unauthorised attempts to administer medication
- tries to draw the child into their own illness
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else to undertake their child's care.
- may appear unusually concerned about the results of investigations which may indicate physical illness in the child
- wider parenting difficulties may (or may not) be associated with this form of abuse
- parent/carer has convictions for violent crimes.

Indicators in the family/environment:

- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

2. Recognising perplexing cases which may indicate a possibility of fabricated or Induced Illness (FFI)

1. Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- discrepancies between reported and observed medical conditions, such as the incidence of fits
- attendance at various hospitals, in different geographical areas
- development of feeding/eating disorders, as a result of unpleasant feeding interactions
- the child developing abnormal attitudes to their own health
- non-organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- speech, language or motor developmental delays
- dislike of close physical contact
- attachment disorders
- low self esteem
- poor quality or no relationships with peers because social interactions are restricted
- poor attendance at our provision and under-achievement.

2. These cases are very complex and for a case to be considered as FFI is after careful and detailed review by a consultant paediatrician. Please see Pan-Sussex Child Protection Procedures for further information **here**.

3. Where any school or college has concerns in this area, they must speak with their school nurse in the first instance.

3. Recognising Emotional Abuse

1. Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

2. 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.

3. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction.

4. 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.

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

Indicators in the child:

- developmental delay
- abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- aggressive behaviour towards others
- child scapegoated within the family
- frozen watchfulness, particularly in pre-school children
- low self-esteem and lack of confidence
- withdrawn or seen as a 'loner' - difficulty relating to others
- over-reaction to mistakes
- fear of new situations
- inappropriate emotional responses to painful situations
- neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- self-harm
- fear of parents being contacted
- extremes of passivity or aggression
- drug/solvent abuse

- chronic running away
- compulsive stealing
- low self-esteem
- air of detachment – 'don't care' attitude
- social isolation – does not join in and has few friends
- depression, withdrawal
- behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- low self-esteem, lack of confidence, fearful, distressed, anxious
- poor peer relationships including withdrawn or isolated behaviour.

Indicators in the parent:

- domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse
- abnormal attachment to child e.g. overly anxious or disinterest in the child
- scapegoats one child in the family
- imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection
- wider parenting difficulties may, or may not, be associated with this form of abuse.

Indicators of in the family/environment:

- lack of support from family or social network
- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

4. Recognising Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child

Physical presentation:

- failure to thrive or, in older children, short stature
- underweight
- frequent hunger
- dirty, unkempt condition
- inadequately clothed, clothing in a poor state of repair
- red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- swollen limbs with sores that are slow to heal, usually associated with cold injury
- abnormal voracious appetite
- dry, sparse hair
- recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies/diarrhoea
- unmanaged / untreated health/medical conditions including poor dental health
- frequent accidents or injuries.

Development:

- general delay, especially speech and language delay
- inadequate social skills and poor socialization.

Emotional/behavioural presentation:

- attachment disorders
- absence of normal social responsiveness
- indiscriminate behaviour in relationships with adults
- emotionally needy
- compulsive stealing
- constant tiredness
- frequently absent or late at school
- poor self esteem
- destructive tendencies
- thrives away from home environment
- aggressive and impulsive behaviour
- disturbed peer relationships
- self-harming behaviour.

Indicators in the parent:

- dirty, unkempt presentation
- inadequately clothed
- inadequate social skills and poor socialisation
- abnormal attachment to the child e.g. anxious
- low self- esteem and lack of confidence
- failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods
- wider parenting difficulties may or may not be associated with this form of abuse.

Indicators in the family/environment:

- history of neglect in the family
- family marginalised or isolated by the community
- family has history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- lack of opportunities for child to play and learn.

6. Recognising Sexual Abuse

1. 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.

2. 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.

3. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

4. Sexual abuse is not solely perpetrated by adult males, women can also commit acts of sexual abuse, as can other children.

Indicators in the child -

Physical presentation:

- urinary infections, bleeding or soreness in the genital or anal areas
- recurrent pain on passing urine or faeces
- blood on underclothes
- sexually transmitted infections
- vaginal soreness or bleeding
- pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Emotional/behavioural presentation:

- makes a disclosure
- demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- self-harm - eating disorders, self-mutilation and suicide attempts
- poor self-image, self-harm, self-hatred
- reluctant to undress for PE
- running away from home
- poor attention / concentration (world of their own)
- sudden changes in provision work habits, become truant
- withdrawal, isolation or excessive worrying
- inappropriate sexualised conduct
- sexually exploited or indiscriminate choice of sexual partners
- wetting or other regressive behaviours e.g. thumb sucking
- draws sexually explicit pictures
- depression.

Indicators in the parents:

- comments made by the parent/carer about the child
- lack of sexual boundaries
- wider parenting difficulties or vulnerabilities
- grooming behaviour
- parent is a sex offender.

Indicators in the family/environment:

- marginalised or isolated by the community

- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, or a culture of physical chastisement
- family member is a sex offender.

Appendix A) Safe practice of conducting Pest Control

Crimsham Farm CIC as an agricultural location has a commitment under law and under trading standards legislation to carry out and maintain control of pest species on the farm in order to prevent and minimise the possible spread and contact with disease by all service users.

Following a Risk Assessment it was deemed HIGH RISK by all parties to have manually operated traps, either kill traps or live catch traps and poison present on the site. The belief of the board is that due to the highly vulnerable nature of the CYP and service users on Crimsham Farm CIC, there was a present and credible risk that an individual may be subjected to injury or death if a trap was manipulated or poison ingested.

Following this conclusion, the decision was made to opt for the shooting of pest species under the following rules:

- Shooting of Rats and other Vermin species as approved by DEFRA would be conducted using sub 12ftlbs Air Rifles.
- The shooting of pest species would occur strictly outside of operational hours. This is 09.30-14.30 weekdays unless other events or clubs were scheduled, by which, the time would be pushed back.
- NO AIR RIFLE is kept on site at Crimsham Farm, the duty pest controller is to arrive with the rifle in their possession and leave with it and all ancillaries in his or her possession.
- All shot vermin are to be recorded in the Farm Diary for Trading Standards records.
- All shot vermin are to be placed in the farm incinerator. Where a vermin is shot and not retrieved due to escape or wounding, the pest controller is note the location and time in the farm diary, so as all staff are aware.
- The Pest Controller is to be in possession of in date BASC shooting insurance.

The above measures will allow pest control to be carried out in as safe manner, independently of any CYP in view therefore mitigating the risk of any CYP bearing witness to the activity.

Best practice is to be carried out at all times by the Pest Controller as per government legislation and guidance.

If any individual beyond the pest controller attends the site, ALL shooting is to cease until that person has left.

Whilst it is not favourable for us to have to kill any animal, in order to prevent the spread of deadly diseases such as Legionnaires, it is an essential part of farming. Under the guidelines laid out above, this can be carried out safely, presenting no risk to any individual on site and subjecting no CYP to a situation whereby they will be present to observe firearms use.